



STUDENT HOLDINGS Leadership Values TAKE ownership



Leaders bring genuine commitment and passion to everything they do and treat our business as their own. They take initiative and don't see any task as being beneath them.

Learn BY doing, THEN empower OTHERS TO DO THE SAME

Leaders learn through experience and then pay it forward. They desire to learn and are passionate about teaching and mentoring one another.

SERVE OUR CUStomers

Leaders put our customers first. They listen carefully to our customers' needs and exceed their expectations.

Build ON OUR FOUNDATION

Leaders stand on the shoulders of their predecessors. They check their egos at the door and leverage the work of those before them.

CHASE *big ideas*

Leaders are creative problemsolvers who set ambitious goals and pursue them relentlessly. They accomplish what they set out to do and defy expectations.

DO THE *right thing*

Leaders don't compromise their values. They do what is right, even when doing so is difficult or unpopular.





Dear Northwestern, Chicago, SRBA, and Student Holdings communities,

One year ago, we were settling into our new home at 1940 Sherman Avenue, developing an operations manual for our newest portfolio company, and altogether building towards a more sustainable Student Holdings. Today, as a small, student-run nonprofit amidst a global pandemic, we are especially grateful for the continued support of our alumni, board, and Northwestern community.

In February of 2019, we knew our office space came with a significant increase in overhead cost, so we challenged ourselves to breakeven. We set a series of ambitious objectives for each company in the portfolio, but our top two portfolio-wide initiatives were to set an exceptional customer service standard and lean on colocation to bring people and ideas together.

This past year, each portfolio company looked inward, asking one big question: for whom and in what context do we add value. In the process, we grew revenue 50%+ versus the previous year. NU|Tutors simplified their point-of-sale process and channeled their marketing efforts to the right demographics, adding value for students from 560 Lincoln to Loyola. Ink Tank focused on adding market leading value in design consultation and customer communication, earning loyalty from high-value student organizations on campus. RezEssentials and RezLaundry identified pain points in the new-student move-in and residential experiences, resulting in joint revenues that came in over \$20k higher than projected.

In March of 2019, the Student Holdings office space opened at 1940 Sherman Avenue, marking a monumental step in our development as an organization. Since then, the space has been used for team meetings, board meetings, all-hands events and just casual meetups throughout the day. It is a challenge to now be away from one another, but it is the sentiment of leadership that absence makes the heart grow fonder. We cannot wait to be back in the Student Holdings office.

As we reflect on a remarkable year, it cannot be overstated how important it has been that we are able to draw wisdom from many different places. This year alone, the Student-Run Business Association, Northwestern University administrators, and countless other Chicagoland professionals have contributed to our vision for a self-sustaining model of business growth predicated on business learning. We owe a great thanks to all our customers and key supporters inside and outside of Northwestern.

Our challenge now is to continue building. The current economy has closed many businesses, but not us. We are fortunate to have survived and keen to come out of this stronger than before. At this moment, we must recall that business and learning happen wherever we are in the world, whether or not we choose to make it happen.

Regards, The Student Holdings Leadership Team





In December 2018, we launched Student Holdings first-ever fundraising campaign along with a three-year plan to transform Student Holdings from a student organization into an independent, student-run non-profit corporation.

We laid out the key steps of this transformational journey:

- Transition out of Northwestern University, and launch an independent 501(c)3
 - In June 2018, Student Holdings became a 501(c)3 tax-exempt not-for-profit organization, marking the first step on this journey.
- Establish a physical space for colocation of businesses, people, and ideas
 - In March 2019, the Student Holdings office space at 1940 Sherman Avenue opened its doors, marking the second step.
- Launch new businesses to increase student involvement and solidify ties with Northwestern University
 - In September 2019, RezLaundry launched with 50+ excited customers: a number which grew throughout the year. This marks the third step on our journey, but RezLaundry is far from a completed project. We expect volume to double in FY2021, which will help provide the necessary liquidity for Student Holdings to go on and achieve our remaining three-year objectives.
- Bring on a full-time director to mentor student leaders and manage the health of our businesses
- Pay our students in recognition of the demands of business operations
- Establish a highly competitive business internship program to enable year-round operations

We will be continuing the Bigger, Better Student Holdings fundraising campaign throughout 2020 and are hopeful we can reach our goal of \$50,000 raised. We have raised approximately \$25,000 to date.

To learn more and to contribute today visit <u>www.studentholdings.org/donate</u>.

Thank you,

Henry Forcier (Chief Executive Officer) & Alex Onsager (Chair of the Board)





	Ink Tank	NU Tutors	RezEssentials	RezLaundry	Student Holdings
Revenue	\$31,162	\$50,099	\$39,335	\$21,402	\$150,409
Gross Profit	\$4,597	\$16,061	\$19,535	\$8,965	\$55,838
Net Income	\$1,139	\$4,479	\$16,148	\$7,337	(\$19,018)

Note: Reported company financials above are on an accrual basis. Financials prepared for the Form 990 are on a cash basis.



NU Tutors []]



Highlights from the year

Fiscal year 2020 was a busy one for NU|Tutors in developing new relationships, launching new products, and fine-tuning operations. Tutors continues its relationship with Evanston Township High School, and we hope to continue to work with them to give back to the community.

Operationally, Tutors optimized the tutor matching process and reduced overall process time, resulting in improved conversion numbers. We have also implemented databases in order to create more robust analytics to help us improve our product. With respect to our clients, we have continued to improve our client interaction technology and sales process to better cater to the specific needs of each client.

Fiscal year 2020 was an exciting new direction for the company, as we continue to implement ambitious new changes while exploring new products to help us better connect and service the North Shore community.



47 tutors



~1,000 hours tutored



114 students









Highlights from the year The objective for RezEssentials throughout FY2020 was to regain market share by outperforming competitors on quality of service and brand perception. The team focused on adding value for incoming students throughout their move-in 'journey', thereby building brand loyalty and providing an altogether more profound experience. Marketing efforts were predominately limited to low-cost options, reliant upon meaningful interactions with new students from the time they were accepted. One exception to that rule was a paid insert in the orientation issue of The Daily Northwestern, which served as a direct mail alternative. These efforts resulted in the sale or rental of over 180 mini refrigerators, as well as strong performances in many supplemental product categories. The team benefitted from an operations plan developed the year prior, which resulted in overwhelming customer satisfaction. On the negative side, the team expanded its delivery days from 2 to 14, resulting in labor costs well above projections. In FY2021, the team plans to look for more cost-effective value adds in the operations department. All told, FY2020 was a strong year for RezEssentials.

400+ students served 55 99% customer satisfaction

1,000+ campus guides distributed



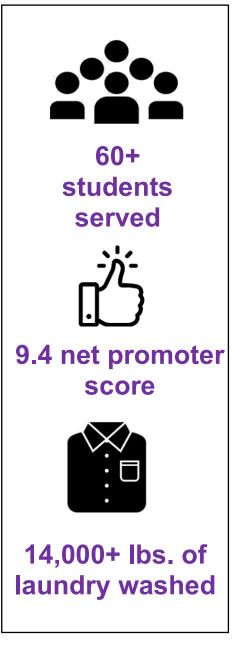
R E Z Laundry



Highlights from the year

We launched RezLaundry to increase student involvement and solidify our ties with Northwestern University. In March 2019, Bharat Rao, Sherie Cheng, Henry Forcier, and Binayak Pande attended the first annual Student-Run Business Association Conference at Harvard University, where our peer organizations, Harvard Student Agencies and Penn Student Agencies, lauded their own long-standing laundry businesses. Our team was blown away by the value added to these communities and felt we could do the same for our Northwestern community.

The core objective for RezLaundry in its inaugural year was to provide an exceptional service for a sustainable number of students. In the spring of 2019, the RezLaundry pilot launched, serving Student Holdings members at no charge to test the business model and gather feedback. By September 2019, the RezLaundry team had merged with the RezEssentials team, and the business officially launched with 50+ customers. Since then, we have continued to grow, and expect to double in size come September 2020.











Highlights from the year

In another year for Ink Tank, the company reached new heights through which it reenvisioned its mission. The shift into E-commerce helped the company revamp its service to cater more towards individuals alongside its more traditional group clients. Ink Tank discovered a gap in the market for students who may not be in large groups which traditionally have their own apparel. The launch of the E-commerce store would in turn help the company in serving wider constituents across campus.

Ink Tank released material during seasonal events, such as the famed Dillo Day and for football games. Through this, Ink Tank has been able to identify itself as Northwestern's one-stopshop for seasonal apparel catered towards the campus culture. This puts Ink Tank in a unique position to help influence the apparel culture in and around the Northwestern community. Through the help of an excellent team of designers, an enthusiastic and vibrant team, and a relentless attitude in pursuing the needs of our customers – Ink Tank is primed and ready to make a mark on Northwestern Fashion.





FY 2021

Henry Forcier '21 Binayak Pande '21 Hitesh Juneja '22 Patrice Power '21 Savion Jean-Pierre '22 Bryant Wu '21 Emily Weintraub '21 FY 2020

Bharat Rao '20 Josh Golding '20 Daniel Ewnetu '21 Alex Groenendaal-Jones '20 Binayak Pande '21 Jack Nagel '20 Henry Forcier '21 Sherie Cheng '20 Bernetta Li '20



Ink Tank

Binayak Pande '21 Caden Gaviria '22 Alec Aragon '22 Caroline Lobel '22 Roberto Votta '21 Philippe Manzone '22 Brandon Tang '21 Savion Jean-Pierre '22 Naina Mishra '23 Camille Dupeyroux '21 Nikhil Patel '21 Patrice Power '21

NU|Tutors

Jack Nagel '20 Bryant Wu '21 Carina Ramos '22 Jay Patel '21 Pravika Joshi '21 Vikram Thanigaivelan '23 Peri Ehlman '21 Samantha Borja '21 Aarushi Seth '22 Sana Kharbanda '22 Preston Chan '23





Rez

Henry Forcier '21 Emily Weintraub '21 Laith Kassisieh '22 Rosie Li '22 Michael Gold '22 Pranav Bajaj '23 Yiting Gao '23 Ashton Welch '23 Andrew Huh '22 Cristina Barclay '22





Bharat Rao

Josh Golding

Jack Nagel

Bernetta Li

Sherie Cheng



Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

(Rev. January 2020) Department of the Treasury

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Inte	rnal Revenu	e Service	▶ (Go to <i>www.ir</i> s.g	gov/Form990 for in	structions and th	e late	st info	rmation.		Inspection
A	For the 2	019 calend	dar year, or tax	year beginning]	, 2019, an	nd end	ing			, 20
в	Check if a	pplicable:	C Name of organ	nization						D Emplo	oyer identification number
\square	Address cl	hange	Doing busines	s as							
	Name cha	nge	Number and s	treet (or P.O. box i	f mail is not delivered	to street address)		Room/	/suite	E Teleph	none number
	Initial retur	'n									
\square		/terminated	City or town, s	state or province, c	ountry, and ZIP or fore	eign postal code					
	Amended		•	•	•					G Gross	receipts \$
	Application		F Name and add	ress of principal of	ficer:				H(a) Is this a grou	up return fo	or subordinates? Yes No
	1.1.	1 5							H(b) Are all sul	bordinat	es included? Ves No
I	Tax-exem	ot status:	501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or	527				st. (see instructions)
J	Website:				, , ,				H(c) Group exe		
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-	art I	Summa									
				nization's miss	sion or most signi	ficant activities:					
ø			0		sien er meet eigin						
anc											
ũ	2 0	Check this	box ▶ □ if th	e organization	discontinued its	operations or di	snose	nd of r	nore than 2	5% of	its net assets
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					rs of the governir					4	
es					n calendar year 2					5	
Activities &					necessary)					6	
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4								• •		7a 7b	
		vet unrelat			from Form 990-7		• •	· ·	Prior Year	10	Current Year
		Contributio	no and grants		16)				Prior rear		Current rear
ue					1h)		• •				
Revenue		-		e (Part VIII, line		· · · · ·	• •				
Be					A), lines 3, 4, and						
					es 5, 6d, 8c, 9c, 1						
					must equal Part V			_			
					IX, column (A), lin						
		-		-	X, column (A), line	-					
es	15 S				benefits (Part IX, o						
Expenses	16 a F		•	•	column (A), line 1	,	• •				
ğ	b				lumn (D), line 25)						
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					equal Part IX, co) .				
		Revenue le	ess expenses.	Subtract line	18 from line 12 .						
Net Assets or Fund Balances								Begi	nning of Curre	nt Year	End of Year
sset	20 T		ts (Part X, line	,			• •				
at As	21 ⊺		ties (Part X, lir								
-				ces. Subtract	line 21 from line 2						
P	art II	Signatu	re Block								
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tru	le, correct, a	and complete	e. Declaration of p	breparer (other that	n officer) is based on a	II Information of whic	n prepa	arer nas	s any knowledg	je.	
~.			WAG-						6/1	4/20	
Si		Signati	ure of officer						Date		
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		Туре о	r print name and t	itle							
Pa	hid	Print/Type	preparer's name		Preparer's signature)		Date		Check [if PTIN
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Ma	y the IRS	discuss 1	this return with	n the preparer	shown above? (s	ee instructions)					. 🗌 Yes 🗌 No
	-				ate instructions.	,	Ca	t. No. 1	1282Y		Form 990 (2019)
	•			•							· · · /

Form 99	0 (2019)			Page 2
Part		e Accomplishments response or note to any line in this Pa	art III	
1	Briefly describe the organization's miss			· · · 🖂
•				
2	Did the organization undertake any sig	nificant program services during the ye	ear which were not listed on the	
L	prior Form 990 or 990-EZ?			Yes 🗌 No
~	If "Yes," describe these new services of		and it conducts and program	
3	services?			Yes 🗌 No
	If "Yes," describe these changes on So			
4		service accomplishments for each of its c)(4) organizations are required to repor r, for each program service reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
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4b	(Code:) (Expenses \$	including grants of \$) (Bevenue \$)
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4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on S		¢ ``	
	(Expenses \$ including Total program service expenses ►	grants of \$) (Revenue	Þ)	
	rotal program service expenses			

Form 99	0 (2019)		F	Page
Part	V 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		
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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</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 "Yes," complete Schedule D, Part III</i>	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, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
	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		
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
	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 to the organization a schedule for the argumentation of the organization of the or	12b		
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part III</i>	19		
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		

Form **990** (2019)

Form 99	0 (2019)		F	Page 4
Part	V 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	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		Ļ
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		<u> </u>
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? If "Yes," complete Schedule R, Part V, line 2	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	<u> </u>	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Form 99	0 (2019)		F	Page 5
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 e-file (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,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
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			
е	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.	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	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			
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	16		
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
10	If "Yes," complete Form 4720, Schedule O.	10		

Form 99	00 (2019)		I	Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	nstruc	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	
Secti	on A. Governing Body and Management			
4.			Yes	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.			
b	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 any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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		
6	Did the organization have members or stockholders?	6		
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?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b		
9	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		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	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 with a 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 in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			. <u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	of inter	rest p	olicy,

20	State the name, addre	ss, and telephone number	of the person who	possesses the organ	nization's books and records 🕨
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 any related organization compensated any current officer, director, or trustee.

				(0	C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average hours					is both or/trust		Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any	or In						from the organization	from related organizations	compensation from the
	hours for	divid dire	stitut	Officer	y en	ghes nploy	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	ual t ctor	iona		Key employee	t cor	⁻			related organizations
	below dotted line)	Individual trustee or director	Institutional trustee		yee	nper				
		ŏ	stee			Highest compensated employee				
(1)										
(2)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VI Section A. Officers, Directors,	Frustees,	Key I	Em	ploy	yee	s, an	d F	lighest Compe	nsated	Employ	rees (c	contir	nued)
					•	C)								
	(A)	(B)	(do n	ot cł		ition more	e than o	one	(D)	(E)			(F)	
	Name and title	Average hours		box, unless p officer and a					Reportable compensation	Reportable compensation		Estima of	ted am other	ount
		per week		-	1	-		T Ó	from the	from re	lated	comp	oensati	on
		(list any hours for	r diri	Istitu	Officer	ey e	mplo	Former	organization (W-2/1099-MISC)	organiza (W-2/1099			om the zation	and
		related	Individual t or director	ltion	Ť	Key employee	st co yee	P₽		,	,	related c		
		organizations below	Individual trustee or director	al tru		ууее	ompe							
		dotted line)	tee	Institutional trustee			Highest compensated employee							
				Ű			ted							
(15)			-											
(10)														
(16)			-											
(17)														
<u></u>			1											
(18)														
3			1											
(19)			_											
(20)			-											
(21)														
(21)			-											
(22)														
<u></u> /		+	1											
(23)														
]											
(24)			_											
(0.7)														
(25)			-											
1b	Subtotal													
c	Total from continuation sheets to Part		n A	•	·	•								
d	Total (add lines 1b and 1c)													
2	Total number of individuals (including but							e) w	ho received mor	e than \$1	00,000	of		
	reportable compensation from the organi	ization 🕨												
													Yes	No
3	Did the organization list any former							•			ensated			
	employee on line 1a? If "Yes," complete											3		
4	For any individual listed on line 1a, is the organization and related organizations													
	individual		απ φ 		,000			s, 				4		
5	Did any person listed on line 1a receive of	or accrue co	eamo	nsa	tion	fro	m anv	/ un	related organizat	tion or ind	dividual	-		
	for services rendered to the organization											5		
Sect	on B. Independent Contractors													
1	Complete this table for your five high compensation from the organization. Rep													
	• • •	on comper	isatiOl	10		- Ud	iciiud	i ye			e organi		υ ιαλ	year.
	(A) Name and business add	lress							(B) Description of serv	vices	c	(C) compens	ation	
								1						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this P	art VIII....		🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
lts ts	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
¶a, G	С	Fundraising events			1c					
ar /	d	Related organization			1d					
is, C	e	Government grants	•		1e					
iton Sr S	f	All other contribution and similar amounts no			1f					
ibu	q	Noncash contributio			<u> </u>					
ntr d O	3	lines 1a-1f.			1g	\$				
a C	h	Total. Add lines 1a-	-1f.							
						Business Code				
Program Service Revenue	2a									
Sen	b									
jram Ser Revenue	c d									
gra Re	u e									
j,	f	All other program se								
-	g	Total. Add lines 2a-				🕨				
	3	Investment income								
		other similar amoun	,							
	4	Income from investr			-					
	5	Royalties		(i) Rea						
	60	Gross rents	6a	(I) Rea	I	(ii) Personal				
	6a b	Less: rental expenses								
	c	Rental income or (loss)								
	d	Net rental income o		s)		►				
	7a	Gross amount from		(i) Securit		(ii) Other				
		sales of assets								
		other than inventory	7a							
anu	b	Less: cost or other basis	71.							
evenue	•	and sales expenses . Gain or (loss)	7b 7c							
Ĕ	c d									
Other		Gross income from			 					
ð		events (not including								
		of contributions rep								
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b					
	C Oc	Net income or (loss)			g eve	nts 🕨				
	9a	Gross income f activities. See Part I			9a					
	b	Less: direct expens			9b					
	c	Net income or (loss)				ès 🕨				
	10a	Gross sales of ir								
		returns and allowan			10a					
		Less: cost of goods			10b					
	С	Net income or (loss)) trom	1 sales of in	ivento	Business Code				
Miscellaneous Revenue	11a									
scellaneo Revenue	b									
ella 3vel	c									
isc B	d	All other revenue								
Σ	е	Total. Add lines 11a								
	12	Total revenue. See	instr	uctions		🕨				Earm 990 (2010)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must com

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colu	ımn (A).	
Check if Schedule O contains a response or note to any line in this Part IX						
	t include amounts reported on lines 6b, 7b, , 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 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 persons described in section $4958(c)(3)(B)$.					
7	Other salaries and wages					
8	Pension plan accruals and contributions (include 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					
е	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	Occupancy					
17	Travel					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings .					
20						
21	Payments to affiliates					
22	Depreciation, depletion, and amortization					
23						
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.)					
~						
a b						
c d						
d	All other expenses					
е 25	All other expenses					
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the					
20	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)					

Form 990 (2019)

Ρ	art X		+ V		~
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	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) .		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
-	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		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			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%			
.iat	~~	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		25	
	26	Total liabilities. Add lines 17 through 25		26	
seou	-	Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions		27	
B	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
ŗ	29	Capital stock or trust principal, or current funds		29	
ŝts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
ťΑ	32	Total net assets or fund balances		32	
Ne	33	Total liabilities and net assets/fund balances		33	

Form **990** (2019)

		Part X
🗆		
	1	1 T
	2	2 T
	3	3 R
	4	4 N
	5	5 N
	6	6 D
	7	7 In
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	9	9 O
		10 N
	10	33
		Part X
Yes No		
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	explain in	
		0
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2a		2a W If re
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2a 2b		2a W If re
		2a W If re b W
	mpiled or	2a W If re b W If
	mpiled or	2a W If re b W
	mpiled or ited on a ersight of	2a W If re b W If se c If
	mpiled or ited on a	2a W If re b W If se c If
2b	mpiled or ited on a ersight of	2a W If re □ b W If so □ c If th If
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2b	mpiled or ited on a ersight of ant? . xplain on	2a W If re □ b W If S c If th th f S 3a A
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 2019 Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

Part I	Reason for Public Charity	Ctatue /	All organizations must	complete this n	art) See instructions
raiti	neason for Public Charity	Jailus	All Organizations must	complete this p	art.) See monuctions

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
 - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations

Provide the following information about the supported organization(s) α

3			-			
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Schedule A (Form 990 or 990-EZ) 2019

Part IISupport 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		1	1	1	1	1
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	-					
12	Gross receipts from related activities, etc.	•	,			12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	-			-	ear as a section	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6			11. column (f))		14	%
15	Public support percentage from 2018 Sch		-			15	%
16a	331/3% support test-2019. If the organi						
	box and stop here. The organization qua			•			
b	331 /3% support test—2018. If the organitithis box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	ion		🕨 🗆
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	-and-circumst	ances" test, c	heck this box a	and stop here	. Explain in
b		ition meets the fac	he "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and ion qualifies as	stop here. s a publicly
18	Private foundation. If the organization di instructions						see ▶ _

Schedule A (Form 990 or 990-EZ) 2019

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
U	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
74	received from disqualified persons .						
L							
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	· · ·						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Socti	line 6.)						
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(a) 2015	(b) 2010	(0) 2017	(u) 2018	(e) 2019	(i) Totai
	4						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				C(1) 1		
14	First five years. If the Form 990 is for th	•					
<u></u>	organization, check this box and stop he						🕨
	on C. Computation of Public Suppor	-					
15	Public support percentage for 2019 (line 8						%
16	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment Inc				(f)		
17	Investment income percentage for 2019 (•	())		%
18	Investment income percentage from 2018						%
19a	$33^{1}/_{3}\%$ support tests - 2019. If the organi						
-	17 is not more than $33^{1}/_{3}\%$, check this box	-	-	-		-	
b	33 ¹ / ₃ % support tests – 2018. If the organiz						
	line 18 is not more than 33 ¹ / ₃ %, check this b	-	-	-			
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,			
					Sch	nedule A (Form	990 or 990-EZ) 2019

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Page 5

Yes No

Yes No

1

Part	V Supporting Organizations (continued)			
			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		
Secti	on 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization</i> (s) <i>that operated,</i>			
	supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

2a

2b

3a

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

Page

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
		· · · - · · · · ·	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)) Supporting Organi	zations (continued)	Page I
	ion D-Distributions	, capper		Current Year
	A			
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	oses of supported orga	Inzations	
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 whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b				
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

Employer identification number

Pa			ds or Acc	counts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	(6)	Funds and other accounts
1	Total number at end of year		(a)	T UNUS ANU UTIEL AUCOUTILS
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 a	dvisors in writing that the assets he	ld in dong	or advised
•	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, an only for charitable purposes and not for the benefit conferring impermissible private benefit?	of the donor or donor advisor, or fo	r any othe	r purpose
Par				
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.		
1 2	 Purpose(s) of conservation easements held by the o Preservation of land for public use (for example, recreation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held 	ation or education)	of a certifie	cally important land area d historic structure rm of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а			. 2a	
b	Total acreage restricted by conservation easements		. 2b	
С	Number of conservation easements on a certified his	storic structure included in (a)	. 2c	
d	Number of conservation easements included in (a historic structure listed in the National Register .			
3	Number of conservation easements modified, trans tax year ►	ferred, released, extinguished, or terr	ninated by	the organization during the
4	Number of states where property subject to conserv	vation easement is located >		
5	Does the organization have a written policy regarding violations, and enforcement of the conservation easily			
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	g conservat	ion easements during the yea
7	Amount of expenses incurred in monitoring, inspecting ►\$	g, handling of violations, and enforcing	conservatio	on easements during the yea
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?			0(h)(4)(B)(i) □ Yes □ No
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of organization's accounting for conservation easement	the footnote to the organization's finants.	ancial state	ements that describes the
Par	Complete if the organization answered "		Other Sir	nilar Assets.
1 a	If the organization elected, as permitted under FASI of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	held for public exhibition, education	, or resea	rch in furtherance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item (i) Bevenue included on Form 990 Part VIII line 1	for public exhibition, education, or res s:	search in fu	urtherance of public service
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X			► Ψ
2	If the organization received or held works of art, following amounts required to be reported under FA	historical treasures, or other similar		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X			► \$

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

OMB No. 1545-0047 2019

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Schedu	e D (Form 990) 2019								Page 2
Part	III Organizations Maintaining	Collections of	Art, Hist	orical 1	reasures,	, or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):								
а	□ Public exhibition d □ Loan or exchange program								
b	Scholarly research		e		-				
c	 Preservation for future generations 		e						
4	Provide a description of the organization		and expla	in how t	hey further	the org	anization's exer	npt purpos	e in Part
_	XIII.		-1 1 ²						
5	During the year, did the organization assets to be sold to raise funds rather							_	🗌 No
Dart	IV Escrow and Custodial Arra				5 Organizati	0113.00			
T al t	Complete if the organization	•	" on For	m 990, F	Part IV, line	e 9, or	reported an an	nount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee							_	
h	included on Form 990, Part X?					• •			∐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	lete the to	llowing ta	able:		Δ	mount	
•	Paginning balance					10		mount	
С А	Beginning balance .					10 10			
d e	Distributions during the year					16			
f	Ending balance					1f			
2a	Did the organization include an amou								No
	If "Yes," explain the arrangement in P								
Par				1		1			
	Complete if the organization	answered "Yes	" on For	n 990, F	Part IV, line	e 10.			
		(a) Current year	(b) Pric		(c) Two year		(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
C	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	the current year e	nd balanc	e (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowme	•	%	, U		,,			
b	Permanent endowment								
С	Term endowment ► %								
	The percentages on lines 2a, 2b, and	2c should equal 1	100%.						
3a	Are there endowment funds not in the	e possession of t	he organiz	ation that	at are held	and ad	ministered for th	e	
	organization by:							Y	es No
	(i) Unrelated organizations							3a(i)	
	(.,							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	•				· ·		3b	
4	Describe in Part XIII the intended uses	-	on's endo	wment fi	unds.				
Part			.»		5		0	Deut V. Ilia	- 10
	Complete if the organization								
	Description of property	(a) Cost or o (investn		• •	or other basis ther)		Accumulated epreciation	(d) Book v	alue
1a	Land	•							
b	Buildings								
С	Leasehold improvements								
d	Equipment								
e	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	990, Part X	l, columr	n (B), line 10)c.) .	🕨 📔		

Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments-Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► **Other Liabilities.** Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedu	e D (Form 990) 2019			Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		Return.	
1	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
2	Net unrealized gains (losses) on investments	2a		
a b	Donated services and use of facilities	2b	-	
b			-	
C	Recoveries of prior year grants	2c	-	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	\ldots	3	
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		-	
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			er Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
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	-	
c	Other losses		-	
d	Other (Describe in Part XIII.)		-	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		5	
a	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIII.)			
_c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, lin</i> XIII Supplemental Information.	ne 18.)	5	
Provic	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			ne 4; Part X, line

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ		OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information.	2019			
	► Attach to Form 990 or 990-EZ.				
Department of the Treasury Internal Revenue Service			Open to Public Inspection		
	► Go to www.irs.gov/Form990 for the latest information.	F orm Lawrence int			
Name of the organization		Employer id	entification number		

Schedule O (Form	990 or 990-EZ)	(2019)
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Name of the	organization

Name of the organization	Employer identification number
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/Form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return isn't filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Don't use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. Don't use this schedule. See the instructions for Form 990, I. Group Return.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, Statement of Program Service Accomplishments.

a. "Yes" response to line 2.

b. "Yes" response to line 3.

c. Other program services on line 4d. 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.

a. "No" response to line 3b.

b. "Yes" or "No" response to line 13a.

c. "No" response to line 14b.

3. Part VI, Governance, Management, and Disclosure.

a. Material differences in voting rights among members of the governing body in line 1a

b. Delegation of governing board's authority to executive committee in line 1a.

c. "Yes" responses to lines 2 through 7b.

d. "No" responses to lines 8a, 8b, and 10b

e. "Yes" response to line 9.

f. Description of process for review of Form 990, if any, in response to line 11b.

g. "Yes" response to line 12c.

h. Description of process for determining compensation, in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the Other box or didn't make any of Forms 1023, 1024, 1024-A, 990, or 990-T publicly available.

j. Description of public disclosure of documents, in response to line 19.

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

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11q, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI. Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII, Financial Statements and Reporting.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, Balance Sheets.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services, in response to Part III, Statement of Program Service Accomplishments, line 31.

4. Part V, Other Information.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

d. "No" response to line 44d.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Don't include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.