

Short Form Return of Organization Exempt From Income Tax

2019

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization KENDALL WHITTIER, INC.</td> <td>D Employer identification number 73-1016797</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 4165</td> <td>E Telephone number 918-829-5394</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code TULSA, OK 74159</td> <td>F Group Exemption Number ▶</td> </tr> </table>	C Name of organization KENDALL WHITTIER, INC.		D Employer identification number 73-1016797	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 4165		E Telephone number 918-829-5394	City or town, state or province, country, and ZIP or foreign postal code TULSA, OK 74159		F Group Exemption Number ▶
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City or town, state or province, country, and ZIP or foreign postal code TULSA, OK 74159		F Group Exemption Number ▶								
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶										
I Website: ▶ HTTP://WWW.KENDALLWHITTIERINC.ORG										
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other										
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 173,133.										

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received 1 162,360.
	2 Program service revenue including government fees and contracts 2
	3 Membership dues and assessments 3
	4 Investment income SEE SCHEDULE O 4 2,223.
	5a Gross amount from sale of assets other than inventory 5a 7,689.
	b Less: cost or other basis and sales expenses 5b 5,308.
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 2,381.
	6 Gaming and fundraising events:
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b	
c Less: direct expenses from gaming and fundraising events 6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d	
7a Gross sales of inventory, less returns and allowances 7a	
b Less: cost of goods sold 7b	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c	
8 Other revenue (describe in Schedule O) SEE SCHEDULE O 8 861.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 167,825.	
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10
	11 Benefits paid to or for members 11
	12 Salaries, other compensation, and employee benefits 12 118,987.
	13 Professional fees and other payments to independent contractors 13 5,622.
	14 Occupancy, rent, utilities, and maintenance 14 1,086.
	15 Printing, publications, postage, and shipping 15 196.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O 16 19,821.
17 Total expenses. Add lines 10 through 16 ▶ 17 145,712.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 22,113.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 180,918.
	20 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O 20 -823.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 202,208.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	68,115.	22	87,519.
23 Land and buildings	6,900.	23	6,900.
24 Other assets (describe in Schedule O) SEE SCHEDULE O	108,293.	24	110,076.
25 Total assets	183,308.	25	204,495.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	2,390.	26	2,287.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	180,918.	27	202,208.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		51,822.
29 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		36,160.
30 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		7,642.
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		95,624.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JANICE GOETZINGER PRESIDENT	0.50	0.	0.	0.
SALETHA FULLER VICE PRESIDENT	0.50	0.	0.	0.
TERRENCE MICHAEL SECRETARY	0.50	0.	0.	0.
TALLY FERGUSON TREASURER	0.50	0.	0.	0.
BRAD BRUMMEL DIRECTOR	0.50	0.	0.	0.
ASHLEY BATH DIRECTOR	0.50	0.	0.	0.
BETH DELANCY DIRECTOR	0.50	0.	0.	0.
GINI FOX DIRECTOR	0.50	0.	0.	0.
ROBERT FOUNDS DIRECTOR	0.50	0.	0.	0.
CARROLL JONES DIRECTOR	0.50	0.	0.	0.
JEAN MADERE DIRECTOR	0.50	0.	0.	0.
JOEY MECHELLE FARQUE DIRECTOR	0.50	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed 41 OK
42a The organization's books are in care of 42a SHANA THOMAS Telephone no. 918-829-5394 Located at 14329 S GARY AVE, BIXBY, OK ZIP + 4 74008
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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.

Sign Here

Signature of officer: _____ Date: _____

LORI DECTER WRIGHT, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JUSTIN A. MOORE, CPA	JUSTIN A. MOORE, CPA	10/30/20		P00420306
	Firm's name ▶ STANFIELD + O'DELL, P.C.	Firm's address ▶ 1350 S. BOULDER AVE. STE 800 TULSA, OK 74119		Firm's EIN ▶ 73-1293433	Phone no. 918-628-0500

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization KENDALL WHITTIER, INC.	Employer identification number 73-1016797
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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)**.
- 4 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: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 9 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.
 - a **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.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	132,228.	122,352.	130,380.	156,212.	162,360.	703,532.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	132,228.	122,352.	130,380.	156,212.	162,360.	703,532.
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)						199,612.
6 Public support. Subtract line 5 from line 4.						503,920.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	132,228.	122,352.	130,380.	156,212.	162,360.	703,532.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,173.	1,285.	1,577.	1,986.	2,223.	8,244.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						711,776.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	70.80 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	70.20 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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 .		

Section 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.		
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.		

Section 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).		

Section 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?		
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).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2019

Open to Public
Inspection

Name of the organization

KENDALL WHITTIER, INC.

Employer identification number

73-1016797

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST & DIVIDEND INCOME	2,223.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
CLASS ACTION LAW SUIT SETTLEMENT	861.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MGMT EXP:INSURANCE OTHER	1,750.
MGMT EXP:MISCELLANEOUS	676.
MGMT EXP:OFFICE SUPPLIES	418.
MGMT EXP:SOFTWARE AND IT SUPPORT	2,004.
MGMT EXP:TAXES OTHER	145.
MGMT EXP:TELEPHONE	1,866.
YEARLY APPEAL	143.
NON-MGMT EXP:FITNESS & NUTRITION FO	668.
NON-MGMT EXP:FOOD PURCHASES	1,700.
NON-MGMT EXP:INSURANCE LIABILITY	1,947.
NON-MGMT EXP:PIE PROJECTS (SOCCER T	1,642.
NON-MGMT EXP:TELEPHONE PROGRAMS	1,854.
OTHER-IN KIND EXP:MGMT	500.
OTHER-IN KIND EXP:NON-MGMT	3,290.
MGMT EXP : ORGANIZATIONAL DEVELOPME	989.
NON-MGMT EXP: TIPTON GARDEN	229.

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TOTAL TO FORM 990-EZ, LINE 16 19,821.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
NET UNREALIZED GAIN ON INVESTMENT	-823.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENT IN MUTUAL FUNDS	102,301.	105,170.
OTHER DEPRECIABLE ASSETS	5,992.	4,906.
TOTAL TO FORM 990-EZ, LINE 24	108,293.	110,076.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAX LIABILITIES	2,390.	2,287.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - HOME-GROWN COMMUNITY ORGANIZATION INCORPORATING SELF-SUFFICIENCY FOR OUR NEIGHBORS THROUGH FOOD SECURITY, NUTRITIONAL HEALTH, AND WELL-BEING.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

EMERGENCY FOOD PANTRY

OUR OVERALL OBJECTIVE IS TO IMPROVE THE QUALITY OF OUR NEIGHBORS' LIVES BY MEETING THEIR NEEDS FOR HEALTHY EMERGENCY FOOD SERVICES. OUR EMERGENCY FOOD PANTRY (EFP) HAS BEEN IN CONTINUOUS OPERATION SINCE 2000 AND PROVIDES, AT NO COST, ONE WEEK'S WORTH OF FOOD FOR A FAMILY OR INDIVIDUAL IN NEED UP TO SIX TIMES PER A ROLLING 12 MONTH PERIOD. WE PROTECT THE SECURITY OF OUR DONATED SPACE, OUR FRUGAL

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BUDGET, AND THE DIGNITY OF OUR CLIENTS BY UTILIZING CAREFULLY SCREENED VOLUNTEERS FOR HOME DELIVERIES. DURING OUR 2019-2020 FISCAL YEAR WE SERVED 1566 UNDUPLICATED INDIVIDUALS, AND 2408 DUPLICATED INDIVIDUALS. OF THESE DUPLICATED INDIVIDUALS, 39% WERE CHILDREN, 18% WERE SENIORS, AND AN ESTIMATED 70% OF THE HOUSEHOLDS INCLUDED AT LEAST ONE DISABLED ADULT. OUR PANTRY IS CLEAN, ORGANIZED AND EFFICIENT. OUR TEAM WORKS WITH PARTNER ORGANIZATIONS TO MAKE SURE THAT OUR CLIENTS RECEIVE INFORMATION ABOUT OTHER SERVICES IN THE NEIGHBORHOOD THAT CAN HELP THEM AVOID A FUTURE NEED FOR EMERGENCY FOOD.

OUR OBJECTIVES FOR THE EMERGENCY FOOD PANTRY FOR OUR 2020-2021 FISCAL YEAR ARE TO:

- PROVIDE NUTRITIOUS AND CULTURALLY APPROPRIATE EMERGENCY FOOD IN A TIMELY MANNER
- COMMUNICATE TO RESIDENTS IN OUR COMMUNITY ABOUT THE SERVICES WE PROVIDE
- INCREASE OUR OUTREACH TO HISPANIC FAMILIES.
- DECREASE REPEAT RECIPIENTS

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

GARDEN PROGRAMS

GROW TEACHING GARDEN (GARDENING TO REACH OUT AND WELCOME)

OUR GROW TEACHING GARDEN IS IN ITS ELEVENTH YEAR OF OPERATION AND ITS MAIN USE IS AS AN OUTDOOR CLASSROOM FOR NEIGHBORHOOD CHILDREN AS WELL AS STUDENTS FROM TULSA EDUCARE AND KENDALL WHITTIER ELEMENTARY. WE SERVE AND EDUCATE CHILDREN BY PROVIDING HANDS-ON EXPERIENTIAL LEARNING OPPORTUNITIES TO ENHANCE THE STUDENTS UNDERSTANDING OF THE STEM CONCEPTS THEY ARE STUDYING IN SCHOOL. OUR GARDEN OPERATES THROUGHOUT THE YEAR IN OUR FOUR SEASON CLIMATE WHICH ACCOMMODATES GROWING A WIDE

Name of the organization

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VARIETY OF ORGANIC PRODUCE. FOOD IS HARVESTED AND PREPARED IN A VARIETY OF WAYS TO BEST EXPLORE THE FLAVORS OF OUR CROPS. THERE IS NO LIMIT TO HOW A GARDEN CAN FACILITATE LEARNING. THE GARDEN PROVIDES INSIGHT TO THE PHYSICAL, ECOLOGICAL, AND CULTURAL WORLD AND HOW HUMANS INTERCONNECT. CHILDREN WITNESS THE PROCESS OF THOUGHTFUL COMPOSTING WHICH TURNS WHAT MIGHT BE CONSIDERED TRASH INTO VALUABLE AND HEALTHY SOIL. OUR GROW GARDEN IS WELL-LOVED AND HAS A CREATIVE, DEDICATED GARDEN COORDINATOR. THE LAST THREE YEARS, WE INCREASED OUR OUTREACH BY OFFERING "WALKING FIELD TRIPS" TO ALL OF THE CLASSES AT KENDALL-WHITTIER ELEMENTARY. WE ALSO HAVE AN ESTABLISHED COLLABORATION WITH THE NEIGHBORHOOD EDUCARE CENTER. OUR GOAL IS TO SERVE EVEN MORE NEIGHBORHOOD RESIDENTS, PRIMARILY CHILDREN. WE SEEK TO INSTILL IN THEM A SENSE OF WELL-BEING AND THE ACCOMPLISHMENT AND PRIDE THAT COMES FROM SEEING A TASK THROUGH FROM BEGINNING TO END. WE ALSO STRIVE TO FIND WAYS FOR ALL KENDALL WHITTIER RESIDENTS TO ENGAGE WITH OUR GARDENS AND FOR GARDENERS TO BUILD A SHARED SENSE OF COMMUNITY.

OUR OBJECTIVES FOR THE GROW TEACHING GARDEN FOR OUR 2020-2021 FISCAL YEAR ARE TO:

-CONTINUE TO SERVE THE CHILDREN WHO COME TO OUR GARDEN, FURTHERING THEIR HANDS-ON EDUCATIONAL EXPERIENCES, DEVELOPING THEIR UNDERSTANDING OF GROWING ORGANIC PRODUCE AND EXPANDING THEIR APPRECIATION OF EATING NUTRITIOUS AND HEALTHFUL FOOD.

-INCREASE THE NUMBER OF CHILDREN AND ADULTS WE SERVE.

-INCREASE OUR OUTREACH TO NEIGHBORS BY WELCOMING THEM INTO THE GARDEN TO ENJOY ITS BEAUTY AND BY PROVIDING THEM WITH VOLUNTEER OPPORTUNITIES.

-PROMOTE THE ENVIRONMENTAL BENEFITS OF GARDENING, ESPECIALLY IN AN URBAN AREA.

TIPTON COMMUNITY GARDEN

Name of the organization

KENDALL WHITTIER, INC.

Employer identification number

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OUR TIPTON COMMUNITY GARDEN (TCG), ESTABLISHED IN 2015, IS A TRADITIONAL COMMUNITY GARDEN IN THAT LOCAL RESIDENTS HAVE FORMED A GARDEN COUNCIL AND SELF-MANAGE ITS OPERATIONS. WE HAVE A VOLUNTEER TCG COORDINATOR WHO HELPS OVERSEE 28 RAISED PLANTING BEDS. THERE ARE APPROXIMATELY 15 GARDENERS WHO HAVE ADOPTED PLOTS. COMMUNITY GARDENING HAS BEEN SHOWN TO IMPROVE NEIGHBORHOODS FAR BEYOND THE OBVIOUS BENEFITS OF FOOD PRODUCTION AND NUTRITION BY OFFERING EDUCATION, INSPIRATION, INCREASED NEIGHBORHOOD SECURITY AND A MEETING PLACE FOR COMMUNITY MEMBERS. THE PRIDE THAT COMES FROM NURTURING A PLANT FROM SEED ALL THE WAY TO THE FAMILY DINNER TABLE CAN INSPIRE PEOPLE TO BELIEVE IN THEIR ABILITY TO TURN EFFORT INTO SUCCESSFUL OUTCOMES.

OUR OBJECTIVES FOR THE TIPTON COMMUNITY GARDEN FOR OUR 2020-2021 FISCAL YEAR ARE TO:

-REORGANIZE THE GARDEN, ENCOURAGING MORE NEIGHBORHOOD RESIDENTS TO ADOPT PLOTS AND SHARE IN THE PRODUCTION OF FOOD.

-WORK TO SEE THAT THE TIPTON COMMUNITY GARDEN IS LARGELY SELF-SUSTAINING.

-PROMOTE THE ENVIRONMENTAL AND HEALTH BENEFITS OF GARDENING, ESPECIALLY IN AN URBAN AREA.

SEQUOYAH SCHOOL GARDEN

THE SEQUOYAH SCHOOL GARDEN IS A COLLABORATION WITH, AND ON THE CAMPUS OF SEQUOYAH ELEMENTARY SCHOOL. WE BEGAN THIS PARTNERSHIP IN 2016. CHILDREN DEVELOP THEIR UNDERSTANDING OF GROWING ORGANIC PRODUCE AND EXPAND THEIR KNOWLEDGE OF THE BENEFITS OF EATING NUTRITIOUS FOOD. THE GARDEN HAS RAISED PLANTING BEDS AND SELECT STUDENTS WORK IN THE GARDEN EACH DAY AFTER SCHOOL. IN ADDITION EVERY STUDENT PARTICIPATES IN THE JUNIOR MASTER GARDEN PROJECTS WITH THEIR CLASSROOM. THERE ARE MANY HANDS-ON OPPORTUNITIES AVAILABLE TO ENHANCE A STUDENT'S UNDERSTANDING

Name of the organization

KENDALL WHITTIER, INC.

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OF STEM CONCEPTS.

OUR OBJECTIVES FOR THE SEQUOYAH SCHOOL GARDEN FOR OUR 2020-2021 FISCAL YEAR ARE TO:

-CONTINUE TO SERVE THE CHILDREN, FURTHERING THEIR HANDS-ON EDUCATIONAL EXPERIENCES.

-PROVIDE VOLUNTEER OPPORTUNITIES FOR PEOPLE IN OUR COMMUNITY WHO WISH TO DONATE THEIR TIME AND TALENT TO HELPING OUR GARDEN GROW

-EXPAND THE VARIETY OF "KID FRIENDLY" PRODUCE GROWN AND INCREASE OVERALL YIELD.

-PROMOTE THE ENVIRONMENTAL BENEFITS OF GARDENING, ESPECIALLY IN AN URBAN AREA.

OVERALL, IN OUR FISCAL YEAR ENDING JUNE 30, 2020, OUR COMBINED GARDENS PROGRAMS SERVED 347 UNDUPLICATED CHILDREN AND 143 UNDUPLICATED ADULTS.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY DEVELOPMENT AND OUTREACH

OUR COMMUNITY DEVELOPMENT AND OUTREACH EFFORTS AT

KENDALL-WHITTIER AND SEQUOYAH ELEMENTARY SCHOOLS INCLUDE PARTICIPATION

IN BACK-TO-SCHOOL NIGHT EVENTS AND VOLUNTEER AND FINANCIAL SUPPORT OF

THE ANNUAL HOLIDAY GIFT BAG PROGRAM. IN DECEMBER 2019, OUR HOLIDAY GIFT

BAGS PROGRAM PROVIDED NUTRITIOUS FOOD ITEMS FOR APPROXIMATELY 1550

STUDENTS. THE GIFT BAGS HELP FAMILIES STRETCH THEIR FOOD DOLLARS

DURING WINTER BREAK WHEN CHILDREN AREN'T ABLE TO EAT BREAKFAST AND

LUNCH AT SCHOOL.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

KENDALL WHITTIER, INC.

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THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

