	000
Form	330

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury

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

Open to Public Inspection

Inter	nal Reve	nue Service	► Go to www.irs.gov/Form990 for instructions and the la	atest into	ormation.		Inspection		
Α	For the	e 2019 calen	dar year, or tax year beginning 04/01 , 2019, and e	nding	03/3	1	, 20 20		
в	Check i	f applicable:	C Name of organization YOUTH VOLUNTEER CORPS			D Emplo	oyer identification number		
	Address	s change	Doing business as		43-1597582				
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room	/suite	E Telephone number			
	Initial re	eturn	1025 Jefferson Street				816-472-9822		
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	ed return	Kansas City, MO, 64105			G Gross	s receipts \$ 1,011,714		
	Applicat	tion pending	F Name and address of principal officer: David Battey		H(a) Is this a grou	up return fo	or subordinates? 🗌 Yes 🔽 No		
			1025 Jefferson Street, Kansas City, MO 64105				es included? Yes No		
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 5	527	If "No," attach	a list. (s	ee instructions)		
<u>J</u>	Website	e: 🕨 yvc.org			H(c) Group ex	emption	number 🕨		
-		organization: 🗸	Corporation Trust Association Other ► L Year of	formation:	1991	M State	of legal domicile: MO		
P	art I	Summa	-						
	1		cribe the organization's mission or most significant activities: We	e create	volunteer op	portur	ities to address		
Activities & Governance		community	reeds and to inspire youth for a lifetime commitment to service.						
naı									
vel	2		box \blacktriangleright if the organization discontinued its operations or dispo			1 1	its net assets.		
ğ	3		voting members of the governing body (Part VI, line 1a)			3	11		
ې مې	4		independent voting members of the governing body (Part VI, line	-		4	10		
<i>i</i> itie	5		per of individuals employed in calendar year 2019 (Part V, line 2a)			5	28		
cŧj	6		ber of volunteers (estimate if necessary)			6	4,663		
۲	7a		ated business revenue from Part VIII, column (C), line 12			7a	0		
	b	Net unrelat	ted business taxable income from Form 990-T, line 39	· · ·	· · ·	7b	0		
		O a set allo set i			Prior Year		Current Year		
ue	8		ons and grants (Part VIII, line 1h)	·		72,849	888,487		
Revenue	9	-	ervice revenue (Part VIII, line 2g)			51,658	62,837		
Be	10		t income (Part VIII, column (A), lines 3, 4, and 7d)			19,617	24,485		
	11 12		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			10,887	-2,102		
	12	-	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 1 I similar amounts paid (Part IX, column (A), lines 1-3)			55,011 05,476	973,707		
	14		aid to or for members (Part IX, column (A), line 4)		2(J5,470 0	110,823		
	15		her compensation, employee benefits (Part IX, column (A), line 4).			58,355	634,027		
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)		40	0	034,027		
oen	b		aising expenses (Part IX, column (D), line 25) ► 153,17			U	0		
Ă	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)		20	93,185	237,209		
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	· –		57,016	982,059		
	19		ess expenses. Subtract line 18 from line 12	·		12,005	-8,352		
r se					inning of Curre		End of Year		
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)			54,176	990,210		
Ass I Bal	21		ties (Part X, line 26)			90,231	67,856		
Pet	22		or fund balances. Subtract line 21 from line 20			53,945	922,354		
	art II			·		5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,22,334		

Part II 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.

Sign Here	Signature of officer David Battey, President and Founder Type or print name and title	er		Date	!		
Paid Preparer	Print/Type preparer's name Catherine Jay	Date		Check if if self-employed	PTIN P01516006		
Use Only	Firm's name Support Kansas City In	Firm's	s EIN 🕨	31-1717077			
	Firm's address ► 6750 Antioch Rd Suite	Phon	eno. 9	13-831-4752			
May the IRS	discuss this return with the preparer s	shown above? (see instructions)				. 🖌 Yes 🗌 No	
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 99							

Form 99	0 (2019) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	We create volunteer opportunities to address community needs and to inspire youth for a lifetime commitment to service.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
· · ·	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 766,583

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," 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	~	
12a	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>	14b	~	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20a	Did the organization operate one or more hospital facilities? 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 990 (2019)

Part	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? \ldots	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	"Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		/
33	<i>complete Schedule N, Part II</i>	32		`
34	sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		~
35a	or IV, and Part V, line 1	34 35a	~	~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			-
36	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 .</i> . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		~
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		~
Part	19? Note: All Form 990 filers are required to complete Schedule O.	38	~	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable13Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable10			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	• • 990	(2019)
		⊢orr	1 330	r (∠019)

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Form 99	D (2019)		F	Page 5					
Part	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 28								
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		V					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		-					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	0.5							
40	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country >	4a		~					
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
Fo		Fo							
	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		V					
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.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	-							
	excess parachute payment(s) during the year?	15		~					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~					
	If "Yes," complete Form 4720, Schedule O.								

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	on Schedule O. S	See in	struct	tions.				
Casti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management		• •		~				
Secu	on A. Governing body and Management			Yes	No				
1a b 2	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business r	1a 11 1b 10 elationship with							
2	any other officer, director, trustee, or key employee?		2		~				
3 4 5 6	Did the organization delegate control over management duties customarily performed by or a supervision of officers, directors, trustees, or key employees to a management company or ot Did the organization make any significant changes to its governing documents since the prior Forr Did the organization become aware during the year of a significant diversion of the organization bid the organization have members or stockholders?	her person? . n 990 was filed?	3 4 5 6						
7a	Did the organization have members, stockholders, or other persons who had the power to e one or more members of the governing body?	elect or appoint	7a		~				
b 8	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b		~				
а	the year by the following: The governing body?		8a	~					
a b			8b	~					
9									
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue Co	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 affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b						
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ore filing the form?	11a	~					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	V					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	~					
C	Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done .	oolicy? If "Yes,"	12c	~					
13	Did the organization have a written whistleblower policy?		13	~					
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	nd approval by	14	~					
а	The organization's CEO, Executive Director, or top management official		15a	~					
b	Other officers or key employees of the organization		15b	~					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?		16a		~				
	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	o safeguard the	16b						
	on C. Disclosure								
17 18	List the states with which a copy of this Form 990 is required to be filed ► <u>None</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that ✓ Own website	apply.							
19	Describe on Schedule O whether (and if so, how) the organization made its governing docu and financial statements available to the public during the tax year.				olicy,				
20	State the name, address, and telephone number of the person who possesses the organizatio Tracy Hale, (816)472-9822	n's books and re	cords						

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

				(0	C)					
(A)	(B)	(do n	ot of		ition		200	(D)	(E)	(F)
Name and title	Average	box, unless person is bountain			Average box, unless person is both a		Reportable	Reportable compensation	Estimated amount	
	per week	hours officer and a director/trustee) cor		compensation from the	of other compensation					
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	idua	utio	er	emp	est c oyee	Per	(00-2/1099-10130)	(00-2/1099-00130)	related organizations
	organizations below	or tr	nal t		loye	mp				
	dotted line)	stee	ruste		e	bens				
			ĕ			ated				
Tracy Hale	40.00									
Chief Executive Officer	0.00			~				90,375	0	0
David Battey	28.00									
President and Founder	0.00	~		~				66,500	0	0
Cathi Duchon	3.00									
Chair	0.00	~						0	0	0
Mark Tatum	1.00									
Secretary	0.00	~		~				0	0	0
Melanie Tucker	1.00									
Treasurer	0.00	~		~				0	0	0
Tristen Caudle	1.00									
Board Member	0.00	~						0	0	0
Vicki Clark	1.00									
Board Member	0.00	~						0	0	0
Dante Diggs	1.00									
Board Member	0.00	~						0	0	0
Jim Hise	1.00									
Board Member	0.00	~						0	0	0
Penny Hume	1.00									
Board Member	0.00	~						0	0	0
Stephanie O'Connell	1.00									
Board Member	0.00	~						0	0	0
Margi Pence	1.00									
Board Member	0.00	~						0	0	0
	+									
										F 000 (0010)

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated En	nploy	ees (coi	ntinued)
					•	C)							
	(A) Name and title	Name and title Average hours (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation						Reportable compensation	(E) Reportable compensati	on	(F) Estimated of ot	amount her	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relate organization (W-2/1099-M	ns ISC)	compen from organizat related orga	the ion and
			-										
			-										
			-										
			-										
			-										
			-										
			-										
			-										
	• • • • •												
1b c d	Subtotal	VII, Sectio		•	•	• •	•		156,875		0		0
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w		e than \$100	-	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	officer, dire						•	loyee, or highes			3	es No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$ ⁻	150,	000)? [f "Ye	s,"	complete Sched	dule J for s	such	4	~
5	Did any person listed on line 1a receive of for services rendered to the organization?											5	~
	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add	ress							(B) Description of serv	vices	Co	(C) ompensatio	on
None													
2	Total number of independent contracto	ors (includii	ng bu	ıt n	ot	limit	ed to	 b th	ose listed abov	e) who			

received more than \$100,000 of compensation from the organization ►	reacived more than		acmpanaction	from the	organization	
	received more than a	\$100,000 OI	compensation	from the	organization -	

0

Part VIII Statement of Revenue Check if Schedule O contain

Part	: VIII	Statement of Revenue					_
		Check if Schedule O contains a respo	nse or note to an				· · · · []
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns 1a	0				
ran	b	Membership dues 1b					
Ϋ́ם, G	С	Fundraising events 1c					
ìifts ar A	d	Related organizations 1d					
s, G mila	е	Government grants (contributions) 1e	0				
ion: Si	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f	888,487				
	g	Noncash contributions included in lines 1a–1f.	\$ o				
ano	h	Total. Add lines 1a–1f		888,487			
			Business Code	000,107			
ce	2a	Membership	900099	46,736	46,736	0	0
Program Service Revenue	b	Summit Revenue	000000	16,101	16,101	0	0
Jram Ser Revenue	С						
ran levi	d						
ющ	е		-				
Δ	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a–2f		62,837			
	3	Investment income (including dividend other similar amounts)		7 520	0	0	7 5 20
	4	Income from investment of tax-exempt b		7,539	0	0	7,539
	5	Royalties		0	0	0	0
	•	(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c	0 0				
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets 50,01	3 0				
		other than inventory 7a					
venue	a	Less: cost or other basis and sales expenses . 7b 33,06	7 0				
	с	Gain or (loss) 7c 16,94					
Other Re		Net gain or (loss)		16,946	0	0	16,946
ihei		Gross income from fundraising					·
Ð		events (not including \$0					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses					
		Net income or (loss) from fundraising ev	ents 🕨				
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	-	Net income or (loss) from gaming activit					
		Gross sales of inventory, less					
	-	returns and allowances 10 a	a 2,838				
	b	Less: cost of goods sold 10					
	С	Net income or (loss) from sales of invent	-	-2,102	-2,102	0	0
sn			Business Code				
oer ue	11a						
scellaneo Revenue	b						
Miscellaneous Revenue	С Д	All other revenue					
Ξ. Ξ	d e	Total. Add lines 11a–11d		0			
	12		· · · · >	973,707	60,735	0	24,485
				713,101	00,733	0	Eorm 990 (2019)

24,485 Form **990** (2019)

	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete				
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, 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	107,284	107,284		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,000	1,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,539	2,539		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	161,020	126,508	8,033	26,479
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	386,175	296,217	20,938	69,020
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	40,146	31,541	2,003	6,602
10	Payroll taxes	46,686	36,680	2,329	7,677
11	Fees for services (nonemployees):				
a b	Management				
с	Accounting	20,792	0	20,792	0
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	42	0	42	0
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	0			
13	Office expenses	12,466	6,295	520	5,651
14	Information technology	19,814	16,251	802	2,761
15	Royalties				
16	Occupancy	69,368	54,235	5,017	10,116
17	Travel	16,695	15,982	185	528
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	38,537	38,537	0	0
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	24,400	4,247	1,132	19,021
23	Insurance	5,382	4,247	295	840
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Personnel Training	5,660	4,514	209	937
b	Hosted Site Expenses	18,824	18,824	0	0
с	Membership Dues	1,682	1,682	0	0
d	Fundraising general	3,547	0	0	3,547
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	982,059	766,583	62,297	153,179
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

			(A)		(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	168,496	1	106,539
	2	Savings and temporary cash investments	277,794	2	529,660
	3	Pledges and grants receivable, net	253,006	3	53,10
	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
AS	9	Prepaid expenses and deferred charges	885	9	6,384
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			·
	b	Less: accumulated depreciation 10b 94,566	59,820	10c	56,020
	11	Investments – publicly traded securities	285,884	11	230,210
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets	6,208	14	6,20
	15	Other assets. See Part IV, line 11	2,083	15	2,08
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,054,176	16	990,210
	17	Accounts payable and accrued expenses	75,681	17	47,438
	18	Grants payable		18	
	19	Deferred revenue	0	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	
Ĭ	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	14,550	25	20,418
	26	Total liabilities. Add lines 17 through 25	90,231	26	67,856
runa balances		Organizations that follow FASB ASC 958, check here ► 🗹 and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	480,588	27	470,030
	28	Net assets with donor restrictions	483,357	28	452,324
		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
במ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
1	32	Total net assets or fund balances	963,945	32	922,354
2	33	Total liabilities and net assets/fund balances	1,054,176	33	990,210

					age 1 2	
Part	XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12) 1	-	<u>· ·</u>			
	Total expenses (must equal Part IX, column (A), line 25)	_			3,707	
2 3	Revenue less expenses. Subtract line 2 from line 1 3	_			2,059	
3 4					8,352	
	······································				3,945	
5	······································			-3	3,238	
6					0	
7	Investment expenses 7 Drive gradied a dividue activity 2				0	
8	Prior period adjustments				0	
9	Other changes in net assets or fund balances (explain on Schedule O)	_			-1	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))			92	2,354	
Part	XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII	• •	· ·		· · · ·	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," expla Schedule O.	ain in				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~	
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or				
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		2b	~		
b	Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	on a				
	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 oversig	ght of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	~		
	If the organization changed either its oversight process or selection process during the tax year, expla Schedule O.	explain on forth in the				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth i Single Audit Act and OMB Circular A-133?				~	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underg		-			
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit		3b			
			Eorr	990	(2019	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

1	Name	of th	e organ	nization	-

Department of the Treasury Internal Revenue Service

Employer identification number

12.	·1597	7582	

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

Secti	on A. Public Support			· •	•	,		
Calen	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	579,264	1,453,780	243,833	722,849	888,487	3,888,213	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	579,264	1,453,780	243,833	722,849	888,487	3,888,213	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
6	shown on line 11, column (f)						1,822,899	
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support						2,065,314	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	579,264	1,453,780	243,833	722,849	888,487	3,888,213	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,853	6,040	6,264	7,624	7,539	32,320	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4,000	0,040	0,204	1,024	1,007	02,020	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,276	1,542	894	3,045	0	6,757	
11	Total support. Add lines 7 through 10						3,927,290	
12	Gross receipts from related activities, etc.					12	472,909	
13	First five years. If the Form 990 is for the organization, check this box and stop he	0	,			ear as a section		
Secti	on C. Computation of Public Suppor			<u>· · · · · ·</u>				
14	Public support percentage for 2019 (line 6	•		1, column (f))		14	52.59 %	
15	Public support percentage from 2018 Sch					15	62.45 %	
16a	331/3% support test-2019. If the organi							
	box and stop here. The organization qua	-		-				
b	331 /3% support test—2018. If the organi this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		🕨 🗌	
17a	17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets the	e "facts-and-c	vircumstances" stances" test.	' test, check t The organizati	this box and s on qualifies as	top here. a publicly	
18	Private foundation. If the organization di instructions	d not check a l	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see	

Schedule A (Form 990 or 990-EZ) 2019

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Page 5

2

1

Yes No

Yes No

Part	V Supporting Organizations (continued)		Yes	No
11 а	Has 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)		103	
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		

Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	0		
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

2a

2b

3a

3b

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

Page

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

1 2	on D-Distributions Amounts paid to supported organizations to accomplish e			Current Year
2	Amounts paid to supported organizations to accomplish e			Current rear
		exempt purposes		
	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	mpt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to whicl (provide details in Part VI). See instructions.	h the organization is res	ponsive	
	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
-	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Page **8**

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

Schedule A, Part II, Line 10 - Travel rewards and other refunds.	

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

2019

	ent of the Treasury		Attach to Form 990. 90 for instructions and the latest inform	ation. Open to Public
	the organization	•		Employer identification number
				43-1597582
Part		nizations Maintaining Donor Advi	sed Funds or Other Similar Fund	
		lete if the organization answered "		
	•		(a) Donor advised funds	(b) Funds and other accounts
1	Total number	at end of year		
2	Aggregate va	lue of contributions to (during year) .		
3	Aggregate va	lue of grants from (during year)		
4	Aggregate va	llue at end of year		
		nization inform all donors and donor a		
		organization's property, subject to the		
		nization inform all grantees, donors, ar		
		itable purposes and not for the benefit		
		permissible private benefit?		· · · · · · L Yes L No
Part		ervation Easements.		
		lete if the organization answered "	· ·	
1	• • • •	conservation easements held by the o		f a biotoxically important land area
		n of land for public use (for example, recreant of natural habitat		f a certified historic structure
		on of open space		ra certilled historic structure
2		es 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
		the last day of the tax year.	d a quaimed conservation contribution	Held at the End of the Tax Year
				-
		e restricted by conservation easements		
	-	onservation easements on a certified hi		
		conservation easements included in (
			· · · · · · · · · · · · · · · · · · ·	
3	Number of co	onservation easements modified, trans	ferred, released, extinguished, or term	ninated by the organization during the
	tax year 🕨			
4	Number of st	ates where property subject to conserv	vation easement is located \blacktriangleright	
		ganization have a written policy reg		
		d enforcement of the conservation eas		
6	Staff and volu	nteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	►			
		penses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
	►\$			
		onservation easement reported on line 2		
		70(h)(4)(B)(ii)?		
		escribe how the organization reports co t, and include, if applicable, the text of		•
		s accounting for conservation easemer		inclai statements that describes the
Part	_	nizations Maintaining Collections		Other Similar Assets
i arc	-	lete if the organization answered "		
1a	-	ation elected, as permitted under FAS		e statement and balance sheet works
		ical treasures, or other similar assets		
		ide in Part XIII the text of the footnote t		
	<i>·</i>	ation elected, as permitted under FAS		
		treasures, or other similar assets held		
	provide the fo	ollowing amounts relating to these item	S:	
				► \$
	(ii) Assets inc	ncluded on Form 990, Part VIII, line 1 cluded in Form 990, Part X.....		► \$
2	If the organiz	zation received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	•	ounts required to be reported under FA		- · · ·

					-							
а	Revenue included on Form 990, Part VIII, line 1										\$	
h	Accets included in Form 000 Part V										¢	

b	Assets included in Form 990, Part X	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		\$;
_					-	_															 		

Schedu	e D (Form 990) 2019						Page 2
Part	III Organizations Maintaining	Collections of	Art, Historical	Treasures	, or O	ther Similar As	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):		her records, che	eck any of th	e follov	wing that make s	ignificant use of its
а	Public exhibition		d 🗌 Loai	n or exchang	je progi	ram	
b	Scholarly research		e 🗌 Othe	er			
С	Preservation for future generations						
4	Provide a description of the organizat	tion's collections a	and explain how	they further	the ore	ganization's exen	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						ar
Part	IV Escrow and Custodial Arra	angements.					
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on Form 990,	Part IV, lin	e 9, or	reported an an	nount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X? .						ot
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following	table:			
						A	mount
С	Beginning balance				10	>	
d	Additions during the year				10	1	
е	Distributions during the year				16	•	
f	Ending balance				11		
2a	Did the organization include an amoun					•	
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the explanati	on has been	provid	ed on Part XIII .	<u> </u>
Par			. –				
	Complete if the organization						
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back	(e) Four years back
1a	Beginning of year balance	0		0	0		0 0
b	Contributions	5,000		0	0	(0 0
С	Net investment earnings, gains, and losses	-479		0	0		0 0
d	Grants or scholarships	0		0	0		0 0
е	Other expenditures for facilities and						
	programs	0		0	0		0 0
f	Administrative expenses	0		0	0		0 0
g	End of year balance	4,521		0	0		0 0
2	Provide the estimated percentage of t		nd balance (line 1	lg, column (a	a)) held	as:	
а	Board designated or quasi-endowment	nt 🕨 <u>100</u>	<u>)</u> %				
b	Permanent endowment	<u> 0 </u> %					
С	Term endowment ►0%						
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.				
3a	Are there endowment funds not in the	e possession of th	ne organization t	hat are held	and ad	Iministered for th	
	organization by:						Yes No
	(i) Unrelated organizations				· ·		3a(i) 🗸
_	()						3a(ii) 🗸
b	If "Yes" on line 3a(ii), are the related o	•					3b
4	Describe in Part XIII the intended uses		on's endowment	funds.			
Part			" F 000			0	Davit V line 10
	Complete if the organization						
	Description of property	(a) Cost or ot (investm		t or other basis (other)		Accumulated epreciation	(d) Book value
1a	Land		0	0			0
b	Buildings		0	0		0	0
С	Leasehold improvements		0	4,450		3,814	636
d	Equipment		0	46,398		41,939	4,459
e	Other		0	99,738		48,813	50,925
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, colun	nn (B), line 1	0c.) .	🕨 📔	56,020

Schedule D (Form 990) 2019

Part VII	Investments – Other Securities.			Page J
	Complete if the organization answered "Yes" on Form 990, Part	IV. line 11b. See F	orm 990.	. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) M	ethod of valuation: nd-of-year market value
(1) Financial				
	leld equity interests			
(B)				
		-		
		-		
		-		
		-		
(G) (H)		_		
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ►	-		
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11c. See F	orm 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) M	ethod of valuation:
			Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ►			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See F	orm 990	
	(a) Description			(b) Book value
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		. ►	
Part X	Other Liabilities.	N.C. P	0.5	
	Complete if the organization answered "Yes" on Form 990, Part line 25.	IV, line 11e or 11f.	. See For	m 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal ir				0
(2) Payroll				10,293
	I Paid Time Off			10,125
(4)				
(5) (6)				
(7)				
(8)				
(9)				
<u> </u>	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<i></i>		20,418

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

Schedul	e D (Form 990) 2019				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per I	Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,039,127
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-33,238		
b	Donated services and use of facilities	2b	93,760		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	4,940		
е	Add lines 2a through 2d			2e	65,462
3	Subtract line 2e from line 1	· · .		3	973,665
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b			4c	42
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	-		5	973,707
Part				er Returr	n.
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1		• •		1	1,080,718
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	93,760		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	4,941		
е	Add lines 2a through 2d	• •		2e	98,701
3	Subtract line 2e from line 1	· · ·		3	982,017
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42		
b	Other (Describe in Part XIII.)	4b	0		
C E	Add lines 4a and 4b			4c 5	42
5 Part	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> XIII Supplemental Information.	e 10.)		5	982,059
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		art IV lines the and 2h	· Dort \/ li	ing 4: Dart V ling
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	ule D, Part V, Line 4 - The Organization's endowment consists of one fund, est	-	-		
	ation, to support the sustainability of the Organization's programs. The endow				
	it donor restriction. The board designated the donation to function as an endo				
withou		willen	•		
Sched	ule D, Part X, Line 2 - No provision for income taxes is included in the stateme	nts of	activities and changes	in net ass	ets since the
	ization is exempt from federal income taxes under Section 501(c)(3) of the Inte				
	e taxes in accordance with Financial Accounting Standards Board (FASB) Acc				
	ome Taxes, which provides guidance on how to measure and account for vari				
	terial unrecognized tax benefits or liabilities exist as of March 31, 2020 for the				
	nize interest and penalties related to the underpayment of income taxes in the				
	nder examination by any taxing authority. The Organization follows the standa				
	nined no liability should be recorded.				
Sched	ule D, Part XI, Line 2d - \$4,940 cost of goods sold included in revenue section	of For	m 990		
	¥				
Sched	ule D, Part XII, Line 2d - \$4,940 cost of goods sold included in revenue section	of For	m 990; \$1 rounding.		

		State	ement of	f Activitie	es Outside the Uni	ited States		OMB No. 1545-0047
(Form	n 990)			ization answer	ed "Yes" on Form 990, Part I			2019
	ent of the Treasury	► 0	o to www.irs		ach to Form 990. for instructions and the lates	t information.		Open to Public
	Revenue Service			.govn onnooo				Inspection
	f the organization						Employe	r identification number
Part			on Activit	tios Outsido	the United States. Con	poloto if the org	pization	43-1597582
rait		, Part IV, line			the officer states. con			
1	other assistan award the grar	ce, the grantents or assistant	ees' eligibility ce?	/ for the gran	cords to substantiate the a ts or assistance, and the	selection criteria	a used to 	Yes 🗌 No
2	For grantmak outside the Un		in Part V the	e organization	's procedures for monitorir	ng the use of its	grants a	and other assistance
3	Activities per F	Region. (The fo	llowing Part	1	can be duplicated if addition	nal space is need	ded.)	
	(a) Regior		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity lista a program so describe specif service(s) in th	ervice, ic type of	(f) Total expenditures for and investments in the region
(1)	North America (i	ncluding Canad	0	0	Grantmaking	Youth Volunteer	· Projects	2,539
(2)							-	
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
3a	Subtotal							
b	Total from sheets to Part							
с	Totals (add lin		0	0				2,539

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

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 3	by the IRS, or	for which the g	grantee or counsel h		n 501(c)(3) equivale	s by the foreign cour ncy letter		🕨	

Schedule F (Form 990) 2019

Page **2**

Part III can be duplica	ated if additional spa	ace is needed.		•	0		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							hodulo E (Earm 990) 2019

Part III 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 can be duplicated if additional space is needed.

Schedule F (Form 990) 2019

Page 3

Sched	ule F (Form 990) 2019		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	🖍 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	V 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	✓ 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	🖌 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	🖌 No

Schedule F (Form 990) 2019

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F, Part I, Line 2 - All affiliates submit a grant application to receive funding for youth volunteer projects. Our Affiliate Services Team reviews the grant applications and determines which affiliates receive funding based on the need and impact of their proposed service project. The amount of funding YVC Headquarters (YVCHQ) awards each affiliate is documented in a grant tracking spreadsheet. A memorandum of understanding that outlines the grant requirements is signed by our CEO and the executive director of the affiliate. YVCHQ then sends an award letter an check with the grant amount to the grantees. Once the grant requirements have been fulfilled by the affiliate, they then submit a grant report to YVCHQ.

SCHEDULE I	
(Form 990)	

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.



OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

YOUTH VOLUNTEER CORPS

43-1597582

Part I General Information	on Grants and	Assistance					
1 Does the organization maintain the selection criteria used to							e, and 🗹 Yes 🗌 No
2 Describe in Part IV the organ	ization's procedur	res for monitoring	the use of grant fu	inds in the United	States.		
Part II Grants and Other A Part IV, line 21, for an				II can be duplica	ated if additional	•	ered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
 2 Enter total number of section 3 Enter total number of other or 	501(c)(3) and go	vernment organiza	tions listed in the l	ine 1 table			
3 Enter total number of other or				· · · · · ·	· · · · · · · ·		. • 0

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

Part III	Grants and Other Assistance to D Part III can be duplicated if addition	Domestic Individuation nal space is needed	als. Complete if the d.	e organization answ	vered "Yes" on Form 990	, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provid	le the information r	equired in Part I, lir	ne 2; Part III, colum	n (b); and any other addit	ional information.
Schedule I	, Part I, Line 2 - The organization monitors t	o whom grants are pro	ovided, ensuring they	support the Youth Vol	unteer Corps programs.	
	Part III can be duplicated if additional space is needed. Image: Constraint of the problem is t					

Schedule I (Form 990) (2019)

Schedule I, Part IV, Staten	۱ ۱	YOUTH VOLUNTEER CORPS					
Form: Schedule I (2019)			EII	N: 43-1597582			
Page: 1				Part II, Line 1			
Desc	cription of Grants and Other Assistance to Governments a	and Organizations in the United	States				
		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.			
Name and address	Youth Alliance	43-1680758	42,355				
	5223 Mitchell Avenue						
	St Joseph, MO 64507						
IRC code section	501(c)(3)						
Method of valuation							
Desc. of Non-Cash Asst.							
Purpose of grant	youth service projects						
Name and address	YVC of Greater Philadelphia	81-3682529	28,212				
	924 Stanbridge Road						
	Drexil Hill, PA 19026						
IRC code section	501(c)(3)						
Method of valuation							
Desc. of Non-Cash Asst.							
Purpose of grant	youth service projects						
Name and address	Boys & Girls Club of Greater Baton Rouge	72-0928014	15,000				
	8281 Goodwood Blvd Suite A						
	Baton Rouge, LA 70806						
IRC code section	501(c)(3)						
Method of valuation							
Desc. of Non-Cash Asst.							
Purpose of grant	youth service projects						

SCHE	DUL	E ()	
(Form	990	or	990-	ΕZ

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.



Name of the organization	Employer identification number
YOUTH VOLUNTEER CORPS	43-1597582
Form 990, Part VI, Section B, Line 11b - The form 990 is completed by the Chief Executive Officer and the i	ndependent accountant. It is
then provided to the Treasurer and President for their approval and agreement. Next, the 990 is distributed	to all board members.
Form 990, Part VI, Section B, Line 12c - The conflict of interest policy is acted on and reviewed by the boar	rd of directors. Any person with a
conflict of interest must recuse themselves from discussion and decision making relative to the conflict o	f interest.
Form 990, Part VI, Section B, Line 15 - For the CEO compensation, an informal search of comparison data	was done by the board, in
addition to utilizing the Greater Kansas City Nonprofit Organizations and Associations salary survey repo	rt. The CEO utilized the Greater
Kansas City Nonprofit Organizations and Associations salary survey report for determining compensation	
Form 990, Part VI, Section C, Line 19 - Upon request.	
Form 990, Part XI, Line 9 - rounding	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

YOUTH VOLUNTEER CORPS

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(1 controlled entity?	
						Yes	No
(1) Support Kansas City Inc (31-1717077) 6750 Antioch Rd Suite 305, Merriam, KS 66204	Accounting and Database Services	KS	501(c)(3)	Type I Sup Org	N/A		~
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							



Employer identification number

43-1597582

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. **(a)** Name, address, and EIN of **(b)** Primary activity (e) (g) (i) (k) (c) (d) (f) (h) (i) Direct controlling Predominant Share of total Share of end-of- Disproportionate General or Legal Code V-UBI Percentage related organization income (related, amount in box 20 domicile entity income year assets allocations? managing ownership unrelated, (state or of Schedule K-1 partner? excluded from (Form 1065) foreign tax under country) sections 512-514) Yes No Yes No (1) (2) (3) (4) (5) (6)

Part IV

(7)

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section 5 contr enti	rolled
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)	-								

Part	Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line 34	1, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	izations listed in Parts	II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[1a		~
b	Gift, grant, or capital contribution to related organization(s)				1b		~
с	Gift, grant, or capital contribution from related organization(s)				1c		~
d	Loans or loan guarantees to or for related organization(s)				1d		~
е	Loans or loan guarantees by related organization(s)				1e		~
f	Dividends from related organization(s)				1f		~
g	Sale of assets to related organization(s)				1g		~
ĥ	Purchase of assets from related organization(s)				1h		~
i	Exchange of assets with related organization(s)				1i		~
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		~
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		~
I.	Performance of services or membership or fundraising solicitations for related organization(s)				11		~
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	~	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .				1n		~
o	Sharing of paid employees with related organization(s)				10		~
р	Reimbursement paid to related organization(s) for expenses				1p	~	
q	Reimbursement paid by related organization(s) for expenses				1q		~
•					•		
r	Other transfer of cash or property to related organization(s)				1r		V
S	Other transfer of cash or property from related organization(s)				1s		~
2	If the answer to any of the above is "Yes," see the instructions for information on who must c				n thre	shol	ds.
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining	amoun	it invol	ved
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(6)							

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			Yes	No			Yes	No		Yes	No	
							-					
	Primary activity	(state or foreign country)	(state or foreign country) income (related, excluded from tax under sections 512-514)	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) sec organiz yes ····- ····- ····- ····- ····-	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) section organizations? ····- ···· ···· Yes No ····- ···· ···· ···· ···· Yes No ····- ···· ···· ···· ···· ···· ···· Yes No ····- ···· ···· ···· ···· ···· ···· ···· ···· ····- ···· ···· ···· ···· ···· ···· ···· ····- ···· ···· ···· ···· ···· ···· ···· ····- ···· ···· ···· ···· ···· ···· ····- ···· ···· ···· ···· ···· ···· ···· ····· ···· ···· ···· ···· ···· ···· ····· ···· ···· ···· ···· ···· ···· ····· ···· ···· ···· ····· ···· ···· <td>(state or foreign country) income (related, excluded from tax under sections 512-514) section 501(c)(3) organizations? total income ····- ···· ···</td> <td>(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) total income section (501(c)(3)) end-of-year assets ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· <</td> <td>(state or foreign country) income (related, urrelated, excluded form tax under sections 512-514) section 501(c)(3) organizations? total income end-of-year assets alloca ····· ···· ····</td> <td>(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) section 501(c)(3) organizations? total income softion 501 end-of-year assets allocations? </td> <td>(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) section 501(c)(3) (Fes total income sasets end-of-year assets allocations? (Fes amount in box 20 of Schedule K-1 (Form 1065) </td> <td>$\left \left(\text{state or foreign} \\ \text{country} \right) \right \left \left(\text{state or foreign} \\ \text{country} \right) \right \left \left(\text{state or foreign} \\ \text{sections 512-514} \right) \right \\ \hline \mathbf{Yes} \\ \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline Yes$</td> <td>(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) section Solic(0) regainizions? total income assets end-of-year assets allocations? assets amount in box 20 of Schedule K-1 (Form 1065) manuality partner? </td>	(state or foreign country) income (related, excluded from tax under sections 512-514) section 501(c)(3) organizations? total income ····- ···· ···	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) total income section (501(c)(3)) end-of-year assets ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· ···· <	(state or foreign country) income (related, urrelated, excluded form tax under sections 512-514) section 501(c)(3) organizations? total income end-of-year assets alloca ····· ···· ····	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) section 501(c)(3) organizations? total income softion 501 end-of-year assets allocations?	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) section 501(c)(3) (Fes total income sasets end-of-year assets allocations? (Fes amount in box 20 of Schedule K-1 (Form 1065)	$\left \left(\text{state or foreign} \\ \text{country} \right) \right \left \left(\text{state or foreign} \\ \text{country} \right) \right \left \left(\text{state or foreign} \\ \text{sections 512-514} \right) \right \\ \hline \mathbf{Yes} \\ \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline Yes$	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) section Solic(0) regainizions? total income assets end-of-year assets allocations? assets amount in box 20 of Schedule K-1 (Form 1065) manuality partner?

Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.