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PUBLIC DISCLOSURE COPY

Form 8879-EC
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#### IRS e-file Signature Authorization for an Exempt Organization

Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

2018

Department of the Treasury Internal Revenue Service For calendar year 2018, or fiscal year beginning \_\_\_\_\_\_, 2018, and ending \_\_\_\_\_\_.

Name of exempt organization

Employer identification number

47-1631034

20

#### LITTLE APPLE COMMUNITY FOUNDATION

Name and title of officer

#### VERNON J HENRICKS

SECRETARY

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

	Form 990 check here <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here <b>b X b Total revenue,</b> if any (Form 990-EZ, line 9)	2b	0.
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

X I authorize VARNEY & ASSOCIATES, CPAS, ERO firm name		PIN 31034 Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronicall is being filed with a state agency(ies) regulating charities as part enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signat indicated within this return that a copy of the return is being filed program, I will enter my PIN on the return's disclosure consent s Officer's signature ►	of the IRS Fed/State program, I also authorize the a ure on the organization's tax year 2018 electronical I with a state agency(ies) regulating charities as part creen.	aforementioned ERO to ly filed return. If I have
Part III Certification and Authentication		
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	48050472202 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on t confirm that I am submitting this return in accordance with the requiremen <i>e-file</i> Providers for Business Returns.	,	
ERO's signature	Date	
ERO Must Retain This	Form - See Instructions	
	IRS Unless Requested To Do So	
LHA For Paperwork Reduction Act Notice, see instructions.		Form <b>8879-EO</b> (2018)
823051 10-26-18		

Torm 990-FZZ       Pacture of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (accept private foundations)				EXTENDED TO NOVEMBER Short Form		, 201	.9			Т	OMB No. 154	5-1150	
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Important         Number and street (of P.D. box, if mail is not delivered to street address)         Room/suite         E Telephone number           S55         FOYNTZ: AVE, STE 2.69         For forsion, state or province, country, and ZIP or forsign postal code         F Group Examption           Manufacture methal         MANHATTAN, KS 66502         Number ►           Accounting Muther L.         Char forsion, state or province, country, and ZIP or forsign postal code         F Group Examption           I Website: ►         WWW. MCFKS.ORG         If the organization is instructure and state of the organization is instructure advector at the state (check only on more, its form 930, especial state (check only on more, its form 930, especial state \$200,000 or more, or if total assets (Part II, counting I) at \$500,000 or more, its form 930, especial state \$200,000 or more, or if total assets (Part II, counting I) at \$500,000 or more, its form 930, especial in this Part I           Chart II:         Chart Born 930, final advector 1         S Counting Water and Schedule ID to respond to any queues in this Part I           Chart II:         Chart Born 930, final advector 1         S Counting Water 1           Chart II:         Chart Born 930, final advector 1         S Counting Water 1           Chart II:         Chart II:         Chart II:           Chart II:         Chart II:         Chart II:           Chart II:         Chart II:         Chart II:           Chart II:         Chart II: <td></td> <td></td> <td>°   т -</td> <td>TTLE APPLE COMMUNITY FOUNDATION</td> <td>I</td> <td></td> <td></td> <td>4</td> <td>7-1</td> <td>6310</td> <td>)34</td> <td></td>			°   т -	TTLE APPLE COMMUNITY FOUNDATION	I			4	7-1	6310	)34		
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J Tax-exempt status (check only one)											-		
K       Form of organization:       X       Composition       Trust       Association       Other         L       Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (8)) are \$50,000 or more, file form 990 if \$2.       \$ \$ 0.         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       \$ \$ 0.         Check filt the organization:       2       2         3       Membership dues and assets must secured       1         2       Program service revenue including government fees and contracts       2         3       Membership dues and sale assessments       3         4       Investment income       4         5a       5b       5b         6       Garing and fundraising events:       5c         a       Gross income from gaming (attach Schedule 6 if greater than \$15,000)       6c         9b       Gross income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         1       Contributions so file sected \$15,000)       6c       6d         0       cross income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         1       Garing and fundraising events (add lines 6a and 6b and subtract line 6c)       6d <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>													
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 980 instead of Form 990-EZ. • \$ 0 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part) Check if the organization used Schedule 0 to respond to any question in this Part 1 Check if the organization used Schedule 0 to respond to any question in this Part 1 Check if the organization used Schedule 0 to respond to any question in this Part 1 Check if the organization used Schedule 0 to respond to any question in this Part 1 Check if the organization used schedule 0 to respond to any question in this Part 1 Check if the organization used schedule 0 to respond to any question in this Part 1 Check if the organization used schedule 0 to respond to any question in this Part 1 Check if the organization used schedule 0 to respond to any question in this Part 1 Check if the organization used schedule 0 to respond to any question in this Part 1 Check if the organization used schedule 0 to respond to any question in this Part 1 Check if the organization used schedule 0 the organization used to receive 1 Check if the organization used schedule 0 the organization used to receive 1 Check if the organization used schedule 0 the organization used to receive 1 Check if the organization used to receive 1 Check if the organization used to respond to any question of the organization used to receive 1 Check if the organization organization used to receive 1 Check if the organization the receive 1 Check if the organization the receive 1 Check if the organization the organization used to receive 1 Check if the organization the receive 1 Check if the organization organization used to receive 1 Check if the organization used to receive 1 Chec						947(a)(1) o	r 🛄 527	(Fo	rm 990	, 990-E	Z, or 990-PF	).	
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from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000       6b         gross income and contributions exceeds \$15,000       6c       6d         6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7 a       7a         7 b       6d         7 b       6d         7 c         8         8 Other revenue (describe in Schedule 0)       7c         8         9       0.         8         7 c         8         0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)         7 c         8         0 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8         0         10       Grants and similar amounts paid (list in Schedule 0)         11         12         13         14         16         18       Create expenses. (decribe in Schedule 0) <td colsp<="" td=""><td>eve</td><td>b</td><td>Gross income</td><td>from fundraising events (not including \$</td><td>of co</td><td>ntributions</td><td></td><td></td><td></td><td></td><td></td><td></td></td>	<td>eve</td> <td>b</td> <td>Gross income</td> <td>from fundraising events (not including \$</td> <td>of co</td> <td>ntributions</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	eve	b	Gross income	from fundraising events (not including \$	of co	ntributions						
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       6d         b       Less: cost of goods sold       7b       6d         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       7c         8       Other revenue (describe in Schedule 0)       8       9       0.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11       12         12       Salaries, other compensation, and employee benefits       12       13         13       Professional fees and other payments to independent contractors       13       14         14       Occupancy, rent, utilities, and maintenance       14       15         15       16       16       16       16         16       0       16       16       16         17       Total expenses. (Add lines 10 through 16       17       17       0.         18       Excess or fund balances at beginning of year (from line 27, column (A))       18 <td>Œ</td> <td></td> <td>from fundraisir</td> <td>ng events reported on line 1) (attach Schedule G if the sum of such</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Œ		from fundraisir	ng events reported on line 1) (attach Schedule G if the sum of such									
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       7a         b       Less: cost of goods sold       7b       7c         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       0.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11       11         12       Salaries, other compensation, and employee benefits       12       13         13       Professional fees and other payments to independent contractors       13       14         14       Occupancy, rent, utilities, and maintenance       14       15         15       I6       17       0.       18         16       Other expenses (describe in Schedule 0)       18       0.       18         17       Total expenses. Add lines 10 through 16       17       0.       18         18       Excess or (deficit) for the year (Subtract line 17 from line 27, column (A))			gross income a	and contributions exceeds \$15,000)	6b								
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 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       0.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11       12         12       Salaries, other compensation, and employee benefits       12       13         14       Occupancy, rent, utilities, and maintenance       14       14         15       Finting, publications, postage, and shipping       15         16       Other expenses. Add lines 10 through 16       17       0.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       0.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       0.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       O.       0       0       0		C		· · · · · · · · · · · · · · · · · · ·									
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 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule 0)       16         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       0.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       0.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       O.       0       0       0					1	ine 6c)			6d				
c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       0.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11       11         12       Salaries, other compensation, and employee benefits       12       13         13       Professional fees and other payments to independent contractors       13       14         14       Occupancy, rent, utilities, and maintenance       14       15         15       If       Other expenses (describe in Schedule 0)       16         16       Other expenses. Add lines 10 through 16       17       O.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       0.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       0.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       Other changes in net assets or fund balances at end of year. Combine lines 18 through 20       21       0.		7a											
8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       0.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11       11         12       Salaries, other compensation, and employee benefits       12       13         13       Professional fees and other payments to independent contractors       13       14         14       Occupancy, rent, utilities, and maintenance       14       15         15       If       Other expenses (describe in Schedule 0)       16         16       Other expenses. Add lines 10 through 16       17       0.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       0.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       0.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       Other states or fund balances at end of year. Combine lines 18 through 20       21       0.									_				
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10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule 0)       16         17       Total expenses. Add lines 10 through 16       17       0.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       0.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       0.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       O.       21       0.		-										0	
11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule 0)       16         17       Total expenses. Add lines 10 through 16       17         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19         (must agree with end-of-year figure reported on prior year's return)       19       0.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       Other       21       0.		-										••	
12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule 0)       16         17       Total expenses. Add lines 10 through 16       17       0.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       0.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       0.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       0.       0.									L				
13       Professional fees and other payments to independent contractors       13         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule 0)       16         17       Total expenses. Add lines 10 through 16       17       0.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       0.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       0.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       0.	s		Salaries, other	compensation, and employee benefits					L				
15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule 0)       16         17       Total expenses. Add lines 10 through 16       17       0.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       0.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       0.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       0.	nse								13				
15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule 0)       16         17       Total expenses. Add lines 10 through 16       17       0.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       0.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       0.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0.         21       0.	pe	14							14				
16       Other expenses (describe in Schedule 0)       16         17       Total expenses. Add lines 10 through 16       17       O.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       O.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       O.         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       O.         21       O.	Ш	15							15				
18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       0 .         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       0 .         20       Other changes in net assets or fund balances (explain in Schedule 0)       20       0 .         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       0 .		16							16				
19Net 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)190.20Other changes in net assets or fund balances (explain in Schedule 0) 21200.210.		17							17				
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ş								18			0.	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	sse	19										~	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ît A												
	Ne												
									21	En			

Forn	n 990-EZ (2018) LITTLE APPLE COMMUNITY FO	UNDATION		47-	16310	34 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	oond to any questior	n in this Part II			
	*		A) Beginning of year		<b>(B)</b> E	nd of year
22	Cash, savings, and investments			22		
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)			24		
25	Total assets		0	• 25		0.
26	Total liabilities (describe in Schedule 0)		0	• 26		0.
27			0	• 27		0.
Pa	art III Statement of Program Service Accomplishmer		ons for Part III)	_		cpenses
	Check if the organization used Schedule O to resp	oond to any question	n in this Part III	X	(Required	for section
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE O					and 501(c)(4) ons; optional for
	ribe the organization's program service accomplishments for each of its three largest program		s. In a clear and concise		others.)	
	her, describe the services provided, the number of persons benefited, and other relevant inform					
28	TO CREATE A POOL OF CHARITABLE FUND	S FOR THE EXC	CLUSIVE			
	BENEFIT, FUNCTIONS, AND USE OF THE					
	COMMUNITY FOUNDATION, A 501C(3) ORG					
	(Grants \$ ) If this amount includes foreign g		<b></b>		28a	
29					200	
20						
	(Cronto ¢	rente check here	<b></b>	<u> </u>	29a	
20	(Grants \$ ) If this amount includes foreign g	rants, check here			298	
30						
	· · · ·			<u>г</u>		
•	(Grants \$ ) If this amount includes foreign g				30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign g	rants, check here	►		31a	
	Total program service expenses (add lines 28a through 31a)			🕨	32	0.
Pa	art IV List of Officers, Directors, Trustees, and Key E			see the	instructions f	or Part IV)
Pa	Check if the organization used Schedule O to response	oond to any question	n in this Part IV			
Pa	Check if the organization used Schedule O to resp	cond to any question (b) Average hours	n in this Part IV (c) Reportable	(d) Hea	alth benefits, ibutions to	(e) Estimated
		<b>(b)</b> Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contr emplo plans, s	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
	Check if the organization used Schedule O to resp (a) Name and title	cond to any question (b) Average hours	(C) Reportable compensation (Forms	(d) Hea contr emplo plans, s	alth benefits, ibutions to byee benefit	(e) Estimated
BR	Check if the organization used Schedule O to resp (a) Name and title	<b>(b)</b> Average hours per week devoted to position	n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contr emplo plans, s	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
BR	Check if the organization used Schedule O to resp (a) Name and title ENDA BUTLER ESIDENT	<b>(b)</b> Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contr emplo plans, s	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
BR PR VE	Check if the organization used Schedule O to resp (a) Name and title ENDA BUTLER ESIDENT RNON HENRICKS	<b>bond to any question</b> (b) Average hours per week devoted to position <b>1.00</b>	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Hea contr emplo plans, s	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation 0 •
BR PR VE SE	Check if the organization used Schedule O to resp (a) Name and title ESIDENT RNON HENRICKS CRETARY	<b>(b)</b> Average hours per week devoted to position	n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contr emplo plans, s	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
BR PR VE SE MA	Check if the organization used Schedule O to resp (a) Name and title ESIDENT RNON HENRICKS CRETARY RK BUTLER	bond to any question (b) Average hours per week devoted to position 1.00 1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yyee benefit and deferred pensation 0 .	(e) Estimated amount of other compensation 0 . 0 .
BR PR VE SE MA DI	Check if the organization used Schedule O to resp (a) Name and title ESIDENT RNON HENRICKS CRETARY RK BUTLER RECTOR	<b>bond to any question</b> (b) Average hours per week devoted to position <b>1.00</b>	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Hea contr emplo plans, s	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation 0 •
BR PR VE SE MA DI SH	Check if the organization used Schedule O to resp (a) Name and title ESIDENT RNON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER	(b) Average hours         per week devoted to         position         1.00         1.00         1.00	n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yee benefit and deferred pensation 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 .
BR PR VE SE MA DI SHI DI	Check if the organization used Schedule O to resp (a) Name and title ESIDENT RNON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER RECTOR	bond to any question (b) Average hours per week devoted to position 1.00 1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yyee benefit and deferred pensation 0 .	(e) Estimated amount of other compensation 0 . 0 .
BR PR VE E M DI SH DI SH	Check if the organization used Schedule O to resp (a) Name and title ESIDENT RNON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER RECTOR TH GORDON	bond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yyee benefit and deferred pensation 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 . 0 .
BR PR VE SMALLS DI	Check if the organization used Schedule O to resp (a) Name and title ESIDENT ESIDENT ENON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER RECTOR TH GORDON RECTOR	(b) Average hours         per week devoted to         position         1.00         1.00         1.00	n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yee benefit and deferred pensation 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 .
BR PR VE SEA DI SDI SDI PH	Check if the organization used Schedule O to resp (a) Name and title ESIDENT ESIDENT ENON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER RECTOR TH GORDON RECTOR IL HOWE	(b) Average hours         per week devoted to         position         1.00         1.00         1.00         1.00         1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yee benefit and deferred pensation 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 .
BR PR VE SM DI SHI SHI PH DI	Check if the organization used Schedule O to resp (a) Name and title ENDA BUTLER ESIDENT ERNON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER RECTOR TH GORDON RECTOR IL HOWE RECTOR	bond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yyee benefit and deferred pensation 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 . 0 .
	Check if the organization used Schedule O to resp (a) Name and title ENDA BUTLER ESIDENT RNON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER RECTOR TH GORDON RECTOR IL HOWE RECTOR ANNE LATIMORE	(b) Average hours         per week devoted to         position         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00	n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yee benefit and deferred 0 . 0 . 0 . 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0. 0. 0. 0. 0.
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BR PR VS M DI S DI P DI D DI RO	Check if the organization used Schedule O to resp (a) Name and title ENDA BUTLER ESIDENT RNON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER RECTOR TH GORDON RECTOR TH GORDON RECTOR IL HOWE RECTOR ANNE LATIMORE RECTOR SE PRITCHARD	Cond to any question           (b) Average hours           per week devoted to           position           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
BR PR VS M DI S DI P DI D DI RO	Check if the organization used Schedule O to resp (a) Name and title ENDA BUTLER ESIDENT RNON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER RECTOR TH GORDON RECTOR TH GORDON RECTOR IL HOWE RECTOR ANNE LATIMORE RECTOR	(b) Average hours         per week devoted to         position         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00	n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yee benefit and deferred 0 . 0 . 0 . 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 . 0 .
BR PR VS M DI S DI P DI D DI RO	Check if the organization used Schedule O to resp (a) Name and title ENDA BUTLER ESIDENT RNON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER RECTOR TH GORDON RECTOR TH GORDON RECTOR IL HOWE RECTOR ANNE LATIMORE RECTOR SE PRITCHARD	Cond to any question           (b) Average hours           per week devoted to           position           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
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BR PR VS M DI S DI P DI D DI RO	Check if the organization used Schedule O to resp (a) Name and title ENDA BUTLER ESIDENT RNON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER RECTOR TH GORDON RECTOR TH GORDON RECTOR IL HOWE RECTOR ANNE LATIMORE RECTOR SE PRITCHARD	Cond to any question           (b) Average hours           per week devoted to           position           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
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BR PR VS M DI S DI P DI D DI RO	Check if the organization used Schedule O to resp (a) Name and title ENDA BUTLER ESIDENT RNON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER RECTOR TH GORDON RECTOR TH GORDON RECTOR IL HOWE RECTOR ANNE LATIMORE RECTOR SE PRITCHARD	Cond to any question           (b) Average hours           per week devoted to           position           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
BR PR VS M DI S DI P DI D DI RO	Check if the organization used Schedule O to resp (a) Name and title ENDA BUTLER ESIDENT RNON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER RECTOR TH GORDON RECTOR TH GORDON RECTOR IL HOWE RECTOR ANNE LATIMORE RECTOR SE PRITCHARD	Cond to any question           (b) Average hours           per week devoted to           position           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
BR PR VS M DI S DI P DI D DI RO	Check if the organization used Schedule O to resp (a) Name and title ENDA BUTLER ESIDENT RNON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER RECTOR TH GORDON RECTOR TH GORDON RECTOR IL HOWE RECTOR ANNE LATIMORE RECTOR SE PRITCHARD	Cond to any question           (b) Average hours           per week devoted to           position           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
	Check if the organization used Schedule O to resp (a) Name and title ENDA BUTLER ESIDENT RNON HENRICKS CRETARY RK BUTLER RECTOR ERRY BUTLER RECTOR TH GORDON RECTOR TH GORDON RECTOR IL HOWE RECTOR ANNE LATIMORE RECTOR SE PRITCHARD	Cond to any question           (b) Average hours           per week devoted to           position           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00           1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Hea contr emplo plans, s	alth benefits, ibutions to yee benefit and deferred 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.

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Form 990-EZ	(2018)	LITTLE	APPLE	COMMUNITY	FOUNDATION	47-1631034
Part V	Other Inf	ormation	(Note the	Schedule A and	personal benefit co	ntract statement requirements in the

-1631034 Page 3

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Parl	V	X			
			Yes				
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	33		x			
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)	34		x			
35 a	<b>5a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported						
		35a		x			
h	on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/				
	<b>c</b> 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	35c		x			
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	36		x			
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions $\mathbf{P}$ <b>37a 0</b> .						
	Did the organization file Form 1120-POL for this year?	37b		x			
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made						
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b N/A</b>						
39	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on line 9						
	Gross receipts, included on line 9, for public use of club facilities 39b N/A						
	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 •						
b	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	40b		X			
C	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 •						
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed						
	by the organization $0$ .						
е	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	40e		X			
41	List the states with which a copy of this return is filed <b>NONE</b>		<u> </u>				
42 a	The organization's books are in care of <b>GREATER MANHATTAN COMMUNITY</b> Telephone no. <b>785-58</b>						
	Located at ► 555 POYNTZ AVE, SUITE 269, MANHATTAN, KS ZIP+4 ► 6	650	2				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No			
	account)?	42b		X			
	If "Yes," enter the name of the foreign country:						
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	40-		x			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		_ A			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here						
40		N/A					
		11/11					
			Ves	No			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of						
	Form 990-EZ	44a		X			
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead						
5	of Form 990-EZ	44b		x			
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X			
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation						
-	in Schedule O	44d					
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X			
	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	45b					
		Form 0	00-F7	(2018)			

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40 D' ' '		an an habalf of an in annasitie	and the second state of the second	ublic office?		
	organization engage, directly or indirectly, in political campaign activiti					17
If "Yes," o	complete Schedule C, Part I				46	X
	Section 501(c)(3) Organizations Only		a dha dalala a ƙawilar	- 50 <b></b>		
	All section 501(c)(3) organizations must answer questions 47					
	Check if the organization used Schedule O to respond to an	y question in this Part VI.			Ye	s No
47 Did the o	organization engage in lobbying activities or have a section 501(h) ele	ction in effect during the tax w	ear? If "Yes " complet	e Sch. C. Part II	47	
	ganization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"				48	X
	organization make any transfers to an exempt non-charitable related o				49a	X
b If "Yes," v	was the related organization a section 527 organization?	•			49b	
	e this table for the organization's five highest compensated employee				ch receive	d more
than \$10	00,000 of compensation from the organization. If there is none, enter '	None."		-		
	(a) Name and title of each employee	(b) Average hours	(C) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Esti	
		per week devoted to position	W-2/1099-MISC)	employee benefit plans, and deferred	amount comper	
	NONE	position		compensation	compo	Sation
		4				
		4				
		1				
			+	+		
		1				
51 Complete organizat	mber of other employees paid over \$100,000 e this table for the organization's five highest compensated independe tion. If there is none, enter "None." <b>NONE</b> Name and business address of each independent contractor	ent contractors who each rece	ived more than \$100, ) Type of service	· · ·	ion from t	
51 Complete organizat	e this table for the organization's five highest compensated independention. If there is none, enter "None." <b>NONE</b>	ent contractors who each rece	-	· · ·		
51 Complete organizat	e this table for the organization's five highest compensated independention. If there is none, enter "None." <b>NONE</b>	ent contractors who each rece	-	· · ·		
51 Complete organizat	e this table for the organization's five highest compensated independention. If there is none, enter "None." <b>NONE</b>	ent contractors who each rece	-	· · ·		
51 Complete organizat	e this table for the organization's five highest compensated independention. If there is none, enter "None." <b>NONE</b>	ent contractors who each rece	-	· · ·		
51 Complete organiza (a) !	e this table for the organization's five highest compensated independention. If there is none, enter "None." <b>NONE</b>	ent contractors who each rece	) Type of service	· · ·		
51 Complete organizat (a) 1	e this table for the organization's five highest compensated independention. If there is none, enter "None." <b>NONE</b> Name and business address of each independent contractor	ent contractors who each rece	) Type of service	· · ·		
<ul> <li>51 Complete organization</li> <li>(a) !</li> <li>(a) !</li> <li>(a) !</li> <li>(b) !</li> <li>(c) !</li> <li></li></ul>	e this table for the organization's five highest compensated independention. If there is none, enter "None." NONE Name and business address of each independent contractor  mber of other independent contractors each receiving over \$100,000 organization complete Schedule A? Note: All section 501(c)(3) organized Schedule A	ent contractors who each rece	) Type of service	(c) Co	) Yes [	on N
<ul> <li>51 Complete organization</li> <li>(a) !</li> <li>(a) !</li> <li>(a) !</li> <li>(a) !</li> <li>(b) !</li> <li>(c) !</li> <li></li></ul>	e this table for the organization's five highest compensated independention. If there is none, enter "None." NONE Name and business address of each independent contractor mber of other independent contractors each receiving over \$100,000 organization complete Schedule A? Note: All section 501(c)(3) organized Schedule A so of perjury, I declare that I have examined this return, including account	ent contractors who each rece	) Type of service	(c) Co	) Yes [	on N
<ul> <li>51 Complete organization</li> <li>(a) !</li> <li>(a) !</li> <li>(a) !</li> <li>(a) !</li> <li>(b) !</li> <li>(c) !</li> <li></li></ul>	e this table for the organization's five highest compensated independention. If there is none, enter "None." NONE Name and business address of each independent contractor  mber of other independent contractors each receiving over \$100,000 organization complete Schedule A? Note: All section 501(c)(3) organized Schedule A	ent contractors who each rece	) Type of service	(c) Co	) Yes [	on No
<ul> <li>51 Complete organization</li> <li>(a) 1</li> <li>(a) 1</li> <li>(a) 2</li> <li>(a) 1</li> <li>(a) 1</li> <li>(b) 2</li> <li>(c) 2</li> <li></li></ul>	e this table for the organization's five highest compensated independention. If there is none, enter "None." NONE Name and business address of each independent contractor mber of other independent contractors each receiving over \$100,000 organization complete Schedule A? Note: All section 501(c)(3) organized Schedule A so of perjury, I declare that I have examined this return, including acco	ent contractors who each rece	) Type of service	(c) Co	) Yes [	on N
d Total nur 52 Did the o complete Juder penaltie rue, correct, a Sign	e this table for the organization's five highest compensated independent tion. If there is none, enter "None." NONE Name and business address of each independent contractor mber of other independent contractors each receiving over \$100,000 organization complete Schedule A? Note: All section 501(c)(3) organized Schedule A	ent contractors who each rece	) Type of service	(c) Co	) Yes [	on N
d Total nur 52 Did the o complete Juder penaltie rue, correct, a Sign	e this table for the organization's five highest compensated independent tion. If there is none, enter "None." NONE Name and business address of each independent contractor mber of other independent contractors each receiving over \$100,000 organization complete Schedule A? Note: All section 501(c)(3) organized ed Schedule A es of perjury, I declare that I have examined this return, including acco and complete. Declaration of preparer (other than officer) is based on Signature of officer VERNON J. HENRICKS, SECRETARY	ent contractors who each rece	) Type of service	(c) Co	) Yes [	on No
d Total nur 52 Did the o complete Juder penaltie true, correct, a Sign	e this table for the organization's five highest compensated independent tion. If there is none, enter "None." NONE Name and business address of each independent contractor mber of other independent contractors each receiving over \$100,000 organization complete Schedule A? Note: All section 501(c)(3) organized Schedule A es of perjury, I declare that I have examined this return, including acco and complete. Declaration of preparer (other than officer) is based on Signature of officer VERNON J. HENRICKS, SECRETARY Type or print name and title	ent contractors who each rece	) Type of service	(c) Co	) Yes [	on N
d Total nur 52 Did the o complete Jinder penaltie rue, correct, a Sign Here	e this table for the organization's five highest compensated independent tion. If there is none, enter "None." NONE Name and business address of each independent contractor mber of other independent contractors each receiving over \$100,000 organization complete Schedule A? Note: All section 501(c)(3) organized ed Schedule A es of perjury, I declare that I have examined this return, including acco and complete. Declaration of preparer (other than officer) is based on Signature of officer VERNON J. HENRICKS, SECRETARY	ent contractors who each rece	) Type of service	(c) Co	) Yes [	on No
d Total nur 52 Did the o complete Jnder penaltie rue, correct, a Sign Here	e this table for the organization's five highest compensated independent tion. If there is none, enter "None." NONE Name and business address of each independent contractor mber of other independent contractors each receiving over \$100,000 organization complete Schedule A? Note: All section 501(c)(3) organized Schedule A es of perjury, I declare that I have examined this return, including acco and complete. Declaration of preparer (other than officer) is based on Signature of officer VERNON J. HENRICKS, SECRETARY Type or print name and title	ent contractors who each rece	) Type of service	(c) Co	) Yes [	on No ef, it is
d Total nur complete (a) ! d Total nur 52 Did the o complete Jnder penaltie true, correct, a Sign Here Paid Preparer	e this table for the organization's five highest compensated independent tion. If there is none, enter "None." NONE Name and business address of each independent contractor mber of other independent contractors each receiving over \$100,000 organization complete Schedule A? Note: All section 501(c)(3) organized ed Schedule A	ent contractors who each rece	) Type of service	(c) Co	2601	on No ef, it is
d Total nur complete (a) ! d Total nur 52 Did the o complete Jnder penaltie true, correct, a Sign Here Paid Preparer	e this table for the organization's five highest compensated independent tion. If there is none, enter "None." NONE Name and business address of each independent contractor mber of other independent contractors each receiving over \$100,000 organization complete Schedule A? Note: All section 501(c)(3) organized ed Schedule A	ent contractors who each rece	) Type of service	(c) Co	2601. 8643	on Notes in the second
d Total nur complete (a) ! d Total nur 52 Did the o complete Jnder penaltie true, correct, a Sign Here Paid Preparer	e this table for the organization's five highest compensated independent tion. If there is none, enter "None." NONE Name and business address of each independent contractor mber of other independent contractors each receiving over \$100,000 organization complete Schedule A? Note: All section 501(c)(3) organized ed Schedule A es of perjury, I declare that I have examined this return, including acco and complete. Declaration of preparer (other than officer) is based on Signature of officer VERNON J. HENRICKS, SECRETARY Type or print name and title Print/Type preparer's name Preparer's signature ERIC A KIENTZ Firm's name ► VARNEY & ASSOCIATES, O	ent contractors who each rece	) Type of service	(c) Co	2601. 8643	on No
51 Complete organizar (a) ! (a) ! (a) ! (a) ! (a) ! (a) ! (a) ! (a) ! (a) ! (c) ! (c	e this table for the organization's five highest compensated independent tion. If there is none, enter "None." NONE Name and business address of each independent contractor mber of other independent contractors each receiving over \$100,000 organization complete Schedule A? Note: All section 501(c)(3) organized Schedule A es of perjury, I declare that I have examined this return, including acco and complete. Declaration of preparer (other than officer) is based on Signature of officer VERNON J. HENRICKS, SECRETARY Type or print name and title Print/Type preparer's name Preparer's signature ERIC A KIENTZ Firm's name ▶ VARNEY & ASSOCIATES, O Firm's address ▶ 120 NORTH JULIETTE	ent contractors who each rece	) Type of service	(c) Co (c) C	2601. 8643	on No

Form 990-EZ (2018) LITTLE APPLE COMMUNITY FOUNDATION

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47-1631034 Page 4

SCHEDULE A	
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1	Form	990	or	990-EZ
J		330	UI.	330-LZ

# 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.

OMB No. 1545-0047
2018
Open to Public Inspection

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		of the Treasury nue Service		<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>						Open to Public Inspection
				Go to www.irs.gov	//Form990 for Instruction	ons and t	ne latest i	nformation.	Employer	identification number
Nar	ne or t	the organizati					0.11			
		Decen			OMMUNITY FOU					7-1631034
	art I				All organizations must co				IS.	
The	organ				For lines 1 through 12, c					
1				•	on of churches described			1)(A)(i).		
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3					anization described in <b>se</b>					
4		A medical res	search organiz	ation operated in co	njunction with a hospital	describe	d in <b>sectio</b>	on 170(b)(1)(/	<b>(iii).</b> Enter	the hospital's name,
		city, and stat	e:							
5		An organizat	on operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6		A federal, sta	ite, or local go	vernment or governn	nental unit described in s	section 1	70(b)(1)(A)	(v).		
7		An organizat	ion that norma	ally receives a substa	ntial part of its support f	rom a gov	rernmental	unit or from	the general	public described in
		section 170	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8		A community	r trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	a land-grant	college
		or university	or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	of the colleg	je or
		university:								
10		An organizat	on that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% o	f its suppor	t from gross investment
		income and u	unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	ired by the c	rganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizat	on organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12	X	An organizat	on organized	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	v supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
					of supporting organizatio					
a	X		-		upervised, or controlled		-		-	/ giving
					gularly appoint or elect a					
			-	complete Part IV, Se						
k	<b>,</b>	٦ <sup>-</sup>		-	l or controlled in connec	tion with i	ts support	ed organizati	on(s). bv ha	avina
					anization vested in the s			-		-
			-	st complete Part IV,		•			5 1	I.
c		٦ Ŭ		• •	g organization operated	in connec	tion with	and function;	ally integrat	ed with.
-			-		s). You must complete I					,
c	ч Г	7			orting organization oper				orted organi	ization(s)
					zation generally must sat				-	
					nplete Part IV, Sections				a an actorn	
e		- ·			written determination fro					
			•		nally integrated support			x 1990 I, 199	, rype m	
4	Fnte		of supported		nany integrated support	ing organi	2011011.			1
				n about the supporte	d organization(s)					
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10	Yes	ing document? No	support (see i	nstructions)	support (see instructions)
GR	EΔT	ER MANH	ΆͲͲΑΝ		above (see instructions))					
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			511211110		± •				• •	
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Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 5

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### Schedule A (Form 990 or 990-EZ) 2018 LITTLE APPLE COMMUNITY FOUNDATION

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

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

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	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total 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
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization?	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
<u></u>	organization, check this box and stop	here					▶∟
	ction C. Computation of Publi		-				
	Public support percentage for 2018 (I					14	%
	Public support percentage from 2017					15	%
16a	<b>33 1/3% support test - 2018.</b> If the o	•					
	stop here. The organization qualifies a						
b	<b>33 1/3% support test - 2017.</b> If the o						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	• 10% -facts-and-circumstances test	-					
	more, and if the organization meets the						,
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	п иш пот спеск а		a, 100, 17a, 0r 17		and see instruction	

Schedule A (Form 990 or 990-EZ) 2018

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### Schedule A (Form 990 or 990-EZ) 2018 LITTLE APPLE COMMUNITY FOUNDATION 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.)

memilian includ Gross merci forme any a organ Gross are no iness Tax re ization or exp The v furnis the oi G Total Ta Amou 3 recc b Amoun from ot exceed amount c Add li <u>8 Publii</u> ection alendar yu 9 Amou Oa Gross divide secur and ir b Unrela (less s acquir c Add li 1 Net ir acquir c Add li 1 Net ir regula 2 Other	, grants, contributions, and bership fees received. (Do not de any "unusual grants.") s receipts from admissions, handise sold or services per- ed, or facilities furnished in activity that is related to the nization's tax-exempt purpose s receipts from activities that ot an unrelated trade or bus- s under section 513 evenues levied for the organ- on's benefit and either paid to pended on its behalf value of services or facilities shed by a governmental unit to rganization without charge 							
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<ul> <li>alendar ya</li> <li>9 AmoL</li> <li>0a Gross divide secur and ir</li> <li>b Unrela (less s acquir</li> <li>c Add II</li> <li>1 Net ir activi wheth regula</li> <li>2 Other</li> </ul>	B. Total Support							
<ul> <li>9 Amou</li> <li>0a Gross</li> <li>divide secur and ir</li> <li>b Unrela (less s acquir</li> <li>c Add II</li> <li>1 Net ir activit wheth regula</li> <li>2 Other</li> </ul>	ear (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(6)	2018	(f) Total
<ul> <li>0a Gross divide secur and ir</li> <li>b Unrela (less s acquir</li> <li>c Add li</li> <li>1 Net ir activi wheti regula</li> <li>2 Other</li> </ul>	unts from line 6	(u) 2014	(0) 2010	(0) 2010	(4) 2017	(0)	2010	
(less s acquir c Add li 1 Net ir activi wheth regula 2 Other	s income from interest, ends, payments received on rities loans, rents, royalties, ncome from similar sources							
c Add li c Add li n Net ir activir wheth regula 2 Other	ated business taxable income							
c Add li Net in activiti wheth regula 2 Other	section 511 taxes) from businesses red after June 30, 1975							
<ol> <li>Net in activity wheth regula</li> <li>Other</li> </ol>	lines 10a and 10b							
2 Other	ncome from unrelated business ities not included in line 10b, her or not the business is arly carried on							
	r income. Do not include gain ss from the sale of capital ts (Explain in Part VI.)							
	support. (Add lines 9, 10c, 11, and 12.)							
4 First	five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c	:)(3) organiz	zation,
check	k this box and <b>stop here</b>							
ection	C. Computation of Publ	ic Support Pe	ercentage					
5 Publi	c support percentage for 2018 (I	ine 8, column (f),	divided by line 13,	column (f))		15		%
	c support percentage from 2017					16		%
	D. Computation of Inves							
	stment income percentage for 20					17		%
	stment income percentage from 2					18		%
	/3% support tests - 2018. If the						and line 1	
	than 33 1/3%, check this box a							
b 33 1/		organization did	not check a box o	n line 14 or line 19a	a, and line 16 is mo	ore than		
	<b>3% support tests - 2017.</b> If the 8 is not more than 33 1/3%, che			•			•	
2023 10-1	'3% support tests - 2017. If the			, <u> </u>				0 or 990-EZ) 2018

#### Schedule A (Form 990 or 990-EZ) 2018 LITTLE APPLE COMMUNITY FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

Х

No

х

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#### 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 disgualified 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.)

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Schedule A (Form 990 or 990-EZ) 2018

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### Schedule A (Form 990 or 990-EZ) 2018 LITTLE APPLE COMMUNITY FOUNDATION Part IV Supporting Organizations (continued)

			Vee	NI -
			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)			v
	below, the governing body of a supported organization?	11a		X X
	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		Х
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	Х	
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		Х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	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			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	90-EZ	2018
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### Schedule A (Form 990 or 990 EZ) 2018 LITTLE APPLE COMMUNITY FOUNDATION 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.

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <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	on 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	y integrat	ed Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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#### Schedule A (Form 990 or 990 EZ) 2018 LITTLE APPLE COMMUNITY FOUNDATION

Section D - Distributions       Current V         1       Amounts paid to supported organizations to accomplish exempt purposes       1         2       Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity       1         3       Administrative expenses paid to accomplish exempt purposes of supported organizations       1         4       Amounts paid to acquire exempt-use assets       1         5       Qualified set-aside amounts (prior IRS approval required)       1         6       Other distributions (describe in Part VI). See instructions.       1         7       Total annual distributions. Add lines 1 through 6.       1         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       1         9       Distributable amount for 2018 from Section C, line 6       1         10       Line 8 amount divided by line 9 amount       (i)       (ii)       (iii)         (iii)       Underdistributions       Distributions       Distributions	COLCOI Fage			Type III Non-Functionally Integrated 509	
2       Amounts paid to perform activity that directly furthers exempt purposes of supported organizations. <ul> <li>Administrative expenses paid to accomplish exempt purposes of supported organizations</li> <li>Administrative expenses paid to accomplish exempt purposes of supported organizations</li> <li>Administrative expenses paid to accomplish exempt purposes of supported organizations</li> <li>Catalified set-aside amounts (prior IRS approval required)</li> <li>Other distributions (describe in Part VI). See instructions.</li> </ul> <ul> <li>Total annual distributions. Add lines 1 through 6.</li> <li>Distributions to attertive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</li> <li>Distributions to attertive supported organizations.</li> <li>Under distributions apported organizations to which the organization is responsive (provide details in Part VI). See instructions.</li> <li>Ibistributiable amount for 2018 from Section C, line 6</li> <li>Underdistributions, and my tory organs prior to 2018 (reason-able cause required-explain in Part VI). See instructions.</li> <li>Excess distributions, any tory organs prior to 2018 (reason-able cause required-explain in Part VI). See instructions.</li> <li>Excess distributions arryover, if any, to 2018</li> <li>From 2013</li> <li>From 2016</li> <li>From 2016</li> <li>From 2016</li> <li>From 2016</li> <li>From 2016</li> <li>From 2018 from Section D, line 7:</li></ul>	Current Year		.,.,		
arganizations, in excess of income from activity         3       Administrative expenses paid to accomplish exempt purposes of supported organizations         4       Anounts paid to acquire exempt use assets         5       Qualified set-aside amounts (prior IPS approval required)         6       Other distributions, Add lines 1 through 6.         7       Total annual distributions. Add lines 1 through 6.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributable amount for 2018 from Section C, line 6         10       Line 8 amount divided by line 9 amount         (i)       (ii)         9       Underdistributions (is existing to the section C, line 6         10       Line 8 amount for 2018 from Section C, line 6         2       Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.         11       Distributable amount for 2018 from Section C, line 6         2       Underdistributions carryover, if any, to 2018         a From 2013       Excess distributions carryover, if any, to 2018         a From 2014       Excess distributions or prior years         b From 2015       Image: Comparison of the second prior years         f Applied to underdistributions of prior years       Ap			mpt purposes	nounts paid to supported organizations to accomplish exe	1
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.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organization to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organizations.         9       Distributions (rise in Structions)         1       Distributions (rise rules amount for 2018 from Section C, line 6         2       Underdistributions carryover, if any, to 2018 (reason- able cause required - explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2018         4       From 2015         1       From 2016         1       From 2017         1       Total of lines 3a through e         1       Carryover from 2013 not applied (see instru			t purposes of supported	nounts paid to perform activity that directly furthers exem	2
4       Amounts paid to acquire exemptuse assets				anizations, in excess of income from activity	
6       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       Distributions to attentive supported organization is responsive (incrvide details in Part VI). See instructions.         9       Distributions Ald lines Section C, line 6         10       Line 8 amount divided by line 9 amount         (i)       (ii)         9       Underdistributions         1       Distribution Allocations (see instructions.)       Excess Distributions         1       Distributions (any, for years prior to 2018 (reason-able cause required-explain in Part VI). See instructions.       3         3       Excess distributions of prior years       4         4       From 2014       4         6       From 2013       4         9       Applied to underdistributions of prior years       4         1       Applied to 2018 distributable amount       4         1       Carryover from 2013 not applied (see instructions)       4         1       Remainder. Subtract lines 3(a) from 3t.       4         4		3	es of supported organization	ministrative expenses paid to accomplish exempt purpos	3
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       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organizations (see constructions)         10       Line 8 amount for 2018 from Section C, line 6         11       Distributions (arry, for years prior to 2018 (reason-able cause required-explain in Part VI). See instructions.         12       Excess Distributions carryover, if any, to 2018         13       Excess Distributions carryover, if any, to 2018 (reason-able cause required-explain in Part VI). See instructions.         14       From 2013         15       From 2014         16       From 2016         17       Total of lines 3a through e         19       Applied to underdistributions of prior years         16       Applied to 2018 distributable amount         17       Carryover from 2013 not applied (see instructions)         19       Remainder. Subtract lines 3g, 3h, and 3h from 3t.         14       Distributions of prior years         16       Applied to 201					4
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 2018 from Section C, line 6         10       Line & amount divided by line 9 amount         (i)       (ii)         9       Distributable amount for 2018 from Section C, line 6         10       Line & amount divided by line 9 amount         (ii)       Underdistributions         9       Distributable amount for 2018 from Section C, line 6         2       Underdistributions, if any, for years prior to 2018 (reasonable cause required: explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2018         a       From 2013         b       From 2014         c       From 2016         g       Applied to underdistributions of prior years         h       Applied to underdistributions of prior years         h       Applied to 2018 distributable amount         i       Carryover from 2013 and applied (see instructions)         j       Remainder. Subtract lines 3g, sh, and 3i from 3t.         4       Distributions for 2018 from Section D, line 7:         g       Appled to underdistributions of prior years				alified set-aside amounts (prior IRS approval required)	5
8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       9         9       Distributable amount of 2018 from Section C, line 6       10         10       Line 8 amount divided by line 9 amount       (i)         10       Distributable amount for 2018 from Section C, line 6       10         2       Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.       10         3       Excess distributions carryover, if any, to 2018       10         6       From 2013       10         1       From 2016       10         1       Total of lines 3a through e       10         1       Total of lines 3a, through any and y from 3t.       10         1       Carryover from 2013 not applied (see instructions)       10         1       Total of lines 3a, through e       10       10         1       Carryover from 2018 not applied (see instructions)       10       10         1       Carryover from 2018 not applied (see instructions)       10       10				ner distributions (describe in <b>Part VI</b> ). See instructions.	6
(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         (i)       Excess Distributions       (ii)         Section E - Distribution Allocations (see instructions)       Excess Distributions       (iii)         1       Distributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions.       a         3       Excess distributions carryover, if any, to 2018       a         4       From 2013       a         5       From 2014       a         6       From 2015       a         7       Total of lines 3a through e       a         9       Applied to underdistributions of prior years       b         1       Carryover from 2013 not applied (see instructions)       a         1       Carryover from 2013 not applied (see instructions)       a         1       Remainder. Subtract lines 3g, 3h, and 3i from 3f.       a         4       Distributions of prior years       b         6       Applied to underdistributions of prior years       a         6       Applied to underdistributions of prior years       a         7       Caryover from 2018 from Section D, line 7:       s </td <td></td> <td></td> <td></td> <td>tal annual distributions. Add lines 1 through 6.</td> <td>7</td>				tal annual distributions. Add lines 1 through 6.	7
9       Distributable amount for 2018 from Section C, line 6         10       Line 8 amount divided by line 9 amount         9       Distribution Allocations (see instructions)       (i)         Section E - Distribution Allocations (see instructions)       Excess Distributions       (ii)         1       Distributable amount for 2018 from Section C, line 6       2         2       Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions.       2         3       Excess distributions carryover, if any, to 2018       2         a From 2013       5       5         b From 2014       5       5         c From 2015       6       7         d From 2016       7       7         f Total of lines 3a through e       7       7         f Applied to underdistributions of prior years       6       7         h Applied to underdistributions of prior years       6       7         f Prom 2013       5       7       8         g Applied to underdistributions of prior years       7       7         f Total of lines 3a through e       7       7       7         g Applied to underdistributions of prior years       7       8       7         a Applied to underdistribution			ne organization is responsive	stributions to attentive supported organizations to which t	8
10       Line 8 amount divided by line 9 amount       (i)       (ii)       (iii)       (iiii)       (ii				ovide details in <b>Part VI</b> ). See instructions.	
(i)         (ii)         (iii)         (i				stributable amount for 2018 from Section C, line 6	9
Section E - Distribution Allocations (see instructions)       Excess Distributions       Underdistributions Pre-2018       Distribut Amount for         1       Distributable amount for 2018 from Section C, line 6       Image: Section C, line 7:       Section C, l				e 8 amount divided by line 9 amount	10
Decision P = Distribution Anocadoria (see instructions)       Excess Distributions       Pre-2018       Amount for         1       Distributable amount for 2018 from Section C, line 6	• •		(i)		
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         a       From 2013         b       From 2014         c       From 2015         d       From 2016         e       From 2017         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2018 distributable amount         i       Carryover from 2013 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2018 from Section D, line 7:         s       a         a       Applied to underdistributions of prior years         b       Applied to underdistributions of prior years         c       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for prior years         b       Applied to underdistributions of prior years         b       Applied to underdistributions of prior years         b       Applied to underdistributions for years prior to 2018, if         a       Applied to underdistributions for years prior to 2018, if         b       Applied to underdistr	Distributable mount for 2018		Excess Distributions	E - Distribution Allocations (see instructions)	Secti
able cause required- explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2018         a From 2013				stributable amount for 2018 from Section C, line 6	_1
3       Excess distributions carryover, if any, to 2018         a       From 2013         b       From 2014         c       From 2015         d       From 2016         e       From 2017         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2018 distributable amount         i       Carryover from 2013 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2018 from Section D, line 7:         §       a         a       Applied to 2018 distributable amount         c       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         5       Remaining underdistributions for prior years         b       Applied to 2018 distributable amount         c       Remaining underdistributions for years prior to 2018, if any. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions carryover to 2019. Add lines 3j and 4c.				derdistributions, if any, for years prior to 2018 (reason-	2
a From 2013       b         b From 2014       c         c From 2015       c         d From 2016       c         e From 2017       c         f Total of lines 3 through e       c         g Applied to underdistributions of prior years       c         h Applied to 2018 distributable amount       c         i Carryover from 2013 not applied (see instructions)       c         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       c         J Distributions for 2018 from Section D,       c         line 7:       \$         a Applied to underdistributions of prior years       c         b Applied to underdistributions of prior years       c         b Applied to underdistributions of prior years       c         b Applied to underdistributions for years prior to 2018, if       c         any. Subtract lines 4a and 4b from 4.       c         5 Remaining underdistributions for 2018. Subtract lines 3h       c         and 4b from line 2. For result greater       than zero, explain in Part VI. See instructions.         6 Remaining underdistributions for 2018. Subtract lines 3h       c         and 4b from line 1. For result greater than zero, explain in       c         Part VI. See instructions.       c         7 Excess distributions carryover				le cause required- explain in <b>Part VI</b> ). See instructions.	
b       From 2014         c       From 2015         d       From 2016         e       From 2017         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2018 distributable amount         i       Carryover from 2013 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2018 from Section D, line 7:         s       s         a       Applied to underdistributions of prior years         b       Applied to underdistributable amount         c       Remainder. Subtract lines 3g, and 4b from 4.         5       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2019. Add lines 3j and 4c.				cess distributions carryover, if any, to 2018	3
c       From 2015         d       From 2016         e       From 2017         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2018 distributable amount         i       Carryover from 2013 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2018 from Section D, line 7:         s       a         a       Applied to underdistributions of prior years         b       Applied to underdistributions of prior years         c       Remainder. Subtract lines 4a and 4b from 4.         c       Remainder. Subtract lines 4a and 4b from 4.         c       Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2019. Add lines 3j and 4c.				om 2013	а
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e       From 2017         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2018 distributable amount         i       Carryover from 2013 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2018 from Section D, line 7:         §       \$         a       Applied to underdistributions of prior years         b       Applied to 2018 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2018, if         any. Subtract lines 3g and 4a from line 2. For result greater         than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2018. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions.         7       Excess distributions carryover to 2019. Add lines 3j         and 4c.				om 2015	c
f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2018 distributable amount         i       Carryover from 2013 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2018 from Section D, line 7:         §       a         a       Applied to underdistributions of prior years         b       Applied to 2018 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2019. Add lines 3j and 4c.				om 2016	d
g Applied to underdistributions of prior years				om 2017	e
h Applied to 2018 distributable amount       i         i Carryover from 2013 not applied (see instructions)       j         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       iiii and an				tal of lines 3a through e	f
i Carryover from 2013 not applied (see instructions)       i         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       i         4 Distributions for 2018 from Section D, line 7:       \$         a Applied to underdistributions of prior years       i         b Applied to 2018 distributable amount       i         c Remainder. Subtract lines 4a and 4b from 4.       i         5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.       i         6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       i         7 Excess distributions carryover to 2019. Add lines 3j and 4c.       i       i				plied to underdistributions of prior years	g
j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.				plied to 2018 distributable amount	h
4       Distributions for 2018 from Section D, line 7:       \$         a       Applied to underdistributions of prior years          b       Applied to 2018 distributable amount          c       Remainder. Subtract lines 4a and 4b from 4.          5       Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.          6       Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.          7       Excess distributions carryover to 2019. Add lines 3j and 4c.				rryover from 2013 not applied (see instructions)	i
line 7:       \$         a Applied to underdistributions of prior years          b Applied to 2018 distributable amount          c Remainder. Subtract lines 4a and 4b from 4.          5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.          6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.          7 Excess distributions carryover to 2019. Add lines 3j and 4c.				mainder. Subtract lines 3g, 3h, and 3i from 3f.	j
a Applied to underdistributions of prior years				stributions for 2018 from Section D,	4
b       Applied to 2018 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2018, if         any. Subtract lines 3g and 4a from line 2. For result greater         than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2018. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions.         7         Excess distributions carryover to 2019. Add lines 3j         and 4c.				e 7: \$	
c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2018, if         any. Subtract lines 3g and 4a from line 2. For result greater         than zero, explain in Part VI. See instructions.         6         7         Excess distributions carryover to 2019. Add lines 3j         and 4c.				plied to underdistributions of prior years	a
5       Remaining underdistributions for years prior to 2018, if         any. Subtract lines 3g and 4a from line 2. For result greater         than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2018. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions.         7       Excess distributions carryover to 2019. Add lines 3j         and 4c.				plied to 2018 distributable amount	b
any. Subtract lines 3g and 4a from line 2. For result greater         than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2018. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions.         7       Excess distributions carryover to 2019. Add lines 3j         and 4c.				mainder. Subtract lines 4a and 4b from 4.	c
than zero, explain in Part VI. See instructions.       6         6       Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       6         7       Excess distributions carryover to 2019. Add lines 3j and 4c.       6				maining underdistributions for years prior to 2018, if	5
6       Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       Part VI. See instructions.         7       Excess distributions carryover to 2019. Add lines 3j and 4c.       Image: Comparison of the second				y. Subtract lines 3g and 4a from line 2. For result greater	
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.				an zero, explain in <b>Part VI.</b> See instructions.	
Part VI. See instructions.       Control         7       Excess distributions carryover to 2019. Add lines 3j and 4c.       Control				maining underdistributions for 2018. Subtract lines 3h	6
7 Excess distributions carryover to 2019. Add lines 3j and 4c.				d 4b from line 1. For result greater than zero, explain in	
and 4c.				rt VI. See instructions.	
					7
					8
a Excess from 2014					
b Excess from 2015					
c Excess from 2016					-
d Excess from 2017					
e Excess from 2018					

Schedule A (Form 990 or 990-EZ) 2018

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Part VI	Form 990 or 990 EZ) 2018 LITTLE Supplemental Information. Prov	ide the eve	lanations rocui	red by Dart	II line 10 D	art II, line 17e er	47-1631034
	Part IV. Section A. lines 1, 2, 3b, 3c, 4b.	4c. 5a. 6. 9a	a. 9b. 9c. 11a.	11b. and 11	c: Part IV. Se	ection B. lines 1	and 2: Part IV. Section
	line 1; Part IV, Section D, lines 2 and 3; F	Part IV, Sect	ion E, lines 1c,	2a, 2b, 3a,	and 3b; Part	V, line 1; Part V	, Section B, line 1e; Parl
	Section D, lines 5, 6, and 8; and Part V, 9 (See instructions.)	Section E, lii	nes 2, 5, and 6	. Also comp	lete this part	for any addition	al information.
	(See Instructions.)						
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SCHEDULE O (Form 990 or 990-EZ)

(FOILI 990 OF 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



LITTLE APPLE COMMUNITY FOUNDATION 47-1

47-1631034

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO CREATE A POOL OF

CHARITABLE FUNDS FOR THE EXCLUSIVE BENEFIT, FUNCTIONS, AND USE OF THE

GREATER MANHATTAN COMMUNITY FOUNDATION, A 501C(3) ORGANIZATION.

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.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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