	0	00	Return of Organization Exempt F			OMB No. 1545-0047
Form 990		30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			
Department of the Treasury Internal Revenue Service			Do not enter social security numbers on this form a Do to unaversity numbers of this form and the security of the instructions and the security of the secu	•		Open to Public Inspection
Sector Sector			► Go to www.irs.gov/Form990 for instructions and lar year, or tax year beginning and	ending	intormation.	
Bc	heck if	C Name o	f organization		D Employer identific	ation number
	Addre	De CALE	B COMPANY		CO 14	
	Name] chang Initial	Doing D	usiness as			534874
	Final Final		r and street (or P.O. box if mail is not delivered to street address) BOX 493	Room/suite	E Telephone number 615-7	790-3616
	termin ated Amen	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group re	769,108.
]return]Applie		ind address of principal officer: TOD MCDOWELL			? Yes X No
·	Jtion pendi		AS C ABOVE		H(b) Are all subordinates inc	
. I. T	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 🛄 527	If "No," attach a	list. (see instructions)
JV	Vebsi	te: 🕨			H(c) Group exemption	
Contraction of the local division of the loc	orm o rt I	f organization: [Summary	X Corporation Trust Association Other	L Year	of formation: 1996 M	State of legal domicile: TN
•	1	Briefly describ	be the organization's mission or most significant activities: TO EQ	QUIP T	HE CHURCH TC	
Governance		PARTICI	PATE IN GOD'S BIBLICAL PLAN FOR IS	RAEL A	ND ITS RELAT	<u>PIONSHIP</u>
mai	2	Check this bo	If the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			10
	4		dependent voting members of the governing body (Part VI, line 1b) $_$			7
es {	5		of individuals employed in calendar year 2018 (Part V, line 2a)		1 1	7
Activities &	6		of volunteers (estimate if necessary)		· · · · · · · · · · · · · · · · · · ·	0.
Acti			d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, line 38	<u></u>		
	-				Prior Year 958,228.	Current Year 725,536.
ne	8		and grants (Part VIII, line 1h)		98,310.	15,936.
Revenue	9	•	ice revenue (Part VIII, line 2g)		8.	1,783.
Rey	10		come (Part VIII, column (A), lines 3, 4, and 7d)		9,987.	25,853.
	11 12		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,066,533.	769,108.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	1	39,004.	32,758.
			to or for members (Part IX, column (A), line 4)		0.	0.
			r compensation, employee benefits (Part IX, column (A), lines 5-10)		268,313.	197,737.
sesuedx			undraising fees (Part IX, column (A), line 11e)		0.	0.
per			ing expenses (Part IX, column (D), line 25)	29.		
ũ			es (Part IX, column (A), lines 11a-11d, 11f-24e)		600,870.	553,693.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		908,187.	784,188.
	19	Revenue less	expenses. Subtract line 18 from line 12		158,346.	-15,080.
Lo Sag				Be	ginning of Current Year	End of Year
Assets Balanc	20	-	Part X, line 16)		1,552,937.	1,473,891.
			s (Part X, line 26)		862,565.	<u>798,598.</u> 675,293.
	22 rt II	Net assets or Signature	fund balances. Subtract line 21 from line 20	L	690,372.	015,295.
Lind			I declare that I have examined this return, including accompanying schedules	and statem	ents and to the best of my	knowledge and belief, it is
true	corre	ct and complete	Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
	00110		In C N			
Sigr	`	Signatur	ment undar st		Date5/02/	2019
Her			MCDOWELL, EXECUTIVE DIRECTOR			
		Type or	print name and title			
		Print/Type pre	parer's name Preparer's signature	1	Date Check	PTIN
Paid		CHAD PO	RTER CHAD FOR TER	<u>[</u> 0)4/25/19 self-employe	
Prep	arer	Firm's name	SMITH MARION & CO.		Firm's EIN 🕨	83-1445511
Use	Only	Firm's address	5141 VIRGINIA WAY, SUITE 400			E 200 00E0
		<u> </u>	BRENTWOOD, TN 37027		Phone no. 01	5-309-8959
May	the I	RS discuss thi	s return with the preparer shown above? (see instructions)		*****	X Yes No

Ра	1 990 (2018) CALEB COMPANY rt III Statement of Program Service Accomplishments	62-1634874	Pag
	Check if Schedule O contains a response or note to any line in this Part III		la l
1	Briefly describe the organization's mission:		••••
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X
1	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as n		
T	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	s, the total expenses, a	na
la	(Code:) (Expenses \$444,500. including grants of \$32,758.) (Revenue	~ ¢	
	TEACHING AND SPEAKING IN CHURCHES, CONFERENCES, AND MISSI	ONS SCHOOLS	
	r		
b	(Code:) (Expenses \$239,346. including grants of \$) (Revenue		
	TRAINING AND EQUIPPING IN OUR REVIVAL SEMINARS, ISRAEL TO	URS, AND CA	LEE
	TRAINING SCHOOL OF REVIVAL		
	(Code:) (Expenses \$ including grants of \$) (Revenue	2 \$	
c	(Code:) (Expenses \$ including grants of \$) (Revenue	2 \$	
c	(Code:) (Expenses \$ including grants of \$) (Revenue	2 \$	
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c	<pre></pre>	2) \$	
c	(Code:) (Expenses \$ including grants of \$) (Revenue	۵۶ ــــــــــــــــــــــــــــــــــــ	
c	(Code:) (Expenses \$ including grants of \$) (Revenue	2 \$	
c	(Code:) (Expenses \$ including grants of \$) (Revenue	2 S	
c		2 \$	
c	(Code:) (Expenses \$ including grants of \$) (Revenue	2 \$	
		2) \$	
c	Other program services (Describe in Schedule O.)	2 \$	
d		2 \$ 2 \$ 2 \$ 	

2 2018.03030 CALEB COMPANY

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Form	990	1201	8)

Form 990 (2018) CALEB COMPANY
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	and definition of the second		The action of the second
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	- <u></u>		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	le the experimetion a school described in eaching 470(h)(4)(A)(i)Q as interimented in the school of	13		X
	Did the exception mointain on office, ample was an events extended of the United Otata-O			X
	Did the organization maintain an onice, employees, or agents outside of the Onited States?	14a		<u></u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		4.44	x	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
10		45	x	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-	
10			x	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00-	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			*7
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
832003	12-31-18	Form	99U ()	2018)

Form 990 (2018)

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Form	990	(2018)	

Part IV

CALEB COMPANY Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	boolegiyyzza	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•.		34		х
35a	Part V, line 1	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	x	
Par	Note. All Form 990 filers are required to complete Schedule O tV Statements Regarding Other IRS Filings and Tax Compliance	00		
-2005-2020/02/6	Check if Schedule O contains a response or note to any line in this Part V			
		1	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11		103	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 832004 12-31-18

Χ Form 990 (2018)

1c

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Forn	990 (2018) CALEB COMPANY	62-1634	4874	Р	age 5				
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	7						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule of	0	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a	X	Ĺ				
b	If "Yes," enter the name of the foreign country: ISRAEL								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit							
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X				
b			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required							
	to file Form 8282?	1 1	7c	Caraterio Manto	X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		<u>7e</u>						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7 <u>h</u>	10040202020					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
~			8						
9	Sponsoring organizations maintaining donor advised funds.								
a			<u>9a</u>						
			<u>9b</u>						
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-						
11	Section 501(c)(12) organizations. Enter:	44.1							
d 5	Gross income from members or shareholders	<u>11a</u>	-						
U		116							
12-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10/12	12a	10000000					
		1 1	128						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-						
	Is the organization licensed to issue qualified health plans in more than one state?		120	1922310102					
a	Note. See the instructions for additional information the organization must report on Schedule O.	•••••	<u>13a</u>						
h									
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
с									
14a	Diality and the set of		14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	•••	14a 14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		140						
.0	excess parachute payment(s) during the year?		15		х				
	If "Yes," see instructions and file Form 4720, Schedule N.	••••••							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x				
	If "Yes," complete Form 4720, Schedule O.				<u> </u>				

Form 990 (2018)

832005 12-31-18

	tion A. Governing Body and Management		·	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	<u>]</u>		SPECIFIC OF
	If there are material differences in voting rights among members of the governing body, or if the governing			88872100 1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		7		SSSW718
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
		2	x	192
3		<u> </u>		-
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		-
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		-
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ	
6	Did the organization have members or stockholders?	6	ļ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	76		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			Pession in the
	The governing body?	8a	x	1
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			•
9				
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	
Sec	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			-
		r	Yes	
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>	ļ	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- Souther
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	x	
	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	•
	Did the process for determining compensation of the following persons include a review and approval by independent	14		102
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	1000 C
	The organization's CEO, Executive Director, or top management official	<u>15a</u>	X	•
	Other officers or key employees of the organization	15b	X	2
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			"Internet and
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1000000
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			Contraction of the
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			Contraction of the local distance of the loc
	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow TN$			•
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3);	s only) a	availał	è
	for public inspection. Indicate how you made these available. Check all that apply.			
19	· · · · · · · · · · · · · · · · · · ·	financi	ial	
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nnanci	a	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			-
	TOD MCDOWELL - 615-790-3616			-
	3511 REFUGE TRAIL, THOMPSON STATION, TN 37179		A	
2006	12-31-18	Form	990	ł
	C			
	6 29 252035 3258 2018.03030 CALEB COMPANY		32	

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62-1634874	Page 6
elow, and for a "No" resp	onse

CALEB COMPANY

Form 990 (2018) Part VI Gove

Governance, Management, and Disclosure	For each "Yes" response to lines 2 through 7b below, and for a "No" resp
to line 8a, 8b, or 10b below, describe the circumstances.	

Form 990 (2018)	CALEB COMPANY	62-1634874	Page 7
Part VII Com	pensation of Officers, Directors, Trustees, Key Employees, Hi	ighest Compensated	
	loyees, and Independent Contractors	-	
Check	c if Schedule O contains a response or note to any line in this Part VII		
Section A. Offic	ers, Directors, Trustees, Key Employees, and Highest Compensated Employe	ees	
1a Complete this	table for all persons required to be listed. Report compensation for the calendar y	rear ending with or within the organization's	tax vear.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

(D)

()

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

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

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

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

 (\cap)

1

(P**)

(**-**)

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Т

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	note	Pos	itior] than	000	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			is bot	һ ал	compensation	compensation	amount of
	week		cer ar	nd a d I	T	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	8			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		8	bens		(W-2/1099-MISC)		organization
	below	ual tr	tional		yold	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GARY GLOVER	5.00	<u> </u> =	╞═	<u> </u>	× ×	<u> </u> =				
DIRECTOR		x						0.	0.	0.
(2) ROBIN GLOVER	5.00				 	†				<u> </u>
DIRECTOR		x						0.	0.	0.
(3) BEN DUBOSE	5.00					1	1			
DIRECTOR/FISCAL		x						0.	0.	0.
(4) EMILY DUBOSE	5.00						1	-		
DIRECTOR		x						0.	0.	0.
(5) BRETT WHITLEY	5.00					Γ				
DIRECTOR/TREASURER		X		Х				0.	0.	0.
(6) HENRY HEADDEN	5.00									
DIRECTOR		Х						0.	0.	0.
(7) BETSY HEADDEN	5.00									
DIRECTOR		Х						0.	0.	0.
(8) NONI BUTLER	5.00									
DIRECTOR		Х						0.	0.	0.
(9) STEVE ALLEN	40.00									
CHAIRMAN OF THE BOARD		Х		X				0.	0.	0.
(10) DAVID MCQUEEN	5.00									
DIRECTOR/FISCAL		Х						0.	0.	0.
(11) TOD MCDOWELL	40.00									
EXECUTIVE DIRECTOR/CHAIRMAN				X				57,259.	0.	0.
				_						
			-+							
				-+						
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Form 990 (2018)

hours for related organizations below weight weight below weight we	Form 990 (2018) CALEB C									62-1634	874 Page 8
organizations below ine) is get	(A)	tle (B) (C) Average Position (do not check more tha box, unless person is b				than c s both	one i an	(D) Reportable compensation	(E) Reportable compensation	Estimated amount of	
c Total from continuation sheets to Part VII, Section A 0.0000 0.00000 d Total (add lines to and 1c) 57, 259.00.0000 0.00000 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes N 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors Icomplete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 4		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		organization
c Total from continuation sheets to Part VII, Section A 0.0000 0.00000 d Total (add lines to and 1c) 57, 259.00.0000 0.00000 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes N 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors Icomplete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 4											
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? // 'Yes," complete Schedule J for such individual and related organizations greater than \$150,000? // ryes," complete Schedule J for such individual	 c Total from continuation sheets to Part d Total (add lines 1b and 1c) 2 Total number of individuals (including but 	VII, Section A	·····				J		0. 57,259.	0.	0.
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) (C) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than	3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J fo	er, director, or tru r such individual							-		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <t< td=""><td>and related organizations greater than \$15 Did any person listed on line 1a receive of</td><td>50,000? <i>If "Yes,</i> or accrue compen</td><td>" <i>con</i> satio</td><td>nple on fro</td><td>ete So om a</td><td>chea any i</td><td><i>dule</i> unrei</td><td><i>J fc</i> late</td><td>or such individual d organization or individ</td><td>ual for services</td><td></td></t<>	and related organizations greater than \$15 Did any person listed on line 1a receive of	50,000? <i>If "Yes,</i> or accrue compen	" <i>con</i> satio	nple on fro	ete So om a	chea any i	<i>dule</i> unrei	<i>J fc</i> late	or such individual d organization or individ	ual for services	
Name and business address NONE Description of services Compensation	1 Complete this table for your five highest	-								· ·	tion from
		ss address	NO	NE	r 7					ervices C	

		· +	ot limi	ited	to th	•	e liste	ed a	above) who received mo	re than	

mbership dues draising events ated organizations vernment grants (contribu- ther contributions, gifts, gran lar amounts not included abo ash contributions included in lines al. Add lines 1a-1f <u>AINING AND MI</u>	1c 1d 1d itions) 1e unts, and 1f ove 1f s 1a-1f: \$	64,126. 661,410. ▶ Business Code 611430	725,536.			sections 512 - 514
draising events ated organizations vernment grants (contribu- ther contributions, gifts, gran lar amounts not included abo ash contributions included in lines al. Add lines 1a-1f <u>AINING AND MI</u>	1c 1d 1d itions) 1e ints, and 1f ove 1f s 1a-1f: \$	661,410. ▶ Business Code	725,536.			
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rernment grants (contribu- ther contributions, gifts, gran lar amounts not included abo- ash contributions included in lines al. Add lines 1a-1f AINING AND MI	Ite unts, and ove s 1a-1f: \$	► Business Code	725,536.			
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lar amounts not included abo ash contributions included in lines al. Add lines 1a-1f AINING AND MI	ove 1f s 1a-1f: \$ INISTRY	► Business Code	725,536.			
ash contributions included in lines al. Add lines 1a-1f AINING AND MI	s 1a-1f: \$	► Business Code	725,536.			
al. Add lines 1a-1f AINING AND MI other program service reve	INISTRY	Business Code	725,536.			
AINING AND MI	INISTRY	Business Code				
other program service reve		and the second se				
other program service reve			15,936.	15,936.		
other program service reve		1 1				
other program service reve						1
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		-				
			15,936.			
al. Add lines 2a-2f			13,330.			
er similar amounts)			1,783.			1,783.
ome from investment of ta		ſ	<u> </u>			1,705.
		· · · · ·				
alties		1				
-	(i) Real 22,022.	(ii) Personal				
ss rents						
s: rental expenses						
tal income or (loss)	22,022.			00 000		
rental income or (loss) .		····· ►	22,022.	22,022.		
ss amount from sales of	(i) Securities	(ii) Other				
ets other than inventory						
s: cost or other basis						
sales expenses		100 CT 200 CT 20				
n or (loss)						
gain or (loss)						
ss income from fundraisin	ng events (not	00 UNA 9 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
uding \$ 64,1	126. of					
tributions reported on line	e 1c). See					
IV, line 18	•	0.				
s: direct expenses						
income or (loss) from fund			0.			[
ss income from gaming a	-					
IV, line 19						
s: direct expenses		1				
income or (loss) from gan						
income or (ioss) nom dan	-	······································				
		1 272				
ss sales of inventory, less						
ss sales of inventory, less allowances		0.	1 070	1 070		
ss sales of inventory, less allowances	an of income		1,272.	1,272.		
allowances		Business Code	<u>= = ^</u>	F = 0		
ss sales of inventory, less allowances		1 200033 1	2,559.	2,559.		
allowances				•		1
ss sales of inventory, less allowances	Je					ļ
ss sales of inventory, less allowances	Je					
ss sales of inventory, less allowances :: cost of goods sold income or (loss) from sale Miscellaneous Revenu SC INCOME	9					
ss sales of inventory, less allowances	9		2,559. 769,108.	41,789.	0.	1,783.
a s:						C INCOME 900099 2,559. 2,559.

2018.03030 CALEB COMPANY

Form 990 (2018)

CALEB COMPANY

CALEB COMPANY

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	e or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	22 750			
	individuals. See Part IV, lines 15 and 16	32,758.	32,758.		
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	57,260.	49,243.	7,444.	573.
6	Compensation not included above, to disqualified	57,200.	47,243.	/,444•	575.
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	103,701.	89,183.	13,481.	1,037.
8	Pension plan accruals and contributions (include		07,103.	<u> </u>	, <u></u> _, <u></u> , <u></u> , <u></u> , <u></u> _, <u></u> , <u></u> _, <u></u> _, <u></u> _, <u></u> _, <u></u> _, <u></u> , <u></u> _, <u></u> _, <u></u> _, <u></u> _, <u></u> _, <u></u> , <u></u> _, <u></u> , <u></u> _, <u></u> , <u></u>
5	section 401(k) and 403(b) employer contributions				
9	Other employee benefits	24,071.	20,701.	3,129.	241.
10	Payroll taxes	12,705.	10,926.	1,652.	127.
11	Fees for services (non-employees):		2075201	1,052.	
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch 0.)	116,113.	99,857.	15,095.	1,161.
12	Advertising and promotion	18,417.	11,305.		1,161. 7,112.
13	Office expenses	98,488.	80,918.	13,237.	4,333.
14	Information technology	8,327.	6,842.	1,119.	366.
15	Royalties				
16	Occupancy	139,830.	127,357.	9,397.	3,076.
17	Travel	105,095.	90,382.	13,662.	1,051.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	34,184.	31,135.	2,297.	752.
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	33,239.	33,239.		
3	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	784,188.	683,846.	80,513.	19,829.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

832010 12-31-18

10 2018.03030 CALEB COMPANY

Form 990 (2018) CALEB COMPANY Part X Balance Sheet

		Check if Schedule O contains a response or not	e to anv	line in this Part X			—
					(A) Beginning of year	I	(B) End of year
	1	Cash - non-interest-bearing			376,870.	1	290,311.
	2	Savings and temporary cash investments			31,082.	2	54,960.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted empl	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied perso	ons (as defined under			
	:	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sections	ion 501(c	:)(9) voluntary			
2		employees' beneficiary organizations (see instr).	Complet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
Š	8	Inventories for sale or use		4,225.	8		
	9	Description of the second se				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,386,421.			
	b		10b	257,801.	1,140,760.	10c	1,128,620.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
_	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		1,552,937.	16	1,473,891.
	17	Accounts payable and accrued expenses	20,188.	17	22,430.		
	18	Grants payable				18	
	19	Deferred revenue				19	20,602.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employees					
iat.					402 027	22	
	23	Secured mortgages and notes payable to unrelat			423,237.	23	755,566.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines Schedule D		•	419,140.		0
	26	Total liabilities. Add lines 17 through 25			862,565.	25 26	<u> </u>
	20	Organizations that follow SFAS 117 (ASC 958)			002,303.	20	
~		complete lines 27 through 29, and lines 33 and					
ě	27	Unrestricted net assets			690,372.	27	675,293.
alan	28	Temporarily restricted net assets				28	
ä	29	e a b b b b b b b b b b				29	
ŭ		Organizations that do not follow SFAS 117 (AS					
ΥF		and complete lines 30 through 34.		P become			
ts	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid in or capital surplus, or land, building, or equ				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	
ž	33	Total net assets or fund balances			690,372.	33	675,293.
		Total liabilities and net assets/fund balances			1,552,937.	34	1,473,891.

Form 990 (2018)

	n 990 (2018) CALEB COMPANY	62-163	4874	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,108.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,188.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,080.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	690	,372.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
F-22	column (B))	10	675	,292.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			E a rea C	100 (001 0)

Form **990** (2018)

SCH	EDU	LE A
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(Form	990	or	990-	EZ)
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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
r	Inspection identification number

I

Department of the Treasury Internal Revenue Service					Attach to Form 990 or v/Form990 for instructi			nformation.		Open to Public Inspection
Nar	ne of t	the organizati							1	r identification numbe
	145 1 8 196 1988			B COMPANY					6	52-1634874
Pa	art I	Reason	for Public	Charity Status	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The	organ	ization is not a	private found	dation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, cor	nvention of ch	nurches, or association	on of churches described	d in section	on 170(b)(1)(A)(i).		
2		A school des	cribed in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3		A hospital or	a cooperative	e hospital service org	anization described in s	ection 17	0(b)(1)(A)(iii).		
4		A medical res	earch organiz	zation operated in co	njunction with a hospital	described	d in section	on 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated f	for the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental L	init describ	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, sta	te, or local go	overnment or governr	mental unit described in	section 1	70(b)(1)(A)(v).		
7					antial part of its support f				he general	public described in
				Complete Part II.)					J	· · · · · · · · · · · · · · · · · · ·
8					(1)(A)(vi). (Complete Par	t II.)				
9					in section 170(b)(1)(A)		ed in coni	unction with a	land-orant	college
				-	culture (see instructions).				•	•
		university:		5				,, and claid d.		
10	X		on that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributio	ons members	hin fees ar	ad gross receipts from
	Learning of the second				ct to certain exceptions,					
					(less section 511 tax) fro	•••			•••	•
				mplete Part III.)		Jin busine	3363 augu		ganzation	alter oune oo, 1975.
11				. ,	ively to test for public sa	fetv See	section 5	09(2)(4)		
12	\square				ively for the benefit of, to				array out the	purposes of one or
•••					ed in section 509(a)(1) of				-	
					of supporting organization					OHECK THE DOX III
а		-	-		supervised, or controlled		•		•	alvina
u	L			-	gularly appoint or elect a	•	• •	•••		
			-	complete Part IV, Se		(majority (apporting
b		-		•	d or controlled in connect	tion with it	e cupport	od organizatio	n/a) by ba	ina
U	L									
					anization vested in the si	ame perso	ins that co	ntroi or mana	ge the sup	portea
~		-		st complete Part IV,			41 m		U	
с	L				g organization operated				lly integrate	ed with,
	·		-		i). You must complete I	,	,	•		
d					porting organization oper					
					zation generally must sat				l an attenti	veness
		- ·	•	•	nplete Part IV, Sections	,				
е	L				written determination fro			Туре I, Туре	II, Type III	
	_	-	-	••	nally integrated supporti	ng organiz	ation.			r
f		or the number of	••	•					•••••	
g				n about the supporte		(iv) is the ora	anization listed			
	(1	i) Name of suppo organization	rted	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see in	,	(vi) Amount of other support (see instructions)
					above (see instructions))	Yes	No			
]		
							ļ			

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 13

Total

Schedule A (Form 990 or 990 EZ) 2018 CALEB COMPANY Part II Support Schedule for Organizations Desc

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
Ũ	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,						
	oolumn (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	<i>(u) 2014</i>	(0) 2010	(0) 2010	(u) 2017	(e) 2010	(1) 10(a)
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	•						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					<u></u>	
	Gross receipts from related activities,	•	,		•••••••••••••••••••••••••••••••••••••••	12	
13	First five years. If the Form 990 is for organization, check this box and stor				•		
Sec	tion C. Computation of Publi	c Support Per	centage				·····
	Public support percentage for 2018 (li			olumn (fi)		14	%
	Public support percentage from 2017					15	<u>%</u>
	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c		-				:
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test					•••••••••••••••••••••••••••••••••••••••	more
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances test					72 and line 15 is 1	PL
							J70 UI
	more, and if the organization meets the				• •		
	organization meets the "facts-and-circ						
10	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CALEB COMPANY

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	757,986.	10795873.	562,162.	770,287.	725,536.	13611844.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the			270,014.	286,251.		
~	organization's tax-exempt purpose			270,014.	200,251.	39,230.	595,495.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	757,986.	10795873.	832,176.	1056538.	764,766.	14207339.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year Add lines 7a and 7b						0.
							14207339.
	Public support. (Subtract line 7c from line 6.) tion B. Total Support						L420/339.
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	757,986.	10795873.	832,176.	1056538.	764,766.	14207339.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					1,783.	1,783.
	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b					1,783.	1,783.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital			84,864.	9,987.	2,559.	97,410.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	757,986.	10795873	917,040.	1066525.		14306532.
	First five years. If the Form 990 is for						
••	ala anti-Alata la avera al la Sura Sura v						
Sec	tion C. Computation of Public	c Support Per					
	Public support percentage for 2018 (li		<u> </u>	olump (fi)		15	99.31 %
	Public support percentage for 2010 (in Public support percentage from 2017		-			16	97.95 %
	tion D. Computation of Inves					10	<u> </u>
*********	Investment income percentage for 20			e 13 column (fl)		17	.01 %
	Investment income percentage from 2		Dent III Barn #7		ſ	18	.00 %
	33 1/3% support tests - 2018. If the				•		
	more than 33 1/3%, check this box an						► X
	33 1/3% support tests - 2017. If the		-				
	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization						
	3 10-11-18	and not oncon a L	10A 011 1110 1-1, 10A	, or roo, oncon this		dule A (Form 990	or 990-E7) 2019
			15		30116	Sale A (FOLH 990	UI 330-LL/ 2010

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1

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За

3b

3c

4a

4b

4c

5a

5h

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	<u> </u>		
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	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	<u> </u>	I	
		1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	
•	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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
Ŭ	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			
	-	•		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	I	
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c				
	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction State of the balance of t	uctions). [Vaal	
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		
D	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		
	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.	<u>3a</u>	0000000000	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 CALEB COMPANY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instru	uctions) 6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	16			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for great see instructions)	ater amount, 4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column	1 A) 1			
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Colu	imn 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	t to			
emergency temporary reduction (see instructions)	6			
7 Check here if the current year is the organization's first as a	non-functionally integrated	Type III supporting orga	nization (see	

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he 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			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
<u>b</u>	From 2014			
C	From 2015			
<u>d</u>	From 2016			
<u>e</u>	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$	Accessed in the second s		
	Applied to underdistributions of prior years			
******	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
				A REAL PROPERTY AND A REAL

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 CALEB COMPANY

	Supplemental Information. Provide the exp Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 line 1; Part IV, Section D, lines 2 and 3; Part IV, Sec Section D, lines 5, 6, and 8; and Part V, Section E, li (See instructions.)	blanations required by Part a, 9b, 9c, 11a, 11b, and 1 tion E, lines 1c, 2a, 2b, 3a, ines 2, 5, and 6. Also comp	: II, line 10; Part II, line 17a or 17b; Part III, line 12; 1c; Part IV, Section B, lines 1 and 2; Part IV, Section C, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, olete this part for any additional information.
·····			
832028 10-11-18	8		Schedule A (Form 990 or 990-EZ) 2018
		20	

SCHEDULE D

Department of the Treasury

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

OMB No. 1545-0047
0040
2018
Open to Public
Inspection

Internal Revenue Service Name of the organization

-			
	Employer	identification	numbe

-	CALEB COMPANY		62-1634874
Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	-
			(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4			
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		
-	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		-
Trees, spec	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historically	/ important land area
	Protection of natural habitat	Preservation of a certified hi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a pa	neonyotion accompation the last
-	day of the tax year.		2002-00-00-00
~	· ·		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b			<u>2b</u>
С	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the organi	zation during the tax
	year ►		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, I	***************************************	
-		and may be there in the official offici	ar casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and onforcing concervation and	amonto during the user
'	 Amount of expenses incurred in monitoring, inspecting, nand \$ 	ing of violations, and enforcing conservation eas	sements during the year
0			
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes the orga	anization's accounting for
1	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement and	d balance sheet works of art.
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		subile control, provide, intrattivili,
b	If the organization elected, as permitted under SFAS 116 (ASC		lance sheet works of art bistorical
~	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	dealing, or research in furtherance of public serv	nce, provide the following amounts
	-		N .
	(i) Revenue included on Form 990, Part VIII, line 1		
-			
2	If the organization received or held works of art, historical trea		provide
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		▶ \$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018
	10-29-18		
		31	

2018.03030 CALEB COMPANY

	edule D (Form 990) 2018 CALEB C							62-16	534874	1 P	age 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, d	or Othe	r Simila	ar Asset	S (contin	ued)	
3	Using the organization's acquisition, accessi										 S
	(check all that apply):			,	J		5				-
а	Public exhibition	ć	1	l oan or exc	hange prog	rams					
b	Scholarly research				shange prog						
c	Preservation for future generations	· · · ·									
4	Provide a description of the organization's co	lections and evolution	n how t	hov further th	aa araanizat	ion'n ovor	nnt num	nan in Der			
5	During the year, did the organization solicit o							JSe in Fan			
Ŭ	to be sold to raise funds rather than to be ma										٦
Pa	t IV Escrow and Custodial Arran	nements Compl	oto if th	nization s co		BVooll on		L	Yes		No
10.000.000	reported an amount on Form 990, Par		ete ii tri	e organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
Id	Is the organization an agent, trustee, custodi							r			٦
	on Form 990, Part X?					•••••	••••••	L	_ Yes	L	No
a	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing	table:			r	1			
									Amount		
c	Beginning balance							<u> </u>			
d	Additions during the year		•••••	•••••			. <u>1d</u>				
е	Distributions during the year										
f	Ending balance						. <u>1f</u>	1			
	Did the organization include an amount on Fo						ity?	L	_ Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	on has been	provided on	Part XIII					
Pa	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 1	0.				
		(a) Current year	(b) l	Prior year	(c) Two yea	ars back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities			*****							
	and programs										
f	Administrative expenses		•		1				1		
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1)	a. column (a)) held as:	<i>d</i>					
а	Board designated or quasi-endowment		%	g, · - · · · · · (,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b	Permanent endowment	%									
	Temporarily restricted endowment	%									
-	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
3a	Are there endowment funds not in the posses		tion the	t are held an	d administa	rad for th	o organiz	ation			
U.	by:	Solon of the organiza		a are nero ar	iu aurimiste		e organiz	allon	Г	Yes	Nia
	-									res	No
									<u>3a(i)</u>		
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as require		ohadula D0	•••••			••••••	3a(ii)		
<u>ر</u>	Describe in Part XIII the intended uses of the				•••••			••••••	3b		
Par			wment i	unas.							
and the second			Davit IV	/ line 11e . C	000						
	Complete if the organization answered					1					
	Description of property	(a) Cost or of		(b) Cost			cumulate		(d) Book	value	Э
		basis (investm	ient)	basis (aet	preciation	100500591342645	400		
	Land				0,000.				400		
	Buildings			89	7,492.	1	.78,8	84.	718	,6(78.
	Leasehold improvements										
	Equipment			8	8,929.		78,9	17.	10	,01	12.
	Other			L					-		
Total.	Add lines 1a through 1e. (Column (d) must ec	oual Form 990. Part >	K. colun	nn (B). line 1()c.)				1,128	,62	20.
								Schedule	D (Form	990)	2018

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	f security Or category (including name of security)	(b) Book value	11b. See Form 990, Part X, (c) Method of valuation	n: Cost or end-of-year market value
1) Financial der		(-/		
2) Closely-held				
3) Other				
(A)	****			
(B)				
(C)				
(D)				
(E)				•
(F)				******
(G)				*****
(H)				
	st equal Form 990, Part X, col. (B) line 12.)			
Part VIII Inv	estments - Program Related.			
	plete if the organization answered "Yes"	on Form 000 Dart IV line	11a Can Farm 000 Davit V J	ine 10
(a)	Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)		(=) ======		. cost of the orysar market value
(2)				
(3)				*****
(4)				****
(5)				***
(6)				
(7)				
(8)				
(0)				
(9)	t aqual Form 000, Dart V, col. (D) line 10 \			
fotal. (Col. (b) mus	it equal Form 990, Part X, col. (B) line 13.) ►			
Fotal. (Col. (b) mus	ier Assets.	on Form 000. Dott IV/ line		
fotal. (Col. (b) mus Part IX Oth	ner Assets. uplete if the organization answered "Yes" of the organization of the orga		11d. See Form 990, Part X, I	
Total. (Col. (b) mus Part IX Oth Corr	ner Assets. uplete if the organization answered "Yes" of the organization of the orga	on Form 990, Part IV, line Description	11d. See Form 990, Part X, I	line 15. (b) Book value
otal. (Col. (b) mus Part IX Oth Con (1)	ner Assets. uplete if the organization answered "Yes" of the organization of the orga		11d. See Form 990, Part X, I	
Total. (Col. (b) muse Part IX Oth Con (1) (2)	ner Assets. uplete if the organization answered "Yes" of the organization of the orga		11d. See Form 990, Part X, I	
otal. (Col. (b) mus Part IX Oth Corr (1) (2) (3)	ner Assets. uplete if the organization answered "Yes" of the organization of the orga		11d. See Form 990, Part X, I	
Image: Total (Col. (b) muss Part IX Other Control (1) (2) (3) (4)	ner Assets. uplete if the organization answered "Yes" of the organization of the orga		11d. See Form 990, Part X, I	
otal. (Col. (b) mus Part IX Oth Com 01 (1) 02 (3) 04 (5) 04	ner Assets. uplete if the organization answered "Yes" of the organization of the orga		11d. See Form 990, Part X, I	
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otal. (Col. (b) mus Part IX Oth Con (1) (2) (3) (4) (5) (6) (7)	ner Assets. uplete if the organization answered "Yes" of the organization of the orga		11d. See Form 990, Part X, I	
otal. (Col. (b) mus Part IX Oth Corr (1) (2) (3) (4) (5) (6) (7) (8)	ner Assets. uplete if the organization answered "Yes" of the organization of the orga		11d. See Form 990, Part X, I	
iotal. (Col. (b) mus Part IX Other Corr (1) (2) (3) (4) (5) (6) (7) (8) (9)	ner Assets. nplete if the organization answered "Yes" (a) (a)	Description	11d. See Form 990, Part X, I	
otal. (Col. (b) mus Part IX Oth Corr (1) (2) (3) (4) (5) (6) (7) (8) (9) Column (b)	ner Assets. nplete if the organization answered "Yes" ((a) (a) must equal Form 990. Part X, col. (B) line	Description	11d. See Form 990, Part X, I	
otal. (Col. (b) mus Part IX Oth Corr (1) (2) (3) (4) (5) (6) (7) (8) (9) Fortal. (Column (b) Part X Oth	ner Assets. nplete if the organization answered "Yes" ((a) (a) must equal Form 990. Part X. col. (B) line ner Liabilities.	Description		(b) Book value
otal. (Col. (b) mus Part IX Oth Corr (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) Part X Oth	ner Assets. nplete if the organization answered "Yes" ((a) <i>must equal Form 990. Part X. col. (B) line</i> ner Liabilities. nplete if the organization answered "Yes" (Description	11e or 11f. See Form 990, Pa	(b) Book value
otal. (Col. (b) mus Part IX Oth Con (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) Part X Oth Com	ner Assets. nplete if the organization answered "Yes" ((a) <i>must equal Form 990. Part X. col. (B) line</i> ter Liabilities. nplete if the organization answered "Yes" ((a) Description of liability	Description		(b) Book value
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otal. (Col. (b) mus Part IX Oth Con Con (1) (2) (3) (4) (5) (6) (7) (8) (9) Con Other Constraints Other Constraints (1) Federal in (1) Federal in (2) Constraints	ner Assets. nplete if the organization answered "Yes" ((a) <i>must equal Form 990. Part X. col. (B) line</i> ter Liabilities. nplete if the organization answered "Yes" ((a) Description of liability	Description	11e or 11f. See Form 990, Pa	(b) Book value
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otal. (Col. (b) mus Part IX Oth Com (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) Part X Oth (1) Federal in (2) (3) (4) (4)	ner Assets. nplete if the organization answered "Yes" ((a) <i>must equal Form 990. Part X. col. (B) line</i> ter Liabilities. nplete if the organization answered "Yes" ((a) Description of liability	Description	11e or 11f. See Form 990, Pa	(b) Book value
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otal. (Col. (b) mus Part IX Oth Com 0 (1) 0 (2) 0 (3) 0 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0 (9) 0 otal. (Column (b) Part X Oth Corr 0 (1) Federal in (2) (3) (4) 0 (5) 0	ner Assets. nplete if the organization answered "Yes" ((a) <i>must equal Form 990. Part X. col. (B) line</i> ter Liabilities. nplete if the organization answered "Yes" ((a) Description of liability	Description	11e or 11f. See Form 990, Pa	(b) Book value
otal. (Col. (b) mus Part IX Oth Com 0 (1) 0 (2) 0 (3) 0 (4) 0 (5) 0 (7) 0 (8) 0 (9) 0 otal. (Column (b) 0 Part X 0 (1) Federal in (2) (3) (4) (5) (6) (7)	ner Assets. nplete if the organization answered "Yes" ((a) <i>must equal Form 990. Part X. col. (B) line</i> ter Liabilities. nplete if the organization answered "Yes" ((a) Description of liability	Description	11e or 11f. See Form 990, Pa	(b) Book value
otal. (Col. (b) mus Part IX Oth Com (1) (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) Com Oth Com (1) Federal in (2) (3) (1) Federal in (2) (3) (4) (5) (6) (7) (8) (6)	ner Assets. nplete if the organization answered "Yes" ((a) <i>must equal Form 990. Part X. col. (B) line</i> ter Liabilities. nplete if the organization answered "Yes" ((a) Description of liability	Description	11e or 11f. See Form 990, Pa	(b) Book value
otal. (Col. (b) mus Part IX Oth Com (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) Part X Oth (1) Federal in (2) (3) (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	ner Assets. nplete if the organization answered "Yes" ((a) <i>must equal Form 990. Part X. col. (B) line</i> ter Liabilities. nplete if the organization answered "Yes" ((a) Description of liability	Description 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Pa	(b) Book value

Schedule D (Form 990) 2018

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Sche	dule D (Form 990) 2018 CALEB COMPANY		62-16348	74 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1 7	69,108.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3 7	69,108.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			69,108.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expen	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total expenses and losses per audited financial statements			84,188.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			84,188.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			84,188.
Pai	t XIII Supplemental Information.			

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

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	HEDULE F orm 990)			ivities Outside the Ur n answered "Yes" on Form 990, Part			2018 No. 1545-0047
	rtment of the Treasury al Revenue Service	► Go to	www.irs.gov/F	Attach to Form 990. prm990 for instructions and the lates	t information		Open to Public Inspection
-	ne of the organization				e mornation.		ification number
	LEB COMPANY					62-16348	74
Pa	rt I General Ir	formation on A	Activities Out	side the United States. Compl	ete if the organ	ization answered '	'Yes" on
		rt IV, line 14b.					
1				ds to substantiate the amount of its gra the selection criteria used to award the			Yes 🗌 No
2	United States.			procedures for monitoring the use of its		her assistance out	side the
				an be duplicated if additional space is r			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
MID	DLE EAST AND				TRAINING &	SEMINARS &	
NOR	TH AFRICA			PROGRAM SERVICES-TRAINING	TEACHING		0.
b	Subtotal Total from continuation sheets to Part I	1	0				0.
U	Totals (add lines 3a and 3b)	0	0				0.

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

Schedule F (Form 990) 2018

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Schedule F (Form 990) 2018	S CALEB	COMPANY			62-16	62-1634874		Page 2
Part II Grants and Othe recipient who rec	er Assistance to Or seived more than \$5,	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	• the United States. additional space is ne	Complete if the or sded.	rganization answered	1 "Yes" on Form 9	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any seded.	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	GENERAL, SUIPPORT	26 758	но vy vy			
					429 P P			> xx 4
 Enter total number of n by the IRS, or for which Enter total number of o 	ecipient organization h the grantee or cour	Enter total number of recipient organizations listed above that are recogniz by the IRS, or for which the grantee or counsel has provided a section 501 Enter total number of other commissions or contact	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ioreign country, r	ecognized as tax-exe	ampt		
		seminary seminary					Sched	Schedule F (Form 990) 2018

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)	FMV					Schedule F (Form 990) 2018
	IV, line 16.	(g) Description of noncash assistance						Sci
62-1634874	n Form 990, Part	(f) Amount of noncash assistance	.0					
62	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement	CASH					
		(d) Amount of cash grant	6,000 . Ca sh					
	e the United Sta d.	(c) Number of recipients	н					
CALEB COMPANY	ce to Individuals Outsid	(b) Region	MIDDLE EAST AND NORTH AFRICA					
_	Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance	DONATIONS AND RELIEF					

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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

THE ORGANIZATION KEEPS DETAILED RECORDS OF AMOUNTS CONTRIBUTED TO OTHER DEGANIZATIONS. GRANTS ARE GIVEN TO ORGANIZATIONS THAT CALEB COMPANY HAS CONTACT WITH OR HAS WORKED WITH. THE USE OF FUNDS ARE TO FURTHER THE HISSION OF CALEB COMPANY 	PART I, L	<u>NE 2:</u>		
CONTACT WITH OR HAS WORKED WITH. THE USE OF FUNDS ARE TO FURTHER THE	HE ORGAN	ZATION KEEPS DETAILED RE	CORDS OF AMOUNTS	CONTRIBUTED TO OTHER
ISSION OF CALEB COMPANY	RGANIZAT	ONS. GRANTS ARE GIVEN TO	ORGANIZATIONS THA	AT CALEB COMPANY HAS
	ONTACT W	TH OR HAS WORKED WITH. T	HE USE OF FUNDS AN	RE TO FURTHER THE
	AISSION OF	CALEB COMPANY		

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	2075 10-31-18			Schedule F (Form 99

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of

CALEB COMPANY

Schedule F (Form 990) 2018

Part V Supplemental Information

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SCHEDULE G	Suppleme	ental Information Regarding	Fund	drais	ing or Gaming A	\ctiv	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if th	e organization answered "Yes" on	Form	990, F	Part IV, line 17, 18, c			2018
		organization entered more than \$1 Attach to Form 990			-			Open to Public
Department of the Treasury Internal Revenue Service		o to www.irs.gov/Form990 for instr				ion.		Inspection
Name of the organization								entification number
Part Fundrais	CALEB C	Complete if the organization answe	red "Y	(es" 0	n Form 990 Part IV	line 1	62-1634	
required to	complete this par	t						
 a Mail solicitat b Internet and c Phone solicit d In-person sol 2 a Did the organizatio key employees listed 	ions . email solicitations tations licitations In have a written o ed in Form 990, P highest paid indir	s f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fi	overnment grants rnment grants events fficers, directors, trus undraising services?	tees,	Ye	
(i) Name and address or entity (fund		(ii) Activity	have c	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
**************************************			Yes	No	-			
••••••••••••••••••••••••••••••••••••••								
·								
	*****							+
	······							
		n is registered or licensed to solicit c	ontribu	▶ utions	or has been notified	it is e	exempt from re	gistration
		••• 						
							6'y	
LHA For Paperwork Re	duction Act Noti	ce, see the Instructions for Form 9	90 or 9	990-E	Z. S	ched	lule G (Form 9	990 or 990-EZ) 2018

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Schedule G (Form 990 or 990-EZ) 2018 CALEB COMPANY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	T	of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DINNER		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
ne				(event type)		
Revenue	1	Gross receipts	64,126.			64,126.
œ						•
	2	Less: Contributions	64,126.			64,126.
-	3	Gross income (line 1 minus line 2)		T		
	4	Cash prizes				
	4	Cash prizes				
	5	Noncash prizes				
se	1					
Direct Expenses	6	Rent/facility costs				
С Д						
sct	7	Food and beverages				
ā						
	8	Entertainment				
	9	Other direct expenses				
	10	;··;·;·;··			>	
De	irt I	Net income summary. Subtract line 10 from line II Gaming. Complete if the organization a		000 D-+ 1/ 1/ 10	· · · · ·	<u> </u>
		\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
				(b) Pull tabs/instant	ſ	(d) Total gaming (add
JUe			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
£	1	Gross revenue				
						T
SS	2	Cash prizes				
ense						
Expenses	3	Noncash prizes				
st E						
Direct	4	Rent/facility costs				
	5	Other direct expenses				
-	<u> </u>		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No ///	//	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization conduc				
		ne organization licensed to conduct gaming act			••••••	Yes No
a	11 "P	No," explain:				
10a	Wer	re any of the organization's gaming licenses rev	loked suspended or ter	minated during the tax y	ear?	Yes No
		(es," explain:			·····	
				A		
						······································

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Schedule G (Form 990 or 990-EZ) 2018

	edule G (Form 990 or 990-EZ) 2018 CALEB COMPANY	62-163	4874	Pa
	Does the organization conduct gaming activities with nonmembers?	L	Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?] Yes	
	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		a	
b	An outside facility		b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:		
	Name			
	Address 🕨			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?] Yes	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount		
	of gaming revenue retained by the third party \blacktriangleright \$			
с	If "Yes," enter name and address of the third party:			
	Name 🕨			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
4-7				
	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	r	1	
	retain the state gaming license?		Yes	
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		
	organization's own exempt activities during the tax year s			
		and Part III, I	ines 9, 9	9b, 1(
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
		·····		
				·····
32083	10-03-18 Schedule	G (Form 990	or 000	E7\ 4
.2003	Schedule	a (rom 990	or 880	- [] /

Schedule G (Form 990	or 990-EZ)

832084 04-01-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

L **Open to Public** Inspection

CALEB COMPANY

Employer identification number 62-1634874

OMB No. 1545-0047

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

TO WORLD REVIVAL

FORM 990, PART III, LINE 1

DR. DON FINTO FOUNDED OUR NON-PROFIT MINISTRY IN 1996. WE HAVE SINCE
GROWN INTO A THRIVING COMMUNITY WITH TWO FACILITIES AND STAFF IN
NASHVILLE, TENNESSEE. FOLLOWING IN DON'S FOOTSTEPS, TOD MCDOWELL BECAME
DIRECTOR OF CALEB COMPANY IN 2010. 1. CALEB COMPANY HIGHLY VALUES
MINISTERING TO THE POOR, THE LOST AND THE BROKEN OF THE NATIONS. WE
HAVE TAKENS TEAMS TO IRASEL, JORDAN, LEBANON, INDIA, AND MULTIPLE
NATIONS IN AFRICA. OUTREACH TYPES VARY FROM MANUAL LABOR AND SERVICE TO
BUILDING RELATIONSHIPS AND EVANGELISM. WE ALSO PARTNERED WITH A LARGE
COMMUNITY OF OVER 200 POVERTY-STRICKEN HOLOCAUST SURVIVORS IN ISRAEL,
WHERE WE GAVE AID AND SHARED JESUS WITH THEM. WE TAKE TEAMS TO WORK
WITH AFRICAN AND MIDDLE EASTERN REFUGEES IN ISRAEL, AND TO SINGLE
MOTHERS AND NEW IMMIGRANTS AS WELL. WE ARE CONSISTENTLY BUILDING NEW
RELATIONSHIPS WITH UNBELIEVERS IN ISRAEL AND THE NATIONS-TAKING
ADVANTAGE OF EVERY OPPORTUNITY WE HAVE TO SHARE JESUS. 2. WE HAVE
SPOKEN IN DOZENS OF CONFERENCES, TRAINING SCHOOLS, CHURCHES AND
SEMINARIES ACROSS THE UNITED STATES AND AROUND THE WORLD INCLUDING
THESE NATIONS: ISRAEL, LEBANON, PHILIPPINES, ETHIOPIA, EGYPT, KENYA,
UGANDA, MOZAMBIQUE, SOUTH AFRICA, SINGAPORE, UKRAINE, SPAIN, POLAND,
GERMANY, AUSTRIA, CYPRUS, FRANCE, AUSTRALIA, NEW ZEALAND, NEITHERLANDS,
NORWAY, SWITZERLAND, ITALY, TURKEY, BRAZIL, AGENTINA, MEXICO, ENGLAND
AND CANADA. 3. WE HAVE CONDUCTED TEN TRAINING SCHOOLS ALONG WITH THREE
EXTENDED INTERNSHIPS THAT HAVE INCLUDED TEACHING AND MINISTRY TIME IN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page 2						
Name of the organization CALEB COMPANY	Employer identification number 62-1634874						
NASHVILLE, ISRAEL AND LEBANON. WE HAVE HAD OVER EIGHTY STU	DENTS AND						
INTERNS THAT HAVE BECOME TEACHERS, BUSINESSMEN, ENTREPRENE	URS,						
MISSIONARIES, AND SERVED ON POLITICAL CAMPAIGNS. WE HAVE H	ELD FIVE						
INTENSIVE TRAINING SEMINARS IN NASHVILLE. AMONG THE SEVENT	Y						
PARTICIPANTS WERE MANY SIGNIFICANT MINISTRY AND BUSINESS L	EADERS FROM						
ACROSS THE NATION.M 4. THE RESOURCES WE CREATED THAT FURTH	ER OUR						
MISSION INCLUDE THREE BOOKS, "YOUR PEOPLE SHALL BE MY PEOP	LE","GOD'S						
PROMISE AND THE FUTURE OF ISRAEL" AND "HANDBOOK FOR THE EN	D TIMES".						
"YOUR PEOPLE SHALL BE MY PEOPLE" IS NOW IN NINETEEN LANGUAGES							
DISTRIBUTED AROUND THE WORLD. "GOD'S PROMISE AND THE FUTURE OF ISRAEL"							
IS TRANSLATED INTO ENGLISH, GERMAN, FRENCH, DUTCH, AND MANDARIN							
CHINESE. WE ALSO HAVE PRODUCED TRAINING SCHOOL MANUALS, AU	DIO AND VIDEO						
RECORDINGS, AND A STUDY GUIDE FOR THE BOOK, "YOUR PEOPLE ST	HALL BE MY						
PEOPLE".							

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

THE FOLLOWING COUPLES ARE MARRIED: GARY AND ROBIN GLOVER, BEN AND EMILY DUBOSE AND HENRY AND BETSY HEADEN.

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

A BOARD MEMBER WITH TAX AND FINANCIAL RELATED EXPERIENCE REVIEWS THE RETURN

BEFORE THE 990 IS FILED, ON BEHALF OF THE BOARD.

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

BOARD MEMBERS ARE REQUIRED TO NOTIFY THE BOARD KNOW IF THERE IS A POTENTIAL

CONFLICT OF INTEREST

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<u>Schedule O (Form 990 or 990-EZ) (2018)</u>	Schedule	O (Fo	orm	990	or	990	D-EZ)	(20	18)
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CALEB COMPANY

Page 2 Employer identification number 62-1634874

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

COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR IS DETERMINED BY THE

BOARD OF DIRECTORS

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

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. FEDERAL FORM 990 IS MADE

AVAILABLE VIA GUIDESTAR.COM

FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRAC LABOR: PROGRAM SERVICE EXPENSES 93,678. MANAGEMENT AND GENERAL EXPENSES 14,161. FUNDRAISING EXPENSES 1,089. TOTAL EXPENSES 108,928. **PROFESSIONAL SERVICES:** PROGRAM SERVICE EXPENSES 6,179. MANAGEMENT AND GENERAL EXPENSES 934. FUNDRAISING EXPENSES 72.

TOTAL EXPENSES 7,185. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 116,113.

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Schedule O (Form 990 or 990-EZ) (29 46 2018.03030 CALEB COMPANY