(Re	ev. Janua	ry 2020)	Under section 501(c), 527, or 4947(a)(1				2019
		of the Treasury		ty numbers on this form as it ma		>	Open to Public
1/1C		enue Service		1990 for instructions and the late	174044		Inspection
. <u>M</u>			lar year, or tax year beginning	July 1 , 2019, and en	ding Jun	e 30	, 20 20
B		if applicable:	C Name of organization Indiana Model Ur	uted Nations Inc.		D Employe	er identification number
		s change	Doing business as		1		82-2202142
	Initial re	change	Number and street (or P.O. box if mail is no P.O. Box 1516, 520 S. Walnut Street	it delivered to street address)	Room/suite	E Telephor	
		turn/terminated	City or town, state or province, country, and				6303905895
		ed return	Bloomington, IN 47408	d ZIP or foreign postal code		•	
			F Name and address of principal officer: Nicl	holas Havden Hodge	Life) le thie e a	G Gross re	
<u> </u>	. in price		417 E. 2nd St., Bloomington, IN 47401				ubordinates? Yes V No included? Yes No
l	Tax-ex	empt status:		sert no.) 4947(a)(1) or 52			(see instructions)
J	Websit	e: 🕨 www.ind	lianamun.com			exemption nu	
K	Form of	organization: 🗸	Corporation Trust Association	Other L Year of for			legal domicile: IN
n p	art I	Summar	У	District Contraction Contraction Contraction			
	1	Briefly desc	ribe the organization's mission or m	ost significant activities: Instr	ucts and trains in	ndividuals t	or the purpose of
မ္		improving a	nd developing their capabilities relate	ed to public speaking, negotiatic	on, professional v	vriting, awa	reness of
uan Uan		internationa	I relations and policy, and awareness	of the functioning of the United	Nations.	X:	
Governance	2		box 🕨 🗌 if the organization discont			25% of its	s net assets.
ð	3	Number of	voting members of the governing bo	ody (Part VI, line 1a)		3	{
්ර	4		ndependent voting members of the			4	
ctivities	5	Total numb	er of individuals employed in calend	lar year 2019 (Part V, line 2a)	· · · · · ·	5	
All.	6	Total numb	er of volunteers (estimate if necessa	iry)		6	100
Å	7a		ted business revenue from Part VIII,	, column (C), line 12		7a	(
		Net unrelate	d business taxable income from Fo	rm 990-T, line 39	· · · · · · · · · · · · · · · · · · ·	- 7b	
					Prior Yea	ır	Current Year
<u>e</u>	8		ns and grants (Part VIII, line 1h) .	· · · · · · · · · · · ·	55	5,192.25	71,127.82
Revenue	9		rvice revenue (Part VIII, line 2g)		40	0,012.63	50,293.48
20 20 20	10		income (Part VIII, column (A), lines 3			0	(
	11	Other reven	ue (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)	n tatu a si		
	12	Total revenu	e-add lines 8 through 11 (must equ	al Part VIII, column (A), line 12)	95	,204.88	121,421.30
· ·	13		similar amounts paid (Part IX, colum			0	
	14	Benefits pa	d to or for members (Part IX, colum	n (A), line 4)		0	
ង ស	15	Salaries, oth	er compensation, employee benefits	(Part IX, column (A), lines 5–10)		0	C
ea C	16a	Protessiona	I fundraising fees (Part IX, column (A	A), line 11e)		0	· (
ā.	d	I otal fundra	ising expenses (Part IX, column (D),	line 25) 🕨			
zpe	17		nses (Part IX, column (A), lines 11a-1		78	,902.28	86,525.18
Expenses	18	lotal expen	ses. Add lines 13–17 (must equal Pa	art IX, column (A), line 25)		,981.58	86,525.18
Expe		Revenue les	s expenses. Subtract line 18 from li	ne 12		,776.70	34,895.82
	19				Beginning of Curr		End of Year
		Tatal (24.005.02
					4	,524.26	34,895.82
Net Assets or Fund Balances		Total liabiliti				,524.26 0 ,524.26	34,895.82

Sign Here	Signature of officer Brett Abbott Type or print name and title	Treasurer		Date			
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self-employed			
Use Only	Firm's name		Firm's EIN ►				
	Firm's address 🏲		Phone no.				
May the IRS	discuss this return with the pre	parer shown above? (see instruction	ons)	· · · · · · · · · Yes 🗌 No			

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$)
	(3 3 4 4 4 5 5 4 4 4 1	, () = = = + + +	·· /
4b	(Code:) (Expenses \$	including grants of \$) (Bevenue \$)
70	(oode) (Expenses \$) (nevenue \$)
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,"	4		
2	complete Schedule A	1 2		
3	Did the organization required to complete concerne <i>D</i> , concerne of commutivity (see instructions)?			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
с	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	146		
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>	14b 15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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		
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 "Yes," 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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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		 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	46		
	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.

		(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		(E)			(F)		
	Name and title	Average hours					is both		Reportable compensation	Reportable compensation		Estima of	ted am other	ount
		per week		-	1	-	or/trust ⊥	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	, ^a	Key employee	st co yee	P₽		,	,	related c		
		organizations below	Individual trustee or director	al tru		byee	ompe							
		dotted line)	tee	Institutional trustee			Highest compensated employee							
				Ű			ted							
(15)			-											
(10)														
(16)			-											
(17)														
<u></u>			1											
(18)														
3			1											
(19)			_											
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(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		απφ 		,000			s, 				4		
5	Did any person listed on line 1a receive of	or accrue co	ompe	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													
	(A)	on comper	isatiOl	10		- Ud	iciiud	i ye			e organi		υ ιαλ	year.
	(A) Name and business address								(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				
	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		
Assets	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	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	
Liabilities	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	
	22	Loans and other 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		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	
Net Assets or Fund Balances	-	Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
ç	29	Capital stock or trust principal, or current funds		29	
t Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances		32	
Ne	33	Total liabilities and net assets/fund balances		33	

Form **990** (2019)

		Part			
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	3	3			
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	5	5			
	6	6			
	7	7			
	8	8			
	9	9			
		10			
	10				
		Part			
Yes No					
	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				
2a		2a			
2a	npiled or	2a			
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2a 2b		2a b			
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