efile GRAPHIC print Submission Date - 2020-11-16 DLN: 93493321019930 OMB No. 1545-0047 Return of Organization Exempt From Income Tax 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. Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasurv Internal Revenue Aer For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 Name of organization CRISTOSAL INC D Employer identification number **B** Check if applicable: Address change 03-0366224 O Name change Doing business as ☐ Initial return □ Final return/terminated Number and street (or P.O. box if mail is not delivered to street address) 370 SHELBURNE RD NO 4424 E Telephone number O Amended return Application Pending (315) 471-5862 City or town, state or province, country, and ZIP or foreign postal code BURLINGTON, VT  $\,$  054064424 G Gross receipts \$ 2.424.209 Name and address of principal officer: **H(a)** Is this a group return for DOUGLAS MOUNCEY ☐ Yes ✓ No 370 SHELBURNE RD 4421 subordinates? Are all subordinates BURLINGTON, VT 054014937 ☐ Yes ☐No included? Tax-exempt status: 4947(a)(1) or If "No," attach a list. (see instructions) Website: WWW.CRISTOSAL.ORG **H(c)** Group exemption number ▶ L Year of formation: 2000 M State of legal domicile: VT K Form of organization: 🗹 Corporation 🔘 Trust 🔲 Association 🔲 Other 🕨 Summary 1 Briefly describe the organization's mission or most significant activities: PROMOTE HUMAN RIGHTS IN CENTRAL AMERICA THROUGH RESEARCH, LEARNING, & HUMAN RIGHTS-BASED PROGRAMMING. Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 6 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 30 Total number of volunteers (estimate if necessary) . 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 1,898,209 Contributions and grants (Part VIII, line 1h) . 2.182.703 Revenue Program service revenue (Part VIII, line 2g) . 63.316 235.823 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 15 -2.209 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11.615 11 2,416,408 1.973.155 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 320,222 320,222 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,103,119 1,323,748 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) 65,366 409,224 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 805.640 1,832,565 2,449,610 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 140.590 -33.202 Assets or d Balances End of Year Beginning of Current Year 399,002 635,923 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 118,648 44,089 Net assets or fund balances. Subtract line 21 from line 20 280,354 591,834 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-11-13 Signature of officer Sign Here DOUGLAS MOUNCEY TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | if 2020-11-13 P00161547 Paid self-employed Firm's name MUELLER & CO LLP Firm's EIN > 36-2658780 **Preparer** Firm's address ► 1707 N RANDALL RD STE 200 Use Only Phone no. (847) 888-8600 ELGIN, IL 60123 🗸 Yes 🗌 No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019) Cat. No. 11282Y

 4e
 Total program service expenses ▶
 2,112,270

 Form 990 (2019)

Form 990 (2019) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο for public office? If "Yes," complete Schedule C, Part I 3

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . . . . . 4 No Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . No 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 2 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Nο 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? No 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments. No permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . . . . . . . . . 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 11e No

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Yes 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Yes 14a Did the organization maintain an office, employees, or agents outside of the United States? . 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 14b Yes at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . 20a Nο **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Nο 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Form 990 (2019)

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
1	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		No
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	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? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
i	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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b i	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	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		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
6	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		No
<b>37</b>	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? If "Yes," complete Schedule R, Part VI	37		No
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b 0			
	Bid the consideration county with headon withhealth and a few constable as many that he condens and accordant to			4
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
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	õ						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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	Yes					
b	If "Yes," enter the name of the foreign country: ►ES							
52	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No				
b	solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7	6b							
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		No				
-	provided to the payor?							
	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		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	7g							
h	7h							
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
a h	Initiation fees and capital contributions included on Part VIII, line 12	-						
11	Section 501(c)(12) organizations. Enter:	-						
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
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						
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							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No				

	990 (2013)			Page <b>c</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	lo" respo	onse to l	ines
	Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year 1	2		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	2		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code	.)	
	2. Since the manner and a point of the manne		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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	Yes	
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	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
-	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			
b	taxable entity during the year?	16a		No
	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		
Se	ection C. Disclosure			-
17	List the states with which a copy of this Form 990 is required to be filed			
18	NY , CA , MA , NJ , PA , WA , MD  Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:			

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

Check if Schedule O contains a response or note to any line in this Part VII .

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

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

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

of reportable compensation from the organization	n and any relate	ed organ	nizati	ons.						
<ul> <li>List all of the organization's former director</li> <li>organization, more than \$10,000 of reportable co</li> </ul>	mpensation fro									
See instructions for the order in which to list the	•									
Check this box if neither the organization no	r any related or	ganizat	ion co	omp	ens	ated a	ny c	urrent officer, direc	tor, or trustee.	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	ne bo	ox, u n off tor/t	t che inle: ficei rust	r and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099-MI3C)	related organizations
(1) SCOTT PENTZER PRESIDENT	6.00	х		х				0	0	0
(2) GLEN MITCHELL SECRETARY	4.00	Х		х				0	0	0
(3) DOUG MOUNCEY TREASURER	10.00	Х		х				0	0	0
(4) KATHY VIET FIRST VICE PRESIDENT	25.00	Х		Х				0	0	0
(5) DIANE PAULSEL SECOND VICE PRESIDENT	6.00	Х		Х				0	0	0
(6) ROGER JONES DIRECTOR	3.00	Х						0	0	0
(7) GAIL ROLFE DIRECTOR	3.00	Х						0	0	0
(8) MIKE ANGEL DIRECTOR	1.00	Х						0	0	0
(9) AUDREY DENNEY DIRECTOR	1.00	Х						0	0	0
(10) ELMER ROMERO DIRECTOR	1.00	Х						0	0	0
(11) BISHOP TOM ELY DIRECTOR	3.00	Х						0	0	0
(12) BISHOP GREG RICKLE DIRECTOR	1.00	Х						0	0	0
(13) NOAH FRANCIS BULLOCK EXECUTIVE DIRECTOR	35.00			х				61,750	0	7,150
										Form <b>990</b> (2019)

Page **8** 

	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related  Average hours per than one box, unless person is both an officer and a director/trustee)  organization (W- 2/1099-MISC)  (D) Reportable compensation from the organization (W- 2/1099-MISC)  2/1099-MISC)								on d (W-	W- compensati from the organization			
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC	-)	relat organiz	ed
c T	Sub-Total		nΑ.				* * *			61,750		0		7,150
2	Total number of individuals (including reportable compensation from the orc	but not limited		liste	d ab	ove	) who	rece	ived more	e than \$10	0,000 of	'*		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,											Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>			e, ke	y em	nplo	yee, o	r hig •	hest com	pensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization										the	3		INO
	individual											4		No
5	Did any person listed on line 1a receiv services rendered to the organization										vidual for	5		No
	ection B. Independent Contract										+100.000			
1	Complete this table for your five high the organization. Report compensation	n for the calend									year.	mpens		
	Name :	(A) and business addre	ess							Desc	(B) ription of services		Compe	

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 ▶ 0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Pā	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co	•	-	•	nn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	320,222	320,222		
4	Benefits paid to or for members	Î	Ī		
	Compensation of current officers, directors, trustees, and key employees	68,900	34,450	34,450	
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	1,119,041	946,463	132,923	39,655
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,824	12,969	5,855	
9	Other employee benefits	116,983	105,881	2,369	8,733
10	Payroll taxes				
11	Fees for services (non-employees):				
a	a Management	1,253		1,253	
k	Legal				
c	Accounting				
C	d Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	235,166	185,781	49,385	
12	Advertising and promotion	48,020	36,099		11,921
13	Office expenses	68,638	63,750	4,888	
14	Information technology				
15	Royalties				
	Occupancy	38,457	33,534	4,923	
17	Travel	141,063	122,154	14,058	4,851
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
	Conferences, conventions, and meetings				
	Interest	159		159	
	Payments to affiliates				
	Depreciation, depletion, and amortization	11,398	11,398		
23	Insurance	8,012	7,496	516	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a MISCELLANEOUS	210,148	196,273	13,669	206
		20.252	20,200	2.002	
	b SMALL OFFICE EQUIPMENT	30,362	28,280	2,082	
	c REPAIRS AND MAINTENANCE	10,914	5,470	5,444	
	d e All other expenses	2,050	2,050		
	Total functional expenses. Add lines 1 through 24e	2,449,610	2,112,270	271,974	65,366
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720).	2,443,010	2,112,270	272,014	03,300

	4
	5
	6
S	7
set	8
Š	9
_	10
	ŀ
	11
	12
	13
	14
	15
	16
	17
	18
	19
	20

24

25

26

27

28

31

32

Fund Balances

5 29

Assets 30

Net 33

6 **Total assets.** Add lines 1 through 15 (must equal line 34) . 399.002 16 7 Accounts payable and accrued expenses . 89,273 17 8 Grants pavable . . 18 9 Deferred revenue . 29.375 19 Tax-exempt bond liabilities . . 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key

10a

10b

jabilities employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties . . .

and other liabilities not included on lines 17 - 24).

**Total liabilities.** Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Unsecured notes and loans payable to unrelated third parties . . .

Organizations that do not follow FASB ASC 958, check here

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here

Paid-in or capital surplus, or land, building or equipment fund

Other liabilities (including federal income tax, payables to related third parties,

basis. Complete Part VI of Schedule D Less: accumulated depreciation

Intangible assets . . .

Other assets. See Part IV, line 11 .

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

Investments—program-related. See Part IV, line 11

84.711

38.870

57.413

10c

11

12 13

14

15

22 23

24

25

26

27

28

29

30

31

32

33

118,648

279,754

280,354

399,002

600

45,841

635.923

44,089

44,089

237,939

353,895

591,834

635,923 Form **990** (2019)

Form	990 (2019)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,416,408
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,449,610
3	Revenue less expenses. Subtract line 2 from line 1	3			-33,202
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			280,354
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			344,682
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			591,834
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		•	 Yes	<b>✓</b>
	Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	n a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate be consolidated basis, or both:	asis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit	3b	Yes	
				Form 9	<b>90</b> (2019)

	e un	APHIC prir	ìτ	Submission Date	e - 2020-11-16			DLN:	93493321019930
(Fo 99(	rm 9 DEZ)	ULE A 990 or		Complete if the	harity Statu organization is a sec 4947(a)(1) nonexe Attach to Form	tion 501(c)(3) mpt charitable 990 or Form 9	organization of trust. 90-EZ.	a section	OMB No. 1545-0047 <b>2019</b> Open to Public
Depa Trea:		t of the		Go to WWW.IP	<u>s.gov/Form990</u> for ir	istructions and	d the latest info	rmation.	Inspection
Maen		<b>nee oogganizati</b> IC	on					Employer identification 03-0366224	ation number
_	<b>rt I</b> organiz				<b>tus</b> (All organizatior e it is: (For lines 1 thro			see instructions.	
1		A church, c	onvent	tion of churches, or a	ssociation of churches	described in <b>sec</b>	ction 170(b)(1)(	A)(i).	
2		A school de	scribe	d in <b>section 170(b)</b>	(1)(A)(ii). (Attach Sch	edule E (Form 99	90 or 990-EZ).)		
3		A hospital of	or a coo	operative hospital se	rvice organization desc	ribed in <b>sectior</b>	n 170(b)(1)(A)(i	ii).	
4		A medical r name, city,			ted in conjunction with	a hospital desc	ribed in <b>section</b>	<b>170(b)(1)(A)(iii).</b> Er	ter the hospital's
5		170(b)(1)	A)(iv)	(Complete Part II.)	fit of a college or unive	•			ibed in <b>section</b>
6					r governmental unit de				
7 8		section 17	'0(b)(1	L)(A)(vi). (Complete	a substantial part of it Part II.) n 170(b)(1)(A)(vi). (0	• •		nit or from the gener	al public described in
9			-		lescribed in 170(b)(1)	·		vith a land-grant colle	ge or university or a
10		non-land gr An organiza activities re	ant co ation the lated t	llege of agriculture. S nat normally receives to its exempt function	See instructions. Enter to : (1) more than 331/3%	the name, city, a of its support fr exceptions, and (	and state of the come contributions (2) no more than	ollege or university: membership fees, a 331/3% of its support	nd gross receipts from from gross investment
11				(a)(2). (Complete Pa		r nublic cafety (	Soo sestion FOO	(=)(4)	
12		•			ed exclusively to test for ed exclusively for the be				a nurnocos of one or
		more public lines 12a th	ly sup rough	ported organizations 12d that describes tl	described in <b>section</b> 5 ne type of supporting o	509(a)(1) or se organization and	ction 509(a)(2). complete lines 1	See <b>section 509(a</b> ) 2e, 12f, and 12g.	(3). Check the box in
а		organizatio	n(s) th		rated, supervised, or co appoint or elect a majo I.				
b		manageme	nt of th						ing control or anization(s). <b>You must</b>
c		Type III fu	nction	ally integrated. As				d functionally integra	ted with, its supported
d		Type III not functionally	<b>n-fun</b> integi	ctionally integrated rated. The organization	d. A supporting organized on generally must satistrated rt IV, Sections A and	zation operated ify a distribution	in connection wit requirement and		
e		Check this	box if t	he organization rece	ived a written determir supporting organization	nation from the I		e I, Type II, Type III fu	nctionally integrated,
f	Enter	the number	of sup	ported organizations				<u> </u>	
g	(i) N	Provide the lame of supp		ing information abou	t the supported organize (iii) Type of		ganization listed	(v) Amount of	(vi) Amount of
	(1)	organization		(II) EIN	organization (described on lines 1- 10 above (see instructions))		ning document?	monetary support (see instructions)	other support (see instructions)
						Yes	No		
Tota	ı								
		work Reduc or 990-EZ.	tion A	ct Notice, see the	Instructions for	Cat. No. 1128	85F	Schedule A (Form	990 or 990-EZ) 2019

Sch	nedule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
ŀ	Part II Support Schedule for (Complete only if you che the organization failed to	necked the box o	on line 5, 7, or 8	of Part I or if the	e organization fa		
-	Section A. Public Support	o quality under	ine tests listed i	ociow, picase co	implete rare iii.)		
	llendar year	1			1		
	r fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	membership fees received. (Do not	399,615	586,636	1,081,407	1,898,209	2,182,703	6,148,570
2	include any "unusual grant.") 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						
4	the organization without charge <b>Total.</b> Add lines 1 through 3	399,615	586,636	1,081,407	1,898,209	2,182,703	6,148,570
5	The portion of total contributions by	333,013	300,030	2,002,107	2,050,205	2,102,703	0,210,370
,	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	<b>Public support.</b> Subtract line 5 from						
	line 4.						6,148,570
	Section B. Total Support	_					
	llendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
(OI	r fiscal year beginning in) Amounts from line 4.	399,615		1,081,407	1.898.209	2,182,703	6.148.570
8	Gross income from interest,	333,013	300,030	1,001,407	1,030,203	2,102,703	0,140,370
0	dividends, payments received on		1	_	15	0.1	110
	securities loans, rents, royalties and	2	3	′	15	91	118
	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		5,741	5,623	11,615	5,592	28,571
	assets (Explain in Part VI.)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	
11	<b>Total support.</b> Add lines 7 through 10						6,177,259
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nization, check
	this box and <b>stop here</b>					▶□	
S	Section C. Computation of Publ						
14			•			14	99.540 %
15	Public support percentage for 2018 Sc	chedule A, Part II, I	ine 14			15	99.470 %
16a	33 1/3% support test—2019. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	X
	and <b>stop here.</b> The organization qua						. 🕨 🗸
b	33 1/3% support test—2018. If the						his
	box and <b>stop here.</b> The organization						- 0
<b>17</b> a	10%-facts-and-circumstances test	t—2019. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14	
	is 10% or more, and if the organizatio in Part VI how the organization meets	n meets the "facts	-and-circumstance cumstances" test	es" test, check this The organization (	s box and <b>stop ne</b> qualifies as a publi	<b>re.</b> Explain	
	· · ·			-			. ▶ □
	organization						. • •
10	15 is 10% or more, and if the organize Explain in Part VI how the organization	ation meets the "f	acts-and-circumst	ances" test, check	this box and stop	here.	
18	supported organization						▶□
ΤQ	3		•		•		ightharpoonup
	instructions				Sched	ule A (Form 990	or 990-EZ) 2019
							,

19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more

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

Schedule A (Form 990 or 990-EZ) 2019

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

more than 33  $_{1/3}$ %, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . .  $\blacktriangleright$ 

Sche	dule A (Form 990 or 990-EZ) 2019			Page 4
Pai	TELY Supporting Organizations  (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you 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 Sections A and D, and complete Part V.)			
Se	ection A. All Supporting Organizations			
	A An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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 5a document). 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? 5b **Substitutions only.** Was the substitution the result of an event beyond the organization's control? 5c

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. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in 7 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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a

Did one or more disgualified 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. 9b 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. 9с 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 line 10b below. 10a

the organization had excess business holdings).

Sch	edule	e A (Form 990 or 990-EZ) 2019			Page <b>5</b>
P	art l'	V Supporting Organizations (continued)			
				Yes	No
11	На	as the organization accepted a gift or contribution from any of the following persons?			
a		person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the overning body of a supported organization?			
	gc	verning body of a supported organization?	11a		
b	Α.	family member of a person described in (a) above?	11b		
•		35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
_ 5	Secti	on B. Type I Supporting Organizations			
				Yes	No
1	ele <b>V</b> I or tre	d the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or ect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part</b> I how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the granization had more than one supported organization, describe how the powers to appoint and/or remove directors or ustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such owers during the tax year.			
_	ь:		1		
2		d the organization operate for the benefit of any supported organization other than the supported organization(s) that perated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit			
		arried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting Organization.	2		
			<u> </u>		
5	Secti	on C. Type II Supporting Organizations			
				Yes	No
1	ea	ere a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of such of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
-	Secti	on D. All Type III Supporting Organizations			
				Yes	No
1	ta Fo	d the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's x year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the year 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		2		
3	or	reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the ganization's investment policies and in directing the use of the organization's income or assets at all times during the taxer? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
	Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1		neck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):		
	а (	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	<b>c</b> (	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instruc	tions)	
2	Ac	ttivities Test. <b>Answer (a) and (b) below.</b>		Yes	No
	or <i>oi</i> re	d substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported ganization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> reganizations and explain how these activities directly furthered their exempt purposes, how the organization was sponsive to those supported organizations, and how the organization determined that these activities constituted obstantially all of its activities.	2a		
	or <i>or</i>	d the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the ganization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the ganization's position that its supported organization(s) would have engaged in these activities but for the organization's volvement.	2b		
3	Pa	rent of Supported Organizations. Answer (a) and (b) below.	_*		
	<b>a</b> Di	d the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of e supported organizations? <i>Provide details in Part VI.</i>	3a		
		d the organization exercise a substantial degree of direction over the policies, programs and activities of each of its apported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

2

5

6 7

8

1

2

3

4

5

6

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

Current Year

Schedule A (Form 990 or 990-EZ) 2019

Acquisition indebtedness applicable to non-exempt use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency

Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see

Subtract line 2 from line 1d

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

Multiply line 5 by .035

Enter 85% of line 1

Enter greater of line 2 or line 3

Income tax imposed in prior year

temporary reduction (see instructions)

instructions).

3

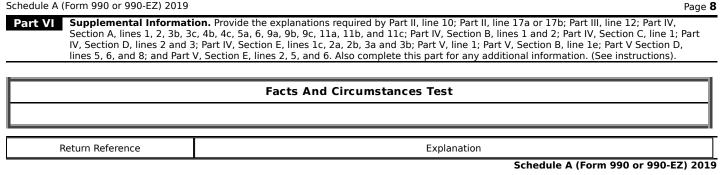
6

8

1

2

5



efile GRAPHIC print

Submission Date - 2020-11-16

DLN: 93493321019930

## OMB No. 1545-0047

Open to Public

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

Inspection

	<b>ne of the organization</b> TOSAL INC		Employer identification number
CIVIS	7. 03/1E 1170		03-0366224
Pa	organizations Maintaining Donor Adv		s or Accounts.
	Complete if the organization answered "Ye	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(b) Fullus and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		<u> </u>
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adviso	rs in writing that the assets held in donor a	advised funds are the
	organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose	
Pa	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	or education) $\ \square$ Preservation of a	an historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the f	form of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements . $\ . \ $		2b
c	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year	d, released, extinguished, or terminated b	y the organization during the
4	Number of states where property subject to conservation	n easement is located 🕨	
5	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?		
			U Yes U No
6	Staff and volunteer hours devoted to monitoring, inspec	ung, nanding of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, $\blacktriangleright$ \$	handling of violations, and enforcing cons	ervation easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		170(h)(4)(B)(i)
9			U Yes U No
9	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	footnote to the organization's financial sta	
Par	<b>TILL</b> Organizations Maintaining Collections Complete if the organization answered "Ye		ther Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for in Part XIII, the text of the footnote to its financial stater	public exhibition, education, or research in	
b	If the organization elected, as permitted under SFAS 116 historical treasures, or other similar assets held for publ following amounts relating to these items:		
<b>(</b> i	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
(ii	) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		ancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Par	T III	Organizations Maintaining Co	dilections of Art, Histo	orıcaı	ireas	sures, or Otn	er Similar As	<b>Sets</b> (cont	inued)	)
3		g the organization's acquisition, accessics (check all that apply):	n, and other records, check	any o	f the fo	llowing that are	a significant use	of its colle	ction	
а		Public exhibition	d		Loan	or exchange pro	ograms			
b		Scholarly research	e		Othe	r			•	
c		Preservation for future generations								
4	Provi Part 2	ide a description of the organization's co	llections and explain how th	ney fur	ther the	e organization's	exempt purpose	in		
5	Durir	ong the year, did the organization solicit on the year, did the organization solicit of the year.						☐ Yes	□ N <sub>1</sub>	o
Pai	rt IV									
		Complete if the organization answers line 21.	wered "Yes" on Form 990	), Part	IV, lin	e 9, or reporte	ed an amount	on Form 9	90, Pa	ırt X,
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?						☐ Yes	□ N	0
b	If "Ye	es," explain the arrangement in Part XIII a	and complete the following	table:			Am	ount		_
c		nning balance				1c				_
d	-	tions during the year				. 1d				_
е		ibutions during the year				H - H				_
f		ng balance								_
2a		the organization include an amount on Fo					ability?	☐ Ves	□ N	_
		es," explain the arrangement in Part XIII.					_	165	_ IV	U
	rt V	Endowment Funds.	check here if the explanation	onnas	рееп р	Tovided III Tait 7				
1 4		Complete if the organization answ	wered "Yes" on Form 990	), Part	IV, lin	e 10.				
			(a) Current year (b	) Prior y	ear	(c) Two years bad	ck (d) Three year	s back (e) F	our yea	ars back
<b>1</b> a	Beginr	ning of year balance								
b	Contril	butions								
c	Net in	vestment earnings, gains, and losses								
d	Grants	s or scholarships								
		expenditures for facilities rograms								
f	Admin	istrative expenses								
g	End of	f year balance								
2 a		ide the estimated percentage of the curr	ent year end balance (line :	1g, colı	ımn (a)	) held as:		_		
b		nanent endowment <b>&gt;</b>								
c	Temr	porarily restricted endowment								
٠	-	percentages on lines 2a, 2b, and 2c shou								
За	Are t	there endowment funds not in the posses	•	at are h	neld and	d administered f	or the	·		
	•	nization by:						25(1)	Yes	No
		nrelated organizations						3a(i) 3a(ii)		
b		elated organizations es" on 3a(ii), are the related organization		dule R	• • ?			3b		
4		ribe in Part XIII the intended uses of the	•							
Pai	rt VI		-							
		Complete if the organization answ		), Part	IV, lin	e 11a. See For	m 990, Part X	, line 10.		
	Descr	ription of property (a) Cost or oth (investm		er basis	(other)	(c) Accumulated	d depreciation	( <b>d</b> ) Bo	ok valu	e
1a	Land									
		ngs								
		hold improvements					+			
		ment					+			
					84,711		38,870			45,841
_	30,101					I				,

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

45,841

Part VII	Investments Other Securities.	David IV / Co.	111- (	S F 000 B	+ V 1!	- 12	
	Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category	(b) Book		(c) Method	d of valu	uation:	
(1) Financia	(including name of security)	value		Cost or end-of-	year m	arket val	lue
	neld equity interests						
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
(1)							
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•					
Part VIII	Investments Program Related.	Dowt IV Line	. 11.	Coo Forms 000 Por	-t V 1:	. 12	
	Complete if the organization answered 'Yes' on Form 990,  (a) Description of investment	, Part IV, IIN	2 11C.	(b) Book value	(c)	Method	of valuation: of-year market
(2)						va	lue
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
	n (b) must equal Form 990, Part X, col.(B) line 13.)						
Part IX	Other Assets.						
	Complete if the organization answered 'Yes' on Form 990,  (a) Description	Part IV, line	110. 9	see Form 990, Part X	, line 15		Book value
(2)							
(3)							
(4)							
(5)							<u> </u>
(6)							
(7)							
(8)							
(9)							
(10)							
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•		
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV. line	11e o	r 11f.See Form 99	0. Part	X. line	25.
1.	(a) Description of liabil				.,		<b>b)</b> Book value
(1) Federal i	income taxes					-+	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)						$\top$	<del> </del>
	n (b) must equal Form 990, Part X, col.(B) line 25.)			<b>•</b>			
	or uncertain tax positions. In Part XIII, provide the text of the footnot 's liability for uncertain tax positions under FIN 48 (ASC 740). Check						_

Part XI

1

2

d

3

4

5

1

2

3

4

5

Part XIII

PART X, LINE 2:

b

b

Part XII

7.801

2.416.408

2.416.408

2.457.411

7.801

2.449.610

Page 4

Reconciliation of Revenue per Audited Financial Statements With Revenue per
Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a

Net unrealized gains (losses) on investments . . . . Donated services and use of facilities . .

Total expenses and losses per audited financial statements . . .

Amounts included on line 1 but not on Form 990. Part IX. line 25:

Amounts included on Form 990. Part IX. line 25. but not on line 1:

Other (Describe in Part XIII.) 

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . .

Prior year adjustments . . . . .

Other losses . . . . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Other (Describe in Part XIII.) . . .

Recoveries of prior year grants . . . . .

Other (Describe in Part XIII.) . . Add lines 2a through 2d .

Subtract line 2e from line 1 . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII.)

Add lines 4a and 4b . . . . .

Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4a 4b

2a

2h

2c

2d

4a 4b

Explanation

2h

2с

2d

5 1

7.801

7.801

2e

3

4c

2e 3 4c 5

2.449.610 Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines AS OF AND DURING THE YEAR ENDED DECEMBER 31, 2019, THE ORGANIZATION DID NOT HAVE A LIABILITY

FOR ANY UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION'S POLICY IS TO CLASSIFY INCOME TAX RELATED

Schedule D (Form 990) 2019

	ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS. THERE ARE CURRENTLY NO SUCH AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO THE FISCAL YEAR ENDED DECEMBER 31, 2016.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENTS
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENTS

(Form 990)	tatement o		ies Outside t	ha Unitad	OMB No. 1545-0047
(Form 990)				HE WHILED	
	complete if the organiz	ration answers			2010
			to Form 990.	line 14b, 15, or 16.	2019
Department of the Treasury	► Go to www.irs.g	<i>iov/Form990</i> for in	structions and the latest	information.	Open to Public Inspection
Name of the of ganization				Employer ider	tification number
ERISTESSAL INC				03-0366224	
Part I General Informa on Form 990, Par		s Outside the	e United States. Con	nplete if the organizat	ion answered "Yes"
1 For grantmakers. Does	the organization mai	ntain records to	substantiate the amount	of its grants and	
other assistance, the grant		_	tance, and the selection	criteria used	
to award the grants or assi	istance?				🗌 Yes 🗹 No
<b>2 For grantmakers.</b> Describe United States.	ribe in Part V the orga	anization's proce	dures for monitoring the	use of its grants and oth	er assistance outside
<b>3</b> Activites per Region. (The f	ollowing Part I, line 3	table can be dup	licated if additional spac	e is needed.)	
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
( 1) CENTRAL AMERICA AND THE CARIBBEAN	3	62	PROGRAM SERVICES	HUMAN RIGHTS & LEGAL ASSISTANCE, WORKSHOPS	320,222
CAMBBLAN				& SEMINARS, FAMILY & INDIVIDUAL SUPPORT, SPECIAL PROJECTS, RESEARCH	
(2)					
(3)					
(4)					
( 5)					
(6)					
(7)					
(8)					
(9)					
(					
10)					
11)					
12)					
13)					
14) ( 15)					
(					
16)					
20 Sub total	2	63			220 222
<ul><li>3a Sub-total .</li><li>b Total from continuation shee Part I .</li></ul>	ets to 0	62			320,222
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notic	3	62		No. 50082W Schedu	320,222 ale F (Form 990) 2019

art II Grants	and Other As	sistance to Organi	izations or Entitie	s Outside the Unit	ed States. Comple	te if the organization	n answered "Yes" on	Form 990, Part
IV, line	15, for any red	cipient who received	more than \$5,000	. Part II can be duplic	cated if additional s	pace is needed.		
(a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash	<b>(g)</b> Amount of noncash	(h) Description of noncash	(i) Method of valuation

Page 2

Schedule F (Form 990) 2019

organization	section and EIN (if applicable)	 grant	cash grant	cash disbursement	of noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1)							
( 2)							
( 3)							
(4)							

( 5)				
( 6)				
( 7)				
( 8)				
( 9)				

10)				
11)				
( 12)				
( 13)				
( 14)				
( 15)				

3 Enter total number of other organizations or entities . . . . . . .

<sup>16)</sup> 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . .

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (e) Manner of cash (b) Region (d) Amount of (f) Amount of (g) Description (h) Method of recipients cash grant disbursement noncash of noncash valuation assistance assistance (book, FMV. appraisal, other)

(a) Type of grant or assistance (1) FAMILY & INDIVIDUAL CENTRAL AMERICA AND 580 122,940 BASIC NECESSITIES. n SUPPORT THE CARIBBEAN ACCOMODATIONS, MEALS, AND MEDICAL NEEDS 97 0 30.711 WORKSHOPS ON SKILL FMV THE CARIBBEAN BUILDING, HUMAN RIGHTS, AND CONTINUING EDUCATION CENTRAL AMERICA AND 262 0 29.077 LEGAL SERVICES. FMV PUBLICATIONS, AND THE CARIBBEAN PUBLICATIONS AND COUNCIL COUNCIL CENTRAL AMERICA AND 25 20.142 ASSISTANCE FOR n CASES THE CARIBBEAN PRODUCTIVE INITIATIVES OF DISPLACED PERSONS CENTRAL AMERICA AND 249 102.172 LEGAL SERVICES. 0 FMV THE CARIBBEAN HUMANITARIAN ASSISTANCE. HUMAN RIGHTS, TECHNICAL SUPPORT

(2) WORKSHOPS & SEMINARS CENTRAL AMERICA AND (3) LEGAL SERVICES. (4) DURABLE SOLUTIONS (5) PROGRAM CONSULTING (6) RESEARCH CENTRAL AMERICA AND 3 0 5.090 RESEARCH DISAPPEARANCE THE CARIBBEAN & EXTRAJUDICIAL EXECUTIONS (7) MEDICAL ASSISTANCE CENTRAL AMERICA AND 181 0 10.090 MEDICAL ASSISTANCE -FMV THE CARIBBEAN EMERGENCY ASSISTANCE. MEDICINE, AND DOCTOR'S VISITS (8) (9) 10) 11) 12) 13) 14)

15) 16) 17) 18) Schedule F (Form 990) 2019

Sche	dule F (Form 990) 2019		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	☐ Yes	<b>✓</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	☐Yes	<b>✓</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	☐ Yes	<b>✓</b> No

Schedule F	(Form 990) 2019	Page <b>5</b>
Part V	method; amounts of in (accounting method);	mation on required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting nvestments vs. expenditures per region); Part II, line 1 (accounting method); Part III and Part III, column (c) (estimated number of recipients), as applicable. Also complete this dditional information. See instructions.
	ReturnReference	Explanation
PART I, LINE	E 2:	THE USE OF GRANT FUNDS OUTSIDE OF THE US ARE MONITORED THROUGH REPORTS SUBMITTED TO DONORS, REVIEWED BY AUDITORS AND STAFF OF DONOR ORGANIZATIONS. IN ADDITION, THESE REPORTS ARE MANDATORY AND MUST BE PROPOSED AS PREVIOUSLY ESTABLISHED IN THE AGREEMENTS. ALSO, THE CASH OUTFLOWS MUST BE SUPPORTED ACCORDING TO THE ORGANIZATION'S MANUAL OF PROCEDURES. THE FINANCE COMMITTEE HOLDS A TELECONFERENCE ON A MONTHLY BASIS AT WHICH TIME FINANCIAL DOCUMENTS ARE REVIEWED. MEMBERS OF THE FINANCE COMMITTEE MEET WITH FINANCE STAFF IN EL SALVADOR FOR 1-2 DAYS PRIOR TO THE ANNUAL BOARD MEETING TO REVIEW FINANCIAL STATEMENTS AND PROCEDURES.
PART III ACC	COUNTING METHOD:	THE WORLD WITH EAST OF THE PROPERTY OF THE PRO
	·	

Schedule F (Form 990) 2019

efile GRAPH	IIC print	:	Subr	niss	ion I	Date	- 20	020-	-11-:	16										DL	.N: 9	9349	3321	L019	930
SCHEDUL (Form 990 990-EZ)	or	Supplemental Information to Form 990 or 9  Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Go to www.irs.gov/Form990 for the latest information.										s on			Z	2 Ope	No. 15	L Publ	9						
Name of the ord	ganization Je	1															E	mplo	yer i	ident	tifica	tion r	numbe	er	
Service																	0	3-036	622	4					_
Return Reference											E	kplan	atio	n											
FORM 990, PART VI, SECTION A, LINE 8B	THE OR THEREF									_			OWEF	R ТО	ACT	ON	BEH	IALF	OF	THE	GO	VER	NING	ВОГ	OY
FORM 990, PART VI, SECTION B, LINE 11B	UPON F ELECTR ANY NE	RONIC	CALL	Y TO	THE	Е ВО	ARD	OF	DIRE	ECTO	ORS.	THE	FÍNAN	ICE (	СОМ	MITT	EE I	S RE	SPC	ONSI	BLE	TO A			
FORM 990, PART VI, SECTION B, LINE 12C	THE OR CONFLIC DECLAF DISCLO CONFLIC	ICT C RATIO SURI	F IN ON O	F CC	ST I NFL IDU	POLI	CY B	Y RE	EQUI ANN	IRING IUAL	G ALL BAS	BOA	RD M	IEMB EASI	ERS URE	TO R RE	CON	IPLE VS T	TE A	AND SE A	SIG NNU	N A AL			Α
FORM 990, PART VI, SECTION B, LINE 15A	THE EX MEETIN SEVERA FAMILIA IS USEC OFFICEI	IG. T AL MI AR W D FOI	HE D EMBE TH C R AD	ELIB RS ( OMI DITIO	ERA OF T PENS ONA	TION HE E SATION	I ANI BOAF DN F MPA	D DE RD C OR I	ECISI OF DI EXEC	ION I IREC CUTI	IS DO TOR: VE S	CUM S ARE TAFF.	ENTE E EMF REVI	D IN LOYE EW C	THE ED IN OF FO	MIN HT I MRC	UTES E NO 990	S OF N-PI S OF	TH ROF SIN	E AN FIT S MILA	NNU SECT AR O	AL M OR A RGA	EETIN AND A NIZA	NG. ARE	
FORM 990, PART VI, SECTION C, LINE 19	THE GC TO THE												POLI	CY, <i>F</i>	AND	FINA	NCI	AL S	TAT	EME	NTS	ARE	AVA	ILAB	BLE
FORM 990, PART XII, LINE 2C	THE PR DRUING					SIGH	TAN	ID SI	ELEC	TIOI	N OF	THE	INDE	PEND	ENT	ACC	OUI	NTAN	NT F	HAS	NOT	CHA	NGE	D	
For Paperwork	Reduction	n Act	Votic	e, se	e the	Insti	uctio	ns fo	or Fo	rm 99	90 or	Cat	. No. 5	51056	δK				Sch	edul	e O (	Form	990 (		0-EZ) 2019