Form **990**

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

		iue Service			gov/Form990 for in				mation.		inspection
<u>A</u>	For the	2019 calend	lar year, or tax	year beginning	eginning , 2019, and ending						, 20
В	Check if	applicable:	C Name of organ	nization						D Empl	oyer identification number
	Address	change	Doing busines	s as							
П	Name ch	ange	Number and s	treet (or P.O. box	if mail is not delivered	to street addres	s)	Room	/suite	E Telep	hone number
$\overline{\Box}$	Initial retu	ŭ									
\exists		rn/terminated	City or town, s								
H	Amended		Only of town, o	G Gross	s receipts \$						
\vdash		1	C Name and add	ress of principal of	ffi a a w				LI(a) la thia a are		
Ш	Application	on pending		or subordinates? Yes No							
_											tes included? Yes No
<u> </u>		npt status:	501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1)	or 527				ist. (see instructions)
<u>J</u>	Website:								H(c) Group ex	cemption	number ►
_		organization:	Corporation	Trust Associ	ation	L	Year of for	mation:		M State	of legal domicile:
Р	art I	Summai	Ϋ́								
	1	Briefly desc	cribe the orga	nization's miss	sion or most signi	ificant activit	ies:				
e											
aŭ											
ern	2	Check this	box ▶ ☐ if th	e organization	discontinued its	operations of	or dispos	ed of r	more than :	25% of	f its net assets
Š	1			•	erning body (Part	•				3	
ه ص			_	_	ers of the governir					4	
S			•	_	_			-		5	
Activities & Governance					in calendar year 2	•				_	
ĊĖ				ers (estimate if						6	
⋖					Part VIII, column					7a	
	b	Net unrelat	ed business t	axable income	from Form 990-	T, line 39 .		· ·		7b	
									Prior Year		Current Year
Φ	8	Contributio	ns and grants (Part VIII, line 1h)								
ž	9	Program service revenue (Part VIII, line 2g)									
Revenue	10	Investment	vestment income (Part VIII, column (A), lines 3, 4, and 7d)								
ď			•		es 5, 6d, 8c, 9c,						
			-		must equal Part V		-				
	+	•			IX, column (A), lin			_			
					X, column (A), line	-					
		-		•		-					
Expenses					benefits (Part IX,						
ens			_	•	column (A), line 1	•					
Х			draising expenses (Part IX, column (D), line 25) ▶								
ш			xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)								
	18	Total exper	nses. Add line	s 13–17 (must	equal Part IX, co	olumn (A), line	e 25) .				
		Revenue le	ss expenses.	Subtract line	18 from line 12 .						
Net Assets or Fund Balances								Begi	nning of Curre	ent Year	End of Year
sets	20	Total asset	s (Part X, line	16)							
ASS	21	Total liabilit	ties (Part X, Iir	ne 26)							
FE	22	Net assets	or fund balan	ces. Subtract	line 21 from line 2	20					
Pá	art II		re Block								
Un	der penal			ave examined this	return, including acco	mpanying sche	dules and st	tatemen	its, and to the	best of	my knowledge and belief, it is
					n officer) is based on a						,
		1 A	X1-	- l.						Fehru	ary 7, 2020
Sig	an	Signatu	ure of officer	Ά					Date	CDIG	ary 1, 2020
Here Genevieve Steidtmann, President											
Type or print name and title											
		1 7	•	iue	Dunna I I I			Б.			DT''
Pa	iid	Print/Type	preparer's name		Preparer's signature	9		Date		Check	if PTIN
	epare	r								self-em	pioyea
	se Only	L Lives's see	ne 🕨						Firm's	EIN ►	
_	,	Firm's add	ress ►						Phone	no.	
Ma	y the IR	S discuss t	his return with	the preparer	shown above? (s	ee instructio	ns)				. Yes No

Form 990 (2019) Page **2**

Part	Statement of Program Service Check if Schedule O contains	ce Accomplishments a response or note to any line in this F	Part III	
1	Briefly describe the organization's mis	ssion:		
2		ignificant program services during the y		☐ Yes ☐ No
3	Did the organization cease conduc	ting, or make significant changes in		☐ Yes ☐ No
4	Describe the organization's program	service accomplishments for each of it (c)(4) organizations are required to repo		
4a		including grants of \$		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on			
4e	(Expenses \$ including Total program service expenses ▶	g grants of \$) (Revenue	ЭФ)	

Part IV Checklist of Required Schedules	

			res	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		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
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		
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
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		
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		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		
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? <i>If "Yes," complete Schedule D, Part IV </i>	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
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		
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Part	Checklist of Required Schedules (continued)			
00	Did the consciention was at a constitution of 000 of constitution and the constitution of the description in the constitution of the constitution		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		
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		
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		
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		
	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		
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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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		
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? <i>If "Yes," complete Schedule R, Part I </i>	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38		
Part		_		
	Check if Schedule O contains a response or note to any line in this Part V		 Van	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
la b	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?	1c		

16

If "Yes," complete Form 4720, Schedule O.

orm 99	90 (2019)		F	Page
Part	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	40		
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	4a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ů		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.4		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
	If "Yes." see instructions and file Form 4720. Schedule N.	13		

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a **b** 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 **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 18

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website ☐ Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

Page 7	7
	Page 7

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

□ Check this box if neither the organization nor	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any current o	officer, director,	or trustee.
				(0	C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average hours per week	box, office	unles	s pe d a d	rson	e than on is both or/trust	an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week	box, office	unles	Pos neck ss pe d a d	rson	e than of is both or/trus	n an tee)	(D) Reportable compensation from the	Report	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099	ations	from the organization and related organizations
(15)			-									
(16)			-									
(17)			-									
(18)			-									
(19)												
(20)												
(21)			-									
(22)												
(23)												
(24)			-									
(25)												
1b c d	Subtotal	VII, Sectio						> > >				
2	Total number of individuals (including but reportable compensation from the organi	t not limited					above	e) w	ho received mor	e than \$1	00,000	of
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i>	officer, dire										Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000	? /	f "Ye	s, "	complete Sched	dule J fo	r such	
5	Did any person listed on line 1a receive of for services rendered to the organization											5
Secti 1	on B. Independent Contractors	ant name	onoot		inde		a dant		natura et aua et a et	va a siv a d		than \$100,000 a
	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	ress							(B) Description of serv	vices		(C) Compensation
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot I	limit	ted to	th	nose listed abov	e) who		
	received more than \$100,000 of compens									-,		

Doub VIII	Statement of Revenue
24:14 - 14:11	Statement of Revenue

		Check if Schedule O contains a response	e or note to an	y line in this Pa	art VIII		\square
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns 1a					
E i	b	Membership dues 1b					
, G	С	Fundraising events 1c					
r A	d	Related organizations 1d					
ਤੂਂ ਛੂ	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
er g		and similar amounts not included above 1f					
혈된	g	Noncash contributions included in					
뒫	Ū	lines 1a–1f 1g \$;				
ပ္က ၕြ	h	Total. Add lines 1a–1f	▶				
			Business Code				
e e	2a						
Program Service Revenue	b						
gram Ser Revenue	С						
E Š	d						
<u> </u>	е						
ဥ	f	All other program service revenue					
_	g	Total. Add lines 2a–2f	▶				
	3	Investment income (including dividends,					
	•	other similar amounts)					
	4	Income from investment of tax-exempt bond					
	5	Royalties	· .				
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)	•				
	_	Gross amount from (i) Securities	(ii) Other				
	7a	sales of assets					
		other than inventory 7a					
o	h	Less: cost or other basis					
Revenue	D	and sales expenses . 7b					
Š	С	Gain or (loss) 7c					
_	d	Net gain or (loss)	•				
Other	8a	Gross income from fundraising					
ŏ	ou	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising event	ts >				
	9a	Gross income from gaming					
	-	activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	🕨				
			-				
	. Ju	returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory	y >				
s		(222, 2222222222	Business Code				
Miscellaneous Revenue	11a	<u> </u>					
scellaneo Revenue	b						
elle Ve	c						
<u>S</u>	d	All other revenue					
Ξ		Total. Add lines 11a–11d	▶				
	12	Total revenue See instructions					

Form 990 (2019) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (C) Management and general expenses (B) Program service expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 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 individuals. See Part IV, lines 15 and 16		
4	Benefits paid to or for members		
5	Compensation of current officers, directors,		
	trustees, and key employees		
6	Compensation not included above to disqualified		
	persons (as defined under section 4958(f)(1)) and		
7	persons described in section 4958(c)(3)(B)		
7 8	Other salaries and wages		
0	section 401(k) and 403(b) employer contributions		
9	Other employee benefits		
10	Payroll taxes		
11	Fees for services (nonemployees):		
а	Management		
b	Legal		
С	Accounting		
d	Lobbying		
e	Professional fundraising services. See Part IV, line 17		
f	Investment management fees		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		
12	Advertising and promotion		
13	Office expenses		
14	Information technology		
15	Royalties		
16 17	Occupancy		
17 18	Travel		
10	for any federal, state, or local public officials		
19	Conferences, conventions, and meetings .		
20	Interest		
21	Payments to affiliates		
22	Depreciation, depletion, and amortization .		
23	Insurance		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If		
	line 24e amount exceeds 10% of line 25, column		
	(A) amount, list line 24e expenses on Schedule O.)		
а			
b		 	
С			
d			
е	All other expenses		
25	Total functional expenses. Add lines 1 through 24e		
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)		
	10110WING 001 00°2 (A00 900°120)		5 000 (2242)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
Assets	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).			
	-	******		7	
	7	Notes and loans receivable, net		8	
	8 9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a		9	
	b	Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		05	
	26	Total liabilities. Add lines 17 through 25		25 26	
"	20	Organizations that follow FASB ASC 958, check here ▶ □		20	
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances		32	
	33	Total liabilities and net assets/fund balances		33	

Form 990 (2019) Page **12**

Part	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								
2	Total expenses (must equal Part IX, column (A), line 25)	2								
3	Revenue less expenses. Subtract line 2 from line 1	3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4								
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 on Schedule O)	9								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line									
	32, column (B))	10								
Part XII Financial Statements and Reporting										
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u>.</u>		Ц				
			_	`	'es	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?									
	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?									
	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:									
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis									
С	, , , , , , , , , , , , , , , , , , ,									
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .									
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.									
20										
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			а						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo									
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits	. 3		200					

Form **990** (2019)