### **COPY OF FORM 990**

(TO BE USED, OR COPIED, FOR)

# \*\*PUBLIC INSPECTION ONLY\*\*

#### **NOTE**

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- > Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- > Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

**Penalties:** An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

**Private foundation exempt:** The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

**Donor Information:** Please note that donor information is not open to public inspection and has been excluded from this copy.

# \*\* Public Disclosure Copy \*\*

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### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2018 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change Save the Storks Name change 46-1031815 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 4050 Lee Vance View Drive 300 970-387-8675 termin-ated G Gross receipts \$ 7,096,499. City or town, state or province, country, and ZIP or foreign postal code Amended return Colorado Springs, CO 80918 H(a) Is this a group return Applica-F Name and address of principal officer: Joseph Baker ∫Yes 🗓 No for subordinates? pending same as C above **H(b)** Are all subordinates included? 501(c) ( Tax-exempt status: X 501(c)(3) ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: www.savethestorks.com **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Trust Association Other > L Year of formation: 2012 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: Empower abortion-minded mothers Activities & Governance all over America to choose life. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 1 47 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 356 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 38 7b 2,538. **Prior Year Current Year** 3,628,478 5,529,397. Contributions and grants (Part VIII, line 1h) Revenue 148,282 158,759. Program service revenue (Part VIII, line 2g) -8,411 1,280. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 166,996 -361,719. 3,935,345 5,327,717. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 358,819 521,301. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,536,453, 1,901,396. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 144.743. 128 923. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,848,849 2,927,686. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,888,864 5,479,306. 46,481. -151,589. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,609,975 2,481,355. Total assets (Part X, line 16) 628,548, 647,216. 21 Total liabilities (Part X, line 26) 1,981,427. 1,834,139. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign John Gore, Chief Financial Officer Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 11/11/2019 Paid Ashley Peabody P01385870 Firm's name Capin Crouse LLP Preparer Firm's EIN ▶ 36-3990892 Firm's address 2435 Research Parkway, STE 200 Use Only Colorado Springs, CO 80920 Phone no.719-528-6225 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

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Part III | Statement of Program Service Accomplishments

Га	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	Empower women all over America to choose life. We are accomplishing	
	this by partnering with local pregnancy centers, cultural influencers,	
	and a grassroots movement of followers.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	No
	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	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	1,000,001	51.
	Awareness (Social Media, Communications & Marketing)	— ·
	The year 2018 was monumental for Save the Storks. Our goal to change	
	hearts and minds about the topic of abortion continue to gain traction	
	with successful campaigns on Facebook, Instagram and YouTube, and our	
	following - and new donor support - grew exponentially. The ministry	
	invested in the production of a 12-minute video that shared the	
	post-abortive story of our spokeswoman with results that surpassed our	
	expectations. While one of the goals was to raise funds for future	
	programs, we were blown away by the comments of women - and men - who	
	stated they were finally able to speak out about their past abortion.	
	The healing that occured because of this video was an incredible	
4b	(Code:) (Expenses \$ 930,000. including grants of \$ 395,000. ) (Revenue \$ 249,38	33.
	Partnering with Pregnancy Resource Centers to Empower Women to Choose	
	Life for Their Babies	
	Save the Storks partners with pregnancy resource centers (PRC) that	
	provide abortion-vulnerable women education and free services, and	
	empower mothers facing an unplanned pregnancy to choose life for their	
	babies. We exist to serve pregnancy resource centers all over the	
	nation, and provide them with powerful tools and training to more	
	effectively connect with women - and men - in their communities.	
	Thanks to the generosity of our donors, and in parntership with our	
	affiliate pregnancy resource centers, we have built over 40 mobile	
	medical units, also called Stork Buses, that reach women near abortion	
4c	(Code:) (Expenses \$ 659,847. including grants of \$ 66,354. ) (Revenue \$	
	Events	
	Save the Storks brought the mission of Revolutionizing the Meaning of	
	Pro-life direct to the people with meaningful events.	
	Most notable was Living Room Reset with Kirk Cameron, a tour that stops	
	at churches around the country and speaks primarily to married couples	
	looking for biblical instruction and encouragement related to their	
	marriage and child-rearing.	
	Summit Ministries, a program geared towards Christian teens/college	
	students looking for a biblical perspective on real world issues,	
	featured a tract taught by Save the Storks staff on being pro-life with	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 250,768. including grants of \$ 56,000.) (Revenue \$ 59,009.)	
4e	Total program service expenses 3,047,279.	

# Form 990 (2018) Save the Storks Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete 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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		Λ
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	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	11e		Х
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
	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	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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# Form 990 (2018) Save the Storks Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
•	Schedule J	23	Х	<del> </del>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<del></del>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	<u> </u>
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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
OF -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	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?	555		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D -	Note. All Form 990 filers are required to complete Schedule 0	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<del>                                     </del>
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 41  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

			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 47			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C.L		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		х
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	Gross income from members or shareholders			
IJ	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
	Enter the amount of reserves on hand			
	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		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Form 990 (2018) Save the Storks

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la	i		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
_	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization make any significant changes to its governing documents since the prior rolling so was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6		6		Х
	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		21
1 a		7.		Х
<b>L</b>	more members of the governing body?	7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.		Х
•	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		Α
8		0-	v	
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<del></del>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	۱		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Joseph Baker - 970-387-8675			
	4050 Lee Vance View Drive, No. 300, Colorado Springs, CO 80918			

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

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

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

- 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.

<b>(A)</b> Name and Title	(B) Average	(-1	(C) Position (do not check more than one					( <b>D</b> ) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	box	, unle	ss pe	rson	tnan is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	s for ed attions bw (b) of the first transfer or directions for directions for the first transfer or directions for the first transfer or directions fo		organizations (W-2/1099-MISC)	compensation from the organization and related organizations					
(1) Joseph Baker	40.00									
CEO		Х		Х				76,577.	0.	103,223
(2) Ann Baker Co-Founder/	13.00									
Secretary/Payroll		Х		Х				15,000.	0.	0
(3) Herb McCarthy	12.00									
Chairman/Consultant		Х		Х				16,500.	0.	0
(4) Rob Smith	12.00									
Treasurer/Consultant		Х		Х				56,500.	0.	0
(5) Julie Beyel	3.00									
Board Member		Х						0.	0.	0
(6) John McCain	40.00									
Chief Financial Officer				Х				94,371.	0.	28,000
(7) Dianna Steele (part year)	40.00									
Vice President						Х		107,569.	0.	0 .
		1								
		1								
		-								
	1	1	ı	ı	I	1	ı			

832007 12-31-18 Form **990** (2018)

Form 990 (2018) Save the Stor									46-1031	815		P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot or/trus	n an	( <b>D</b> )  Reportable  compensation  from	(E) Reportable compensation from related	า	an	(F) stimat nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the aniza d rela anizat	ne tion ted
1b Sub-total							<b>-</b>	366,517.		0.		131	,223.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0. 366,517.		0.		131	0. ,223.
Total number of individuals (including but no compensation from the organization							no r	· · · · · · · · · · · · · · · · · · ·	,000 of reportable				1
Compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	omp	ensa	ation	n and	ot	her compensation from			4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	dual for services				
rendered to the organization? If "Yes," com	iplete Schedul	e J f	or si	uch	pers	son .					5		Х
Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	rs t	that received more than	\$100,000 of com	pens	ation 1	from	
the organization. Report compensation for	the calendar y	ear (	endi	ng v	vith	or w	ithi	n the organization's tax	year.				
(A) Name and business	address							<b>(B)</b> Description of s	ervices	С	ompe		on
Harmon Brothers LLC	ī							rria no a ci				400	<b>500</b>
410 S University Ave, Provo, UT 84601 The Tempus Collaborative	L						$\dashv$	Video Production a	nd Ad Spend			429	,500.
PO Box 766, Odessa, FL 33556								Consulting and Fun	draising			381	,500.
Carl Moeller, 12606 Chianti Ct, Color Springs, CO 80921	rado							Interim COO				154	,846.

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

\$100,000 of compensation from the organization

46-1031815

Form 990 (2018) Save the St
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
iran		Membership dues						
Ę,º		Fundraising events		1,507,798.				
ar /		Related organizations		, ,				
s, G		Government grants (contribut						
Sign		All other contributions, gifts, grant	· <del></del>					
he E	•	similar amounts not included above		4,021,599.				
불턴	a	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			5,529,397.			
		Total Med Ta 11		Business Code				
o l	2 a	Affiliation Fee		900099	90,000.	90,000.		
Ş	_ b	StorkWorks Consulting		900099	59,009.	59,009.		
Program Service Revenue	c				, , , , , ,	, , , , , , ,		
a a	d							
Pgg	e							
٦.	f	All other program service reve	nue	900099	9,750.	9,750.		
	a.	Total. Add lines 2a-2f			158,759.	,		
$\neg$	3	Investment income (including			,			
		other similar amounts)			1,280.			1,280.
	4	Income from investment of tax			,			
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6 a	Gross rents	, ,					
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b></b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
a		Gross income from fundraising						
ğ		including \$ 1,507						
eve		contributions reported on line	1c). See					
Other Revenue		Part IV, line 18	а	52,000.				
¥	b	Less: direct expenses						
١	С	Net income or (loss) from fund	draising events	<b>_</b>	-555,428.			-555,428.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	1,353,138.				
	b	Less: cost of goods sold	b	1,161,354.				
L	С	Net income or (loss) from sale	s of inventory	<b></b>	191,784.	191,784.		
ļ		Miscellaneous Revenu	е	Business Code				
	11 a							
	b							
	С							
		All other revenue			1,925.			1,925.
		Total. Add lines 11a-11d			1,925.			
	12	Total revenue. See instructions			5,327,717.	350,543.	0.	-552,223.

46-1031815

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Total expenses   Total expenses   Total expenses   Program service   Management and general expenses   Fundamental domests organizations and domests organizations   See Part IV, line 21   S21, 301,   S21, 301, 301,   S21, 301, 301,   S21, 301, 301, 301, 301,	3601	Charle if School In Contains a reason	<u> </u>		• • • • • • • • • • • • • • • • • • • •	х
Total expenses	Do		(A)			
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits pad to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualitied persons is softend under scalino 49560(11) and persons discribed in socion 4956(1(1)) an			Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to domestic inclividuous. SoP part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuous. See Part IV, line 57 sortion in the control of the	1	-				
individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustess, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4980(t/1) and persons described in section 4980(t/1) and persons described for the following persons described for the following persons described following persons descr		· · · · · · · · · · · · · · · · · · ·	521,301.	521,301.		
3 Gards and other assistance to foreign organizations, foreign overments, and foreign organizations, foreign overments, 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 control files, discussion of current officers, directors, trustees, and key employees control michalded above, to disqualified persons (set elimed under section 4988(ft/1) and persons discretified in section 4988(ft/1) and appearson discretified in section 4988(ft/1) and persons discretified in	2					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	_	The state of the s				
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   399,171.   36,500.   3,650.   350,021.	3	, i				
## Description of current officers, directors, trustees, and key employees   390,171,   36,500,   3,650,   350,021.						
5 Compensation of current officers, directors, trustees, and key employees   390,171,   36,500,   3,650,   350,021.     6 Compensation not included above, to disqualified persons (as defined under section 4980f(1)) and persons described in section 4980f(1) and persons described in section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions     1						
trustees, and key employees		The state of the s				
6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8)  7 Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contribution (include section 401(k) and 40	5		390 171	36 500	3 650	350 021
persons (as defined under section 4958(c)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages	6		350,171.	30,300.	3,030.	330,021.
Person described in section 4958(c)(3)(B)   7	O	· · · · · · · · · · · · · · · · · · ·				
1,400,331, 807,226, 480,901, 112,204, 80   Persion plan accruals and contributions (include section 401(k) and 403(k) employer contributions)						
Resion plan accruals and contributions (include section 401(k) and 403(t) employer contributions)	7		1 400 331.	807 226.	480 901.	112 204.
9 Other employee benefits 12,775, 6,004, 3,577, 3,194, 0 Payroll taxes 98,119, 46,116, 27,473, 24,530, 11 Fees for services (non-employees): a Management b Legal 40,344, 20,172, 20,172, c Accounting 2,754, 2,754, 2,754, d Lobbying 2,754, 2,754, 2,754, d Lobbying 41,000,000,000,000,000,000,000,000,000,0			_,,	,		
9 Other employee benefits 12,775, 5,004, 3,577, 3,194, 10 Payroll taxes 98,119, 46,116, 27,473, 24,530, 11 Fees for services (non-employees):  a Management	3	,				
10	9	i i i i i i i i i i i i i i i i i i i	12,775.	6,004.	3,577.	3,194.
11 Fees for services (non-employees): a Management b Legal				,	· · · · · · · · · · · · · · · · · · ·	
a Management b Legal			,	,	,	
b Legal		` ' '				
c Accounting			40,344.	20,172.	20,172.	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 736, 885. 389, 170. 45, 172. 302, 543. 24 Advertising and promotion 853, 239. 605, 725. 1, 531. 245, 983. 35 Office expenses 470, 647. 144, 298. 54, 519. 271, 830. 36 Information technology 33, 739. 19, 371. 5, 933. 8, 435. 37 Royalties 2121, 413. 57, 064. 33, 996. 30, 353. 38 Payments of travel or entertainment expenses for any federal, state, or local public officials. 39 Conferences, conventions, and meetings 21, 045. 13, 027. 2, 323. 5, 695. 31 Insurance 22 Depreciation, depletion, and amortization 33, 083. 16, 078. 13, 144. 3, 861. 18, urance 23, 320. 11, 591. 11, 157. 572. 30 Other expenses. Itemize expenses not covered above. (List miscellanous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 32, 497. 24, 888. 7, 609. 34 Event Supplies 32, 497. 24, 888. 7, 609. 35 Total functional expenses. Add lines 1 through 24e 5, 479, 306. 3, 047, 279. 761, 225. 1, 670, 802. 36 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campalgn and fundraisings olicitation.			2,754.	·	2,754.	
Professional fundraising services. See Part IV, line 17   128, 923.   128, 923.   128, 923.						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion			128,923.			128,923.
Column (A) amount, list line 11g expenses on Sch 0.)   736,885.   389,170.   45,172.   302,543.	f	Investment management fees				
12       Advertising and promotion       853,239       605,725       1,531       245,983         13       Office expenses       470,647       144,298       54,519       271,830         14       Information technology       33,739       19,371       5,933       8,435         16       Occupancy       121,413       57,064       33,996       30,353         17       Travel       490,266       309,655       33,556       147,055         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       7       2,323       5,695         10       Conferences, conventions, and meetings       21,045       13,027       2,323       5,695         20       Interest       2       20       11,591       11,157       572         21       Payments to affiliates       23       33,083       16,078       13,144       3,861         22       Depreciation, depletion, and amortization       33,083       16,078       13,144       3,861         23       Insurance       23,320       11,591       11,157       572         4       Other expenses. Itemize expenses in line 24e. If line 24e expenses on Schedule 0.)       32,497       24,888       6,061	g	Other. (If line 11g amount exceeds 10% of line 25,				
13 Office expenses		column (A) amount, list line 11g expenses on Sch O.)	736,885.	389,170.	45,172.	302,543.
14	12	Advertising and promotion	853,239.	605,725.	1,531.	245,983.
15   Royalties	13	Office expenses	470,647.	144,298.	54,519.	271,830.
16 Occupancy     121,413     57,064     33,996     30,353       17 Travel     490,266     309,655     33,556     147,055       18 Payments of travel or entertainment expenses for any federal, state, or local public officials     50     10       19 Conferences, conventions, and meetings     21,045     13,027     2,323     5,695       20 Interest     9     16,078     13,144     3,861       21 Payments to affiliates     10     11,591     11,157     572       24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)     32,320     11,591     11,157     572       3 Event Sponsorship, Etc     44,519     10,648     6,061     27,810       4 Event Supplies     32,497     24,888     7,609       5 Professional Developmen     10,601     10,601       4 All other expenses     13,334     8,445     4,705     184       25 Total functional expenses. Add lines 1 through 24e     5,479,306     3,047,279     761,225     1,670,802       26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.     5,479,306     3,047,279     761,225     1,670,802	14	Information technology	33,739.	19,371.	5,933.	8,435.
17 Travel         490,266.         309,655.         33,556.         147,055.           18 Payments of travel or entertainment expenses for any federal, state, or local public officials         21,045.         13,027.         2,323.         5,695.           19 Conferences, conventions, and meetings         21,045.         13,027.         2,323.         5,695.           20 Interest         21         Payments to affiliates         22         22         Depreciation, depletion, and amortization         33,083.         16,078.         13,144.         3,861.         3,861.         3,320.         11,591.         11,157.         572.         572.         572.         572.         4,591.         10,648.         6,061.         27,810.         572.         572.         44,519.         10,648.         6,061.         27,810.         572.	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings	16	Occupancy	-	,	· · · · · · · · · · · · · · · · · · ·	
for any federal, state, or local public officials  19 Conferences, conventions, and meetings 21,045.  13,027. 2,323. 5,695.  20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23,320. 11,591. 11,157. 572.  24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.)  a Event Sponsorship, Etc 44,519. 10,648. 6,061. 27,810. b Event Supplies 7,609. c Professional Developmen 10,601.  4 All other expenses. Add lines 1 through 24e 5,479,306. 3,047,279. 761,225. 1,670,802.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	17	Travel	490,266.	309,655.	33,556.	147,055.
19   Conferences, conventions, and meetings   21,045.   13,027.   2,323.   5,695.	18	'				
20   Interest			24 245	12 22	0.202	5 605
Payments to affiliates			21,045.	13,027.	2,323.	5,695.
22 Depreciation, depletion, and amortization       33,083.       16,078.       13,144.       3,861.         23 Insurance       23,320.       11,591.       11,157.       572.         24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       44,519.       10,648.       6,061.       27,810.         a Event Sponsorship, Etc       44,519.       10,648.       6,061.       27,810.         b Event Supplies       32,497.       24,888.       7,609.         c Professional Developmen       10,601.       10,601.         d       13,334.       8,445.       4,705.       184.         25 Total functional expenses. Add lines 1 through 24e       5,479,306.       3,047,279.       761,225.       1,670,802.         26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.       5,479,306.       3,047,279.       761,225.       1,670,802.						
Insurance 23,320. 11,591. 11,157. 572.  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a Event Sponsorship, Etc 44,519. 10,648. 6,061. 27,810.  b Event Supplies 32,497. 24,888. 7,609.  c Professional Developmen 10,601. 10,601.  d All other expenses 13,334. 8,445. 4,705. 184.  25 Total functional expenses. Add lines 1 through 24e 5,479,306. 3,047,279. 761,225. 1,670,802.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			22 002	16 070	12 144	2 061
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a Event Sponsorship, Etc 44,519. 10,648. 6,061. 27,810.  b Event Supplies 32,497. 24,888. 7,609.  c Professional Developmen 10,601. 10,601.  d All other expenses 13,334. 8,445. 4,705. 184.  25 Total functional expenses. Add lines 1 through 24e 5,479,306. 3,047,279. 761,225. 1,670,802.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		·	·	· · ·		
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.)  a Event Sponsorship, Etc 44,519. 10,648. 6,061. 27,810. Event Supplies 32,497. 24,888. 7,609. Professional Developmen 10,601. 10,601.  d e All other expenses 13,334. 8,445. 4,705. 184. 25 Total functional expenses. Add lines 1 through 24e 5,479,306. 3,047,279. 761,225. 1,670,802. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			23,320.	11,351.	11,157.	372.
a Event Sponsorship, Etc 44,519. 10,648. 6,061. 27,810. b Event Supplies 32,497. 24,888. 7,609. c Professional Developmen 10,601. 10,601. d e All other expenses 13,334. 8,445. 4,705. 184. 25 Total functional expenses. Add lines 1 through 24e 5,479,306. 3,047,279. 761,225. 1,670,802. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	<b>24</b>	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
b Event Supplies 32,497. 24,888. 7,609. c Professional Developmen 10,601. d	а	, , ,	44,519.	10,648.	6,061.	27,810.
c Professional Developmen 10,601. 10,601.  e All other expenses 13,334. 8,445. 4,705. 184.  Total functional expenses. Add lines 1 through 24e 5,479,306. 3,047,279. 761,225. 1,670,802.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	b		-	· · ·	·	
All other expenses 13,334. 8,445. 4,705. 184.  Total functional expenses. Add lines 1 through 24e 5,479,306. 3,047,279. 761,225. 1,670,802.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	С	Professional Developmen	-	,	10,601.	•
Total functional expenses. Add lines 1 through 24e 5,479,306. 3,047,279. 761,225. 1,670,802.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	d					
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	е	All other expenses	13,334.	8,445.	4,705.	184.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			5,479,306.	3,047,279.	761,225.	1,670,802.
educational campaign and fundraising solicitation.	26	Joint costs. Complete this line only if the organization				
		reported in column (B) joint costs from a combined				
Check here ► X if following SOP 98-2 (ASC 958-720) 766,544. 573,983. 0. 192,561.		educational campaign and fundraising solicitation.				
		Check here X if following SOP 98-2 (ASC 958-720)	766,544.	573,983.	0.	192,561.

# Form 990 (2018) Part X Balance Sheet

rai	·	Dalatice Stieet					
		Check if Schedule O contains a response or not	e to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,420,528.	1	767,330.
	2	Savings and temporary cash investments			411,966.	2	671,616.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	34,750.	4	232,750.		
	5	Loans and other receivables from current and for	ormer o	officers, directors,			
		trustees, key employees, and highest compensation	ated e	mployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958	(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
ş		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			315,425.	9	287,874.
	10a	Land, buildings, and equipment: cost or other		1			
		basis. Complete Part VI of Schedule D	10a	386,168.			
	b	Less: accumulated depreciation		91,098.	195,581.	10c	295,070.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		1,625.	14	1,625.	
	15	Other assets. See Part IV, line 11		230,100.	15	225,090.	
	16	Total assets. Add lines 1 through 15 (must equ	2,609,975.	16	2,481,355.		
	17	Accounts payable and accrued expenses		38,168.	17	323,981.	
	18	Grants payable			18		
	19	Deferred revenue		590,380.	19	323,235.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	I disqualified persons.			
iab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	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			628,548.	26	647,216.
		Organizations that follow SFAS 117 (ASC 958	), che	ck here ▶ 🗓 and			
es		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets			544,690.	27	517,694.
Fund Balances	28	Temporarily restricted net assets				28	
pu	29				1,436,737.	29	1,316,445.
		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖			
ō		and complete lines 30 through 34.		ļ			
sets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	ent fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in		_		32	
~	33	Total net assets or fund balances			1,981,427.	33	1,834,139.
	34	Total liabilities and net assets/fund balances			2,609,975.	34	2,481,355.

Form **990** (2018)

Save the Storks 46-1031815 Page 12 Form 990 (2018) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 5,327,717. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 2 5,479,306. -151,589. 3 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,981,427. 4 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 7 Investment expenses 4,301. 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 1,834,139. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Lash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a 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: Both consolidated and separate basis Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

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

Form **990** (2018)

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#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2018** 

Open to Public Inspection

Employer identification number

46-1031815 Save the Storks Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

### 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` ,	` ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,377,432.	2,432,005.	3,689,867.	3,628,478.	5,529,397.	16,657,179.
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	1,377,432.	2,432,005.	3,689,867.	3,628,478.	5,529,397.	16,657,179.
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)						16 655 150
	Public support. Subtract line 5 from line 4.						16,657,179.
	• • • • • • • • • • • • • • • • • • • •	(a) 001 4	(h) 0015	(a) 0010	(4) 0017	(-) 0010	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2014 1,377,432.	<b>(b)</b> 2015 2,432,005.	(c) 2016 3,689,867.	(d) 2017 3,628,478.	<b>(e)</b> 2018 5,529,397 <b>.</b>	(f) Total 16,657,179.
	Amounts from line 4	1,377,432.	2,432,003.	3,003,007.	3,020,470.	3,323,337.	10,037,173.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	31.	1,304.	2,032.	2,872.	1,280.	7,519.
9	Net income from unrelated business		_,	_,	_,	_,	.,
Ŭ	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.)			472.		53,925.	54,397.
11	<b>Total support.</b> Add lines 7 through 10						16,719,095.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	5,269,901.
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stor		······				<u></u> ▶□
	ction C. Computation of Publ		<u> </u>				
	Public support percentage for 2018 (					14	99.63 %
	Public support percentage from 2017				· ·	15	99.45 %
16a	33 1/3% support test - 2018. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c	•		•		•	
4-	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
1.	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the organization meets the "facts-and-circ						ightharpoonup
10	<b>Private foundation.</b> If the organization						
18	i iivate iounuation. Ii the organizatio	an ala not check a	DON OH IIIIE 13, 102	i, 100, 11a, 01 1/0	, OHEON HIIS DOX 8	แน จออ แจแนนแปไ	·

### 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</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						
k	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		1		1		
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on				1		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·			•	. , , , ,	
<u></u>	check this box and stop here ction C. Computation of Publ						<u></u>
	<u>-</u>			(f)\		145	0/
	Public support percentage for 2018 (I					15	%
	Public support percentage from 2017 ction D. Computation of Investigation					16	%
	Investment income percentage for 20					17	<u> </u>
	Investment income percentage from 2					18	
	33 1/3% support tests - 2018. If the						
136	more than 33 1/3%, check this box a						17 13 1101
L	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

## 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	35		
	9с		
	10a		
	10b		
$\overline{}$		00 E7	

Pa	rt IV   Supporting Organizations (continued)			age <b>o</b>
. u	rt IV   Supporting Organizations <sub>(continued)</sub>		V- 1	
			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		<u> </u>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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 <b>Part VI</b> 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 yeafsee instructions			
' a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below</i> .	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins.	truction	e)	
2	Activities Test. Answer (a) and (b) below.	, aonom	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
b				
	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	OF		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		OL		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2018 Save the Storks			46-1031815	Page 6
Pa		g Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI.) <b>See ins</b>	tructions. All
	other Type III non-functionally integrated supporting organizations must co	-		,	
Sect	ion A - Adjusted Net Income	•	(A) Prior Year	(B) Currer (option	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	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) Currer (option	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	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 <b>Part VI</b> ):				
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				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting	organization (see	

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	e	
	(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			
Secti	on 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			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
ī	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	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 <b>Part VI.</b> 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:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Other Income
2016 Amount: \$ 472.
2018 Amount: \$ 1,925.
Gross Fundraising event fees
2018 Amount: \$ 52,000.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

Sa	ve the Storks	46-1031815					
Organization type (check of	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						
• •	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	ule. See instructions.					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supportant 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	a, or 16b, and that received from					
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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \rightarrow 1							
but it <b>must</b> answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (I Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Name of organization	Employer identification number
Save the Storks	46-1031815

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		\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4		\$\$	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				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization

Employer identification number

Save the Storks

46-1031815

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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. 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
		l \$	

Name of or	rganization			Employer identification number	
Save the	Storks			46-1031815	
Part III		) through (e) and the following line e charitable, etc., contributions of \$1,000 o	ntry For organizations	that total more than \$1,000 for the year	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
Ī		(e) Transfer of g	ift		
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No.					
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
		(e) Transfer of g			
-	Transferee's name, address, a			nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	escription of how gift is held	
-		(e) Transfer of g			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee	
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
Part I					
		(e) Transfer of g			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee	

### **SCHEDULE D** (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 46 - 1031815Save the Storks

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990 Part Y		

		S cool court the State							46 1021	015	_	•
		Form 990) 2018 Save the St Organizations Maintaining C		rt Hist	torical Tr	occursos .	or Othor		46-1031			age <b>2</b>
				-						•		
3	•	the organization's acquisition, accessi	on, and other record	us, checi	k arry or trie	iollowing the	at are a sigi	illicarit	use of its	Collectic	iii iteii	5
_	`	all that apply): Public exhibition	_			hanaa nraar	ama					
a			C			hange progr						
b		Scholarly research	•	• 📖	Other							
C		Preservation for future generations		بالدينية ما منا			:		:- D-	.4 VIII		
4		e a description of the organization's co							ose in Pa	rt XIII.		
5	•	the year, did the organization solicit of				•				<b>□ v</b>		1
Dai		old to raise funds rather than to be m								_ Yes		<u>No</u>
rai		Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ii the	organizatio	n answered	Yes on F	orm 990	u, Part IV,	line 9, o	ſ	
12		organization an agent, trustee, custod		diary for	contribution	ns or other as	seets not in	cluded				
Ia										Yes		No
h		m 990, Part X? ," explain the arrangement in Part XIII								_ 165		ı NO
b	11 165	, explain the arrangement in Fart Alli	and complete the it	ollowing i	labie.					Amoun	+	
_	Poginn	ing balance						1c		Amoun		
								1d				
u		ons during the year						1e				
•		utions during the year						1f				
22		balancee organization include an amount on F						$\overline{}$		Yes	$\top$	No
		," explain the arrangement in Part XIII.					-	/ ·	∟	_ 163	F	
Pai		Endowment Funds. Complete i										
			(a) Current year	1	rior year	(c) Two yea			years back	(e) Fou	r vears	back
1a	Beginn	ing of year balance	(Li) Cameric year	(2):	,	(5)	(3	,	,	(0)	· j	
b		outions										
c		restment earnings, gains, and losses										
d		or scholarships										
		expenditures for facilities										
·		ograms										
f	-	strative expenses										
g g		year balance										
2		e the estimated percentage of the cur	rent vear end baland	ce (line 1	a. column (a	a)) held as:	<u> </u>			1		
- а		designated or quasi-endowment	one your one balance	%	9, 00.0	a,, 1101a ao.						
b		nent endowment	%	—′°								
С		prarily restricted endowment										
•		rcentages on lines 2a, 2b, and 2c sho										
За		ere endowment funds not in the posse		ation tha	at are held a	and administe	ered for the	organi	zation			
-	by:		estern er une er ganna								Yes	No
	•	related organizations								3a(i)		
		ated organizations										
b	If "Yes	on line 3a(ii), are the related organiza	tions listed as requi	ired on S	chedule R?							
4		pe in Part XIII the intended uses of the										
		Land, Buildings, and Equipm										
		Complete if the organization answere		0, Part I\	/, line 11a. §	See Form 990	0, Part X, lir	ne 10.				
		Description of property	(a) Cost or o			or other	(c) Acc		ed	(d) Boo	k valu	<del></del>
			basis (investi		` '	(other)	٠,,	eciation		. ,	_	
1a	Land											
		gs										
		nold improvements										

75,973

310,195.

295,070. Schedule D (Form 990) 2018

34,180.

260,890.

41,793.

49,305.

e Other .....

d Equipment

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

Schedule D (Form 990) 2018 Save the Storks			46-103	1815 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end-of-y	year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 990	, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end-of-y	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"	on Form 990 Part IV	line 11d See Form 990	Part X line 15	
	Description	, 7 7 4. 200 7 5111 200	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) Security Deposits	'			129,557
(2) UI Reimb. Tax Account				3,800
(3) Employee advances				8,182
(4) Asset held for sale				83,551
				03,331
(5)				
(6)				
(7)				
(8)				
(9)				205 202
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b></b>	225,090
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV	•	m 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			

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.) ..............▶

2. 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

Schedule D (Form 990) 2018 Save the Storks			46-1031815	Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Fin		Revenue per R	eturn.	
Complete if the organization answered "Yes" on Form 99	00, Part IV, line 12a.			
1 Total revenue, gains, and other support per audited financial sta	atements		1	7,096,499.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 1	1 1			
a Net unrealized gains (losses) on investments				
<b>b</b> Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	1,768,782.		
e Add lines 2a through 2d			2e	1,768,782.
3 Subtract line 2e from line 1			3	5,327,717.
4 Amounts included on Form 990, Part VIII, line 12, but not on line				
a Investment expenses not included on Form 990, Part VIII, line 7	b <b>4a</b>			
<b>b</b> Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, F	Part I, line 12.)		5	5,327,717.
Part XII Reconciliation of Expenses per Audited Fire	nancial Statements With	Expenses per	Return.	
Complete if the organization answered "Yes" on Form 99	00, Part IV, line 12a.			
1 Total expenses and losses per audited financial statements			1	7,248,088.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25				
a Donated services and use of facilities	2a			
<b>b</b> Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		1,768,782.		
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·		2e	1,768,782.
3 Subtract line 2e from line 1			3	5,479,306.
4 Amounts included on Form 990, Part IX, line 25, but not on line				
a Investment expenses not included on Form 990, Part VIII, line 7	1 1			
b Other (Describe in Part XIII.)				
a. A stat Branca Alexandria Alexandria			4c	0
<ul> <li>5 Total expenses. Add lines 3 and 4c. (This must equal Form 990,</li> </ul>			5	5,479,306.
Part XIII Supplemental Information.	T art 1, 11110 10.)		<u> </u>	0,2/2,000
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	ines 1a and 4 <sup>.</sup> Part IV lines 1h a	and 2h: Part V line 4	1· Part X line 2	· Part XI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	•		+, 1 art 7, iii 0 2	, r are 70,
illios za ana 45, ana i are An, illios za ana 45. Also complete tris pare	to provide any additional inform	ation.		
Part XI, Line 2d - Other Adjustments:				
Tare in, time to concrete industries.				
Cost of goods sold	1 161 354			
Cost of goods sold	1,161,354.			
Cost of goods sold  Event expenses	1,161,354.			
Event expenses	607,428.			
Event expenses	607,428.			
Event expenses	607,428.			
Event expenses  Total to Schedule D, Part XI, Line 2d	607,428.			
Event expenses	607,428.			
Event expenses  Total to Schedule D, Part XI, Line 2d  Part XII, Line 2d - Other Adjustments:	607,428. 1,768,782.			
Event expenses  Total to Schedule D, Part XI, Line 2d	607,428.			
Event expenses  Total to Schedule D, Part XI, Line 2d  Part XII, Line 2d - Other Adjustments:  Cost of goods sold	1,768,782. 1,161,354.			
Event expenses  Total to Schedule D, Part XI, Line 2d  Part XII, Line 2d - Other Adjustments:	607,428. 1,768,782.			
Event expenses  Total to Schedule D, Part XI, Line 2d  Part XII, Line 2d - Other Adjustments:  Cost of goods sold	1,768,782. 1,161,354.			

Schedule D	(Form 990) 2018	Save the Storks		46-1031815	Page <b>5</b>
Part XIII	(Form 990) 2018  Supplemental Infor	mation (continued)			

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**Open to Public** 

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

Save the S	torks				46-1031815	
Part I Fundraising Activities required to complete this pa	• Complete if the organization answert.	ered "\	es" o	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
, , ,	e X Solicita  f Solicita  g X Special  or oral agreement with any individua  Part VII) or entity in connection with p	tion of tion of fundra I (inclu	non-g gover aising ding o	overnment grants rnment grants events  fficers, directors, tru fundraising services?	stees, or X Yes	
<b>b</b> If "Yes," list the 10 highest paid indi	` '.	uant to	agree	ements under which	the fundraiser is to b	oe .
compensated at least \$5,000 by the	e organization.			1	i	<u>i</u>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fund have of or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
The ES Collective - 906 E	Event development,	Yes	No			
Buffalo Ave, Santa Ana, CA	planning & implementation		Х	783,767.	97,763.	686,004.
The Tempus Collaborative - PO	Event planning/donor					
Box 766, Odessa, FL 33556	acquisition & retention		Х	557,647.	260,000.	297,647.
American Hero Movie LLC -	Event planning and					
1909 Joseph Ct., Wall, NJ	management		Х	88,061.	9,659.	78,402.
Green Drum Creative LLC /	Event planning and					
Jacob Stechmeyer - 3308	management		Х	76,062.	15,024.	61,038.
Jason Wall/Plethyno LLC -	Event planning and					
1000 Worthington Ln, Apt	management		Х	8,110.	43,000.	-34,890.
Haley Hunt - PO Box 940386,	Event planning and					
Maitland, FL 32794	management		Х	2,643.	9,919.	-7,276.
Total  3 List all states in which the organization	on is registered or licensed to solicit	contrik	. Dutions	1,516,290.	435,365.	1,080,925.
or licensing.						

Pa	ırt I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and gr	•	,	, , , , , , , , , , , , , , , , , , ,	
			(a) Event #1	(b) Event #2 Living Room Reset	(c) Other events	(d) Total events
			Stork Ball	Events	1	(add col. (a) through
4)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue			000.054		24 005	4 550 500
Вè	1	Gross receipts	970,864.	557,647.	31,287.	1,559,798.
	2	Less: Contributions	918,864	. 557,647.	31,287.	1,507,798.
	3	Gross income (line 1 minus line 2)	52,000			52,000.
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs			30,128.	30,128.
ect E	7	Food and beverages	95,058.			95,058.
ä	8	Entertainment	37,055.			37,055.
	9	Other direct expenses			2,821.	445,187.
	10	Direct expense summary. Add lines 4 throug	· ·		·	607,428.
	11	-				-555,428.
Pá	irt					, -
		\$15,000 on Form 990-EZ, line 6a.	anoworda 100 on 101	11000,1 4111, 1110 10, 01	roportou moro trium	
		* · · · · · · · · · · · · · · · · · · ·		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
š ei						
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
ect	4	Rent/facility costs				
亩	•					
	5	Other direct expenses		N		
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1 column (d)		_	
		Net gaming income summary. Subtract line i	monnine i, column (u)			
9	En	ter the state(s) in which the organization cond	ucts gaming activities: _			
a	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
k	lf "	No," explain:				
	_					
		ere any of the organization's gaming licenses r			year?	Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

Sch	edule G (Form 990 or 990-EZ) 2018 Save the Storks 46-10	31815	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:		
		ا ءود ا	0/
	The organization's facility		<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	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 > \$		
,	If "Yes," enter name and address of the third party:		
	in res, enter hame and address of the tillid party.		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	· · · · · · · · · · · · · · · · · · ·		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	•		
ā	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
a = h	adula C. Dant T. Time Oh. Tist of Man Highest Daid Dundusiasus.		
sen	edule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:		
(i)	Name of Fundraiser: The ES Collective		
(i)	Address of Fundraiser: 906 E Buffalo Ave, Santa Ana, CA 92706		
,	Name of Burdandara American Water V. 1976		
(1)	Name of Fundraiser: American Hero Movie LLC		
( <del>i</del> \	Address of Fundraiser: 1909 Joseph Ct., Wall, NJ 07719		
` + /			
(i)	Name of Fundraiser: Green Drum Creative LLC / Jacob Stechmeyer		

Schedule G (Form 990 or 990-EZ) Save the Storks	46-1031815	Page 4
Part IV Supplemental Information (continued)		
(i) Address of Fundraiser: 3308 Newton Street, Denver, CO 80211		
(i) Name of Fundraiser: Jason Wall/Plethyno LLC		
(i) Address of Fundraiser:		
1000 Wanthington In Apt 11 212 Chaing Hill MN 27174		
1000 Worthington Ln, Apt 11-312, Spring Hill, TN 37174		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047 **2018** 

Open to Public Inspection

Name of the organization							Employer identification number
Save the Stork Part I General Information on Grants a							46-1031815
Does the organization maintain records to criteria used to award the grants or assistance.	o substantiate th				y for the grants or ass		tion X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	omplete if the org	anization answered "\	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than S	5,000. Part II ca	n be duplicated if addi	tional space is need	ded.	(6) Madla ad af		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Abba's Arms Ministry							
12002 Arnold Rd.							
Orrville, OH 44667	34-1644409	501(c)(3)	6,000.	0.			Ministry Support
Alpha Care 3807 Lancaster Ave							
Philadelphia, PA 19104	23-2200071	501(c)(3)	6,100.	0.			Story Grant
Alpha Pregnancy Help Center 700 Loughborough Dr. Merced, CA 95348	77-0079754	501(c)(3)	7,600.	0.			Story & Training Grant
Alternatives Pregnancy Center 1111 Howe Ave. Ste 610	04 0044514	501/ )/2)	6.350	0			
Sacramento, CA 95825	94-2844514	501(c)(3)	6,350.	0.			Story Grant
Arkansas Pregnancy Resource Center PO Box 25413 Little Rock, AR 72221	71-0669058	501(c)(3)	14,750.	0.			Story Grant & Center Makeover
Birth Choice of San Marcos 277 S. Rancho Santa Fe Rd Suite R							Story Grant & Mission
San Marcos, CA 92078	33-0250034	501(c)(3)	13,350.	0.			Support
2 Enter total number of section 501(c)(3) a			· · · · · · · · · · · · · · · · · · ·			I	L
3 Enter total number of other organizations							

Schedule I (Form 990) Save the Storks 46-1031815 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Contro Monovog Gilvon Chring							
Centro Tepeyac Silver Spring Women's Center - 12247 Georgia							
Ave Silver Spring, MD 20902	52-1838338	501(c)(3)	10,000.	0.			Mobile Medical Unit
Crisis Pregnancy Center of Eastern	32-1030330	501(0/(3/	10,000.	0.			MODITE MEGICAL UNIC
Illinois - DBA Choices Pregnancy							
and Hea - 260 W Locust Ave							
Charleston, IL 61920	36-3315022	501(c)(3)	30,350.	0.			Mobile Medical Unit
enarrescent, in tiple	30 3313022	301(0)(3)	30,330.	• •			nobile nearour onic
Coastal Pregnancy Care Center							
PO Box 2306							Mobile Medical Unit &
Morehead City, NC 28557	56-1482732	501(c)(3)	50,350.	0.			Center Makeover
New Hope Pregnancy Care Center -			,				
DBA Compassion Care Center - 321							
West Main Street - Yadkinville, NC							
27055	56-2146413	501(c)(3)	6,300.	0.			Story Grant
Daybreak Ministries							
1601 St Julian Place							Mobile Medical Unit &
Columbia, SC 29204	57-0760670	501(c)(3)	25,950.	0.			Story Grants
Elizabeth's Hope PRC							
PO Box 262							Mobile Medical Unit &
Chillicothe, OH 45601	31-1278607	501(c)(3)	27,300.	0.			Training Grant
First Source for Women							
203 Commercial St NE							Story Grants & Trainin
Hanceville, AL 35077	20-5659416	501(c)(3)	6,250.	0.			Grant
Hanceville, Al 33077	20 3035410	501(0)(3)	0,230.	0.			Granc
Heartbeat of Toledo							
4041 W Sylvania Ave LL4							Story Grants & Trainin
Toledo, OH 43623	23-7404777	501(c)(3)	5,450.	0.			Grant
			, 230.			1	
Hearbeats							
4264 North NC 16 Hwy							Training Grant & Missi
Denver, NC 28037	56-2129011	501(c)(3)	8,350.	0.			Support

Schedule I (Form 990) Save the Storks 46-1031815 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Human Coalition							
7800 N Dallas Pkwy Suite 550							Mobile Medical Unit &
Plano, TX 75024	26-4099950	501(c)(3)	30,850.	0.			Story Grants
Life Line Pregnancy Center							
1524 Fountain Dr							
Wilmington, NC 28403	58-1634141	501(c)(3)	10,000.	0.			Center Makeover
PRC of Rincon							
594 S Columbia Ave.							
Rincon, GA 31326	20-8738514	501(c)(3)	5,650.	0.			Story Grant
,			1,322.				
Silent Voices							
355 K St							
Chula Vista, CA 91911	33-0451695	501(c)(3)	45,350.	0.			Mobile Medical Unit
The Pregnancy Help Center of							
Sanford - 1002 S. French Ave -							  Story Grants & Trainir
Sanford, FL 32771	59-3458060	501(c)(3)	5,650.	0.			Grant
Your Choices Randolph							
110 E. Walker Ave.							
Asheboro, NC 27203	73-1627575	501(c)(3)	6,250.	0.			Training Grant
,			, ,	<u> </u>			

Schedule I (Form 990) (2018) Save the Storks 46-1031815 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		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ie 2; Part III, column	(b); and any other ac	dditional information.			
Part I, Line 2:							
The organization tracks grant expenditures in accor	dance with t	he accrual					
pasis of accounting, using expense reports, grant f	eedback, and	other					
appropriate documentation.							
The condition placed upon the grants given for Mobile Medical Units (MMU)							
vas proof that the MMU was fully funded. Funds were not restricted but were							
contingent on completion of a MMU.							

Schedule I (Form 990) Save the Storks 46-1031815 Page 2 Part IV | Supplemental Information Training grants are given after completing a training and are not restricted. Story grants are given for regular reporting of stories directly related to the program impact that affiliate pregnancy centers experienced as a result of our MMU. Makeover grants have been awarded to help centers either rebuild in the event of disaster or to update their centers with needed cosmetic and/or structural change/improvements.

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public Inspection

46-1031815

Name of the organization

Department of the Treasury

Internal Revenue Service

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

Save the Storks

Employer identification number

OMB No. 1545-0047

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain \_\_\_\_\_ X 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Х 5a Х **b** Any related organization? If "Yes" on line 5a 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 compensation contingent on the net earnings of: a The organization? Х Х **b** Any related organization? 6b If "Yes" on line 6a or 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 lines 5 and 6? If "Yes," describe in Part III Х 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Save the Storks 46-1031815 Page **2** 

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 other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(()-(U)	reported as deferred on prior Form 990
(1) Joseph Baker	(i)	66,577.	10,000.	0.	723.	102,500.	179,800.	0.
CEO	(ii)	0.	0.	0.	0.	0.	. 0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018 Save the Storks 46-1031815 Page **3** 

Schedule J (Form 990) 2016 Bave the Books	Page 3
Part III Supplemental Information	
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	n.
Part I, Line 1a:	
Pursuant to Internal Revenue Code Section 107, ministerial housing	
allowances are provided for qualifying ministerial employees. This is not	
included in taxable compensation. Joseph Baker, CEO and John McCain, CFO	
met the qualifications for and received a ministerial housing allowance	
during the tax year.	
Part I, Line 4a:	
Dianna Steel received severance in the amount of \$18,333 in October 2018.	
Part I, Line 7:	
In 2018, the STS board approved non-fixed payments classified as bonuses	
for the following individuals:	
Joseph Baker	
John McCain	

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization Employer identification number Save the Storks 46-1031815 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to or (i) Written (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total ▶ \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (a) Name of interested person (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2018

# Schedule L (Form 990 or 990-EZ) 2018 Save the Storks Part IV Business Transactions Involving Interested Persons.

Complete if the organization answere	d "Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Joseph Baker	Family member of An	179,800.	W-2 wages		Х
Ann Baker	Family member of Jo	15,150.	W-2 wages		Х
	<del> </del>				
	<del> </del>				
	+				
Part V Supplemental Information.	•				
Provide additional information for resp	oonses to questions on Schedule L (see i	nstructions).			
Sch L, Part IV, Business Transactions	Involving Interested Persons:				
/a) Name of Bassas Tarank Bahas					
(a) Name of Person: Joseph Baker					
(b) Relationship Between Interested Pe	rson and Organization:				
(a) Northorn 1100 200 100 100 100 100 100 100 100 10					
Family member of Ann Baker, Secretary					
(c) Amount of Transaction \$ 179,800.					
(d) Description of Transaction: W-2 wa	ges				
(e) Sharing of Organization Revenues?	= No				
(a) Name of Person: Ann Baker					
(b) Relationship Between Interested Pe	rson and Organization:				
Family member of Joseph Baker, CEO					
(c) Amount of Transaction \$ 15,150.					
(3) - 1 .1 .51					
(d) Description of Transaction: W-2 wa	ges				
(e) Sharing of Organization Revenues?	- No				
(e) Shalling of Organization Revenues:	= 110				
Schedule L, Part IV					
The instructions to Schedule L (Form 9	90), Part IV state that				
compensation reported in Form 990, Par	t VII, Section A does not have	to			
be reported in Schedule L, Part IV, ".	unless the compensation was	to			
a family member of another person repo	rted in Form 990 Part VII				
WOWSOL OF GROOTIEL BELBOIL TEN	TOOM THE EVENT DOOR LOLD VII.				

Schedule L	_ (Form 990 or 990-EZ)	Save the Stor	rks		46-1031815	Page 2
Part V	(Form 990 or 990-EZ)  Supplemental Info	rmation				
			rmation for responses to questions on	Schedule L (see instru	ctions).	
	- "					
Section 1	Α. "					

### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Save the Storks

**Employer identification number** 46-1031815

Form 990, Part III, Line 4a, Program Service Accomplishments:
blessing, and we believe this video was an early step in alerting
church leaders to the need for post-abortive forgiveness and healing.
Millions of people of all ages viewed the video on Facebook and
YouTube, and a new conversation about what it means to be pro-life in
2018 was kicked-off.
Save the Storks achieved milestones in 2018 on Facebook, reaching
250,000 followers, and Instagram, with over 25,000 followers by
year-end. The "Celebrate Life" (brand) video reached 200,000 views on
YouTube.
Form 990, Part III, Line 4b, Program Service Accomplishments:
clinics, on college campuses, in rural areas and inner cities.
Save the Storks has developed a unique way to reach abortion-vulnerable
mothers with the Stork Bus. We've seen Stork Buses profoundly expand
the reach and increase the impact of pregnancy resource centers all
over the nation. These mobile medical units minimize the distance
between the PRC and the women most in need of the services.
The first year we had a Stork Bus on the road, we saw 394 women make a
decision for life for their babies. In 2018, four out of five women who
boarded a Stork Bus chose life after seeing their baby on the
ultrasound and hearing the heartbeat, according to reports provided by
participating affiliate DDCs. In 2018 we signed on 9 new programsy

resource centers, butle 8 stork Buses and ended 2018 with a total of 47  Stork Buses at our affiliate PRCs.  Form 990, Part III, Line 4c, Program Service Accomplishments:  leve and compassion.  The first annual Stork Ball took place at Museum of the Bible in  Mashington, DC, and was attended by influential Christian business  leaders and celebrities.  The staff and volunteers of Save the Storks participated in March for  Life in Washington, DC in January 2018.  Form 990, Part III, Line 4d, Other Program Services:  StorkWorks Consulting  In October of 2018 Save the Storks held the first annual Plyway  Intensive Conference for Executive Directors in Colorado Springs from  around the United States, 30 directors received full scholarships after  applying to attend. They received high level content from experts in a  variety of fields, including Pundraising, Client Marketing, Staffing,  Leadership, and Culture Frends, They also participated in team building  exercises, networking, and action planning lead by certified life  coaches and CRO/Mentors. This week-long conference wrapped up with a  Danquet held to honor and encourage the attendees and bless their  ministries financially, They were also extended an opportunity to  participate in a year long StorkWorks Academy to continue growing as	Name of the organization	Employer identification number
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leaders.	leaders.	

Name of the organization Save the Storks	Employer identification number 46-1031815
Expenses \$ 250,768. including grants of \$ 56,000. Revenue \$ 59,009.	
Form 990, Part VI, Section A, line 2:	
Joseph Baker, CEO, and Ann Baker, Secretary, have a family relationship.	
Form 990, Part VI, Section B, line 11b:	
The 990 was prepared by an independent CPA firm and reviewed in detail by	
the organization's Chief Financial Officer for accuracy. It was then	
provided to all members of the board for review prior to being filed with	
the IRS.	
Form 990, Part VI, Section B, Line 12c:	
The organization requires all officers and board members to annually	
complete and sign a conflict of interest questionnaire. The board Chairman	
reviews the signed statements and ensures that interested persons are in	
compliance with the conflict of interest policy. The board Chairman's	
statement is reviewed by the remaining board members. Should any potential	
conflicts of interest be disclosed, the board member or officer would be	
asked to refrain from participation in any deliberation or decision with	
regard to matters affected by the relationship.	
Form 990, Part VI, Section B, Line 15a:	
15a - The independent members of the Board approves compensation for the	
CEO, using comparability data. The approval process is documented in the	
minutes.	
15b - The Board approves the Secretary's compensation. The CEO approves the	
CFO's compensation. The Secretary's approval process is documented.	

Name of the organization  Save the Storks		Employer identification number
bave the beatab		40 1031013
Form 990, Part VI, Section C, Line 19:		
The organization makes its governing documents, conflict of	interest	
policy, and financial statements available to the public upon	n reguest.	
Form 990, Part IX, Line 11g, Other Fees:		
Graphics / Artwork:		
Program service expenses	26,879.	
Management and general expenses	304.	
Fundraising expenses	28,650.	
Total expenses	55,833.	
Other:		
Program service expenses	72,658.	
Management and general expenses	15,905.	
Fundraising expenses	13,223.	
Total expenses	101,786.	
Contract Labor:		
Program service expenses	289,633.	
Management and general expenses	28,963.	
Fundraising expenses	260,670.	
Total expenses	579,266.	
Total Other Fees on Form 990, Part IX, line 11g, Col A	736,885.	
Form 990, Part IX - Statement of Functional Allocation		
Save The Storks had two very successful fundraising initiative	ves in 2018	
that allowed us to increase our donor impact and reach in a g	greater way	
832212 10-10-18		Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization  Save the Storks	Employer identification number 46-1031815
than expected. As a result, our programs could not grow at the same	
pace to keep our Program allocation at the highest possible level.	
Moving into 2019 & 2020 the goal is to reignite our focus on utilizing	
this new funding growth to more effectively grow and sustain our	
programs.	_
Schedule O - General Explanation Attachment	
FY 2018	
ORGANIZATIONAL MISSION STATEMENT	
The mission at Save the Storks is to revolutionize the meaning of	
pro-life.	
Stork sponsor growth in 2018 more than doubled, with approximately	
3,865 new monthly donors. In 2016, we had 2,598 Stork sponsors. In 2017	
we ended with a total of 3,410 Stork sponsors, and in 2018 we ended	
with a total of 7,275 Stork sponsors.	
The Need for Save the Storks	_
	_
Every day in the United States, nearly 2,000 abortions take place.	
Women are told that being pro-choice is their "right" and society gives	
the impression that "my body, my choice" equates to an abortion being	
the only option for women facing an unwanted pregnancy.	
According to the Centers for Disease & Control/U.S. Department of	
Health & Human Services (2014).	

Name of the organization  Save the Storks	Employer identification number 46-1031815
- Women in their twenties account for the majority of abortions.	
- Women with no previous live births accounted for 40.4% of abortions	
- Women with one or more previous live births accounted for 59.5% of	
abortions	
Other statistics:	
- One in three women in the United States will have an abortion before	
she turns 45	
- 75% of women who have abortions live in poverty	
- 64% of women who have had abortions felt pressured by others to abort	
- 54% of women who have had abortions said they were unsure about their	
decision at the time	
- 79% of women reported that they did not receive counseling on other	
options	
- Post-abortive women report suicidal thoughts, anxiety and signs of	
PTSD	
- 73.8% of women experienced "pressure" to abort their babies	
- 58.3% chose abortion "to make others happy"	
Planned Parenthood receives over \$1.3 billion in funding and donations	
annually, with \$833 million from government revenue and health	
services. In addition to financial support from the United States	
government, the following corporations have contributed money directly	
to Planned Parenthood:	
- Allstate	
- American Express	
- Avon	

Name of the organization  Save the Storks	46-1031815
- Bank of America	
- Bath & Body Works	
- Charles Schwab	
- Craigslist	
- Dockers	
- Energizer	
- ExxonMobil	
- Frito Lay	
- General Electric	
- Jiffy Lube	
- Johnson & Johnson (brands include baby shampoo, lotion, and dozens of	
baby products)	
- Kraft Heinz	
- Microsoft	
- Mondelez International (brands include children's favorite snacks:	
Chips Ahoy!, Oreo, Nabisco, Cadbury, Toblerone chocolate)	
Google repeatedly serves up favorable returns that depict abortions as	
a friendly, positive right. Verbiage on the results page for pro-choice	
mentions "top stories" and "abortion-rights movement" with a photo of	
people smiling holding a sign.	
In contrast, the term "pro-life" in a Google search returns negative	
terminology such as "anti-abortion" and "activist" and images that	
portrays angry protestors.	
The need is greater now than ever to come alongside abortion-vulnerable	
women in the United States who are continually bombarded with untruths	

Heartbeat

CareNet

Name of the organization  Save the Storks	Employer identification number 46-1031815
Summit Ministries	
The Remnant Generation (Uganda Pro-Life Ministry)	
Ministry in Asia that supports women who choose life	
Form 990, Part X, Lines 27 - 29	
In accordance with the principles of FASB ASU 2016-14 (ASC 958), the	
organization has implemented required changes to its audited financial	
statements for the period ended 12/31/2018. To date, Form 990 and its	
associated schedules have not been updated to reflect changes made by	
this standard. Thus, we have reported the revised net asset categories	
from the audited financial statements as follows on Form 990, Part X,	
Lines 27-29:	
Line 27 - Net assets without donor restrictions \$ 517,694	
Line 29 - Net assets with donor restrictions 1,316,445	
Total net assets \$1,834,139	