DLN: 93493169016550 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable TELECOMMUNICATIONS FOR THE DEAF AND ☐ Address change HARD OF HEARING INC 35-1146784 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 945 THAYER AVENUE NO 8009 ☐ Amended return ☐ Application pending (301) 563-9112 City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD $\,$ 20910 $\,$ G Gross receipts \$ 450,712 Name and address of principal officer H(a) Is this a group return for CLAUDE L STOUT □Yes ☑No subordinates? 945 THAYER AVENUE NO 8009 H(b) Are all subordinates SILVER SPRING, MD 20910 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) □ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► TDIFORACCESS ORG L Year of formation 1968 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE LEADERSHIP IN ACHIEVING EQUAL ACCESS TO TELECOMMUNICATIONS, MEDIA, AND INFORMATION TECHNOLOGIES FOR DEAF AND HARD OF HEARING PEOPLE Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 84,780 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 355,860 332,116 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 137,539 103,680 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 3,782 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,658 450,712 499,839 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 294,934 224,535 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶22,275 424,141 303,133 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 719,075 527,668 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -219,236 -76,956 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 364,786 225,450 21 Total liabilities (Part X, line 26) . 111,461 67,274 158,176 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-06-17 Signature of officer Sign Here CLAUDE L STOUT EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-06-12 P00964479 Paid self-employed Firm's name ► REYNOLDS & FRANKE PC Firm's EIN ▶ 74-2516372 Preparer Use Only Firm's address ▶ 6850 AUSTIN CENTER BLVD SUITE 100 Phone no (512) 206-3141 AUSTIN, TX 78731 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page 2
Pa	till Statement	of Program Service	e Accomplis	hments		
	Check if Sche	dule O contains a respo	nse or note to	any line in this Part III		🗆
1	Briefly describe the o	rganization's mission				
					RSHIP IN ACHIEVING EQUAL ACCE	SS TO
TELE	COMMUNICATIONS, M	EDIA, AND INFORMATIO	ON TECHNOLOG	SIES FOR DEAF AND HA	ARD OF HEARING PEOPLE	
2	Did the organization	undertake any significai	nt program ser	vices during the year w	hich were not listed on	
	the prior Form 990 or	r 990-EZ?				☐ Yes ☑ No
	If "Yes," describe the	se new services on Sch	edule O			
3	Did the organization	cease conducting, or ma	ake significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedule	e O			
4	Section 501(c)(3) and		ns are required	to report the amount	largest program services, as meas of grants and allocations to others,	
4a	(Code) (Expenses \$	108,753	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4b	(Code) (Expenses \$	160,344	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	119,866	ıncludıng grants of \$) (Revenue \$	18,900)
	See Additional Data					
4d	Other program service	ces (Describe in Schedu	le O)			
	(Expenses \$	ınclı	ıdıng grants of	\$) (Revenue \$)
4e	Total program serv	/ice expenses ►	388,9	63		
						Form 990 (2018)

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Pai	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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	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	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 3	11c		No
	In Part X, line 16? If "Yes," complete Schedule D, Part IX			No
е	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏			No
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)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
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? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
-	TORK William I am I			

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

No

Nο

20b

21

22

34

35a

35b

36

37

38

0

0

1a

Yes

Yes

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Nο

Nο

Nο

Nο

Nο

Par	tiV Checklist of Required Schedules (continued)			
			Yes	No
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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

37

38

Part V

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Statements Regarding Other IRS Filings and Tax Compliance

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

13a

14a

14b

15

No

No

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13b

13c

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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? If "Yes," see instructions and file Form 4720, Schedule N

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

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lines 🗸
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
		\longrightarrow	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
h	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
		10b 11a	Yes Yes	
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			
11a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
11a b 12a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Yes	
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	11a 12a	Yes	
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	11a 12a 12b	Yes Yes	
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes Yes	
11a b 12a b c 13	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
11a b 12a b c 13 14	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
11a b 12a c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
11a b 12a c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
11a b 12a c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b 16a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? In the States with which a copy of this Form 990 is required to be filed	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
11a b 12a c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Othe	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b 16a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? List the States with which a copy of this Form 990 is required to be filed Section 6.104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • 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
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation any hours organization organizations director/trustee) from the for related (W-2/1099-(W-2/1099organization and Former individual to or director Highest compensatemples ee organizations MISC) MISC) related nstitutional ᅙ below dotted emplo organizations line) trustee Trustee Ť 1.00 (1) SHEILA CONLON-MENTKOWSKI Х Х Ω n Ω PRESIDENT 1 00 (2) JAN WITHERS Х 0 Х VICE-PRESIDENT 1 00 (3) JARVIS GRINDSTAFF Χ n 0 O Χ SECRETARY 1 00 (4) CASSANDRA BORYSLAWSKYI X Х 0 TREASURER 1 00 (5) MATT MYRICK 0 0 DIRECTOR 1 00 (6) REBECCA ROSENTHAL 0 Х DIRECTOR 1 00 (7) STEPHANIE BUELL 0 DIRECTOR 50 00 (8) CLAUDE L STOUT 100,391 7,865 EXECUTIVE DIRECTOR Form 990 (2018) Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Position (do not check more Name and Title Average Reportable Reportable Estimated hours per than one box, unless person amount of other compensation compensation is both an officer and a week (list from related from the compensation director/trustee) organization (Worganizations (Wany hours from the for related 2/1099-MISC) 2/1099-MISC) organization and organizations related Instituti below dotted organizations line)

compensated second Trustee chall trustee for			
#			
ployee			
Trust			
al trustee or			

1b Sub-Total				>			
c Total from continuation sheets to Pa	rt VII , Section	Α		▶□			
d Total (add lines 1b and 1c)			 _	▶□	100,391	0	

d	Total (add lines 1b and 1c)	0		7,865
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1s, is the sum of reportable componentian and other componentian from the			

		- 1	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

	ine 14 17 res, complete seneaule 5 to Such marviadar	3	.	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	markagar i i i i i i i i i i i i i i i i i i i	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	ı	No

		<u> </u>	-					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization 2 If "Yes," complete Schedule J for such person		5	No				
Se	Section B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received mo from the organization. Report compensation for the calendar year ending with or within the organization.		ensation	า				
	(A)	/D)		/C\				

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person		No					
Se	ection B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year							
	(A)	(B)	(C)					
	Name and business address	Description of services	Compensation					

			,		110		
Se	Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year						
	(A) Name and business address	(B) Description of services		(C) Compen			

(A) Name and business address	(B) Description of services	(C) Compensation

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

compensation from the organization ▶ 0

Part	VIII	Statement of	Revenue								
		Check If Schedul	e O contains	a respo	onse or note to any	(A) revenue	(B) Related	l or	(C) Unrelated	(D) Revenue
								exem functi reven	on	business revenue	excluded from tax under sections 512 - 514
হ হ	18	Federated campaig	ns	1a							
rant		b Membership dues		1 b	19,056						
Ağ Ğ		c Fundraising events		1c	1						
ifts ar		d Related organizatio		1d	<u> </u>						
s, G		e Government grants (co		1e	<u> </u>						
ion	1	 All other contributions, and similar amounts in 		1f	313,060						
Contributions, Gifts, Grants and Other Similar Amounts	!	above 9 Noncash contribution in lines 1a - 1f \$	ons included		<u> </u>						
Cor		h Total. Add lines 1a	-1f	•	•		332,116				
Je					Business	Code		4.700		04.70	
Ven		BLUEBOOK/TDI WORLD				900099		8,900	18,900	84,78	0
a <u>¥</u>	b	REGISTRATION				900099		8,900	18,900		
.MC€	С			_							
₹	d										
ranı	e			_							
Program Service Revenue		All other program se			1	.03,680		•		•	
		Total. Add lines 2a-2			<u> </u>	1		ī		T	
	3 .	Investment income (ii similar amounts) .	ncluding divid	ends, •	interest, and other •	.	14,916				14,916
		Income from investm				· 🗀					
	5	Royalties				٠					
	6a	Gross rents	(ı) Rea		(II) Personal						
	b	Less rental expenses									
	c	: Rental income or									
		(loss)	r (less)			_					
		Net rental income o	(i) Securit		(II) Other						
	7a	Gross amount	(1) Securit		(ii) Other						
		from sales of assets other									
		than inventory									
	b	Less cost or other basis and									
	c	sales expenses Gain or (loss)									
		Net gain or (loss) .			>	1					
۵.	8a	Gross income from fo		ents of							
Other Revenue		(not including \$ contributions reporte	ed on line 1c)		J						
eve	_	See Part IV, line 18									
r R		Less direct expense : Net income or (loss)		b							
the		Gross income from g			ents •						
0		See Part IV, line 19									
	b	Less direct expense	s	a b		-					
		: Net income or (loss)									
	10	Gross sales of invent									
		returns and allowand	ces	a							
	ь	Less cost of goods s	sold	b							
	c	Net income or (loss)	from sales of	ınveni	tory ►						
		Miscellaneous	Revenue		Business Code						
	11	a									
						1					
	b	•									
											
	Ţ										
	d	All other revenue .									
		Total. Add lines 11a			•						
	12	: Total revenue. See	Instructions								
							450,712		18,900	84,780	14,916 Form 990 (2018)

Section 501(c)(3) and 501(c)(4)	organizations must complete all columns	All other organizations must complete column (A)

ection $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	lumns All other orga	inizations must comp	elete column (A)							
Check if Schedule O contains a response or note to any line in this Part IX										
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses						
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21										
2 Grants and other assistance to domestic individuals See Part IV, line 22										
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16										
4 Benefits paid to or for members										
5 Compensation of current officers, directors, trustees, and key employees	108,256	96,149	11,906	20						
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	91,873	82,693	8,996	18-						
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	733	733								
9 Other employee benefits	8,478	8,277	201							
LO Payroll taxes	15,195	11,700	3,466	2						
L1 Fees for services (non-employees)										
a Management										
b Legal										
c Accounting	34,722		34,722							
d Lobbying										
e Professional fundraising services See Part IV, line 17										
f Investment management fees	1,388		1,388							
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,175	43,830	345							
.2 Advertising and promotion	112	100	12							
3 Office expenses	23,129	10,457	12,366	30						
4 Information technology	17,334	17,334								
.5 Royalties										
.6 Occupancy	2,921	2,488	433							
. 7 Travel	27,657	14,607	13,038	1						
.8 Payments of travel or entertainment expenses for any federal, state, or local public officials .										
.9 Conferences, conventions, and meetings	84,354	55,240	7,571	21,54						
20 Interest										
21 Payments to affiliates										
22 Depreciation, depletion, and amortization	1,944		1,944							
23 Insurance	4,531		4,531							
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e										
expenses on Schedule O) a PRINTING, SHIPING, & PO	34,816	34,445	371							
b BAD DEBT	15,140	,	15,140							
	10,910	10,910	13,110							
c LAYOUT & DESIGN	10,910	10,910								
d										
e All other expenses	E27 660	200.062	116 420	22.27						
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	527,668	388,963	116,430	22,27						
educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)										

Forn	า 990	(2018)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			13,638	1	3,317
	2	Savings and temporary cash investments		[174,264	2	29,678
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[53,337	4	66,750
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	nployees Complete		5		
Assets	7	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations. Part II of Schedule L	B(c)(3)(B), and of section 501(c)(9) istructions) Complete		6		
	8	Inventories for sale or use		8			
Ä	9	Prepaid expenses and deferred charges	6,683	9	15,478		
	10a	• • •	10a	41,862			
	b	Less accumulated depreciation	10 b	36,818	6,988	10 c	5,044
	11	Investments—publicly traded securities .			109,876	11	105,183
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equ	34)	364,786	16	225,450	
	17	Accounts payable and accrued expenses			111,461	17	54,894
	18	Grants payable				18	
	19	Deferred revenue	0	19	12,380		
	20	Tax-exempt bond liabilities		20			
Š	21	Escrow or custodial account liability Complete F	art IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ap jap		persons Complete Part II of Schedule L				22	
	22	Secured mortgages and notes navable to unrela		23			

11	Investments—publicly traded securities .	109,876	11	105,183
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	364,786	16	225,450
17	Accounts payable and accrued expenses	111,461	17	54,894
18	Grants payable		18	
10	Defended accompany	0	40	12 200

22 23

24

25

26

27

28

29

30

31 32

33

34

67,274

156.418

158,176

225,450

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1,758

111.461

91.223

162,102

253,325

364,786

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

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

23

24

26

27

28 29

30

31

32

33 34

Net Assets or Fund Balances

Form	990 (2018)				Page 12
Pai	Reconcilliation 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			450,712
2	Total expenses (must equal Part IX, column (A), line 25)	2			527,668
3	Revenue less expenses Subtract line 2 from line 1	3			-76,956
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			253,325
5	Net unrealized gains (losses) on investments	5			-18,193
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			158,176
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	· · · · · · · · · · · · · · · · · · ·			Yes	No
	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

Form **990** (2018)

Additional Data

Software ID:

Software Version:

EIN: 35-1146784

Name: TELECOMMUNICATIONS FOR THE DEAF AND HARD OF HEARING INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

TELECOMMUNICATIONS FOR THE DEAF AND HARD OF HEARING. INC. HAS TWO TYPES OF PUBLICATIONS IT DISTRIBUTES DURING THE YEAR. - TELECOMMUNICATIONS FOR THE DEAF AND HARD OF HEARING, INC WORLD WHICH IS A QUARTERLY PUBLICATION PROVIDED TO ALL MEMBERS,- BLUE BOOK IS A PUBLISHED TELEPHONE DIRECTORY TELETYPEWRITER MACHINE THAT MEMBERS HAVE FREE ACCESS TO TELECOMMUNICATIONS FOR THE DEAF AND HARD OF HEARING, INC. MEMBERS AND OTHER RESOURCE PROVIDERS ARE INCLUDED IN THE BLUE BOOK

Form 990, Part III, Line 4b: TELECOMMUNICATIONS FOR THE DEAF AND HARD OF HEARING, INC. IS WORKING TO DEVELOP UCAPTION THE WORLD'S FIRST SPEECH-DRIVEN, MULTI-LINGUAL, REAL-TIME CAPTIONING AND CORRECTING SERVICE UCAPTION IS A SCALABLE SERVICE FOR SMALL ORGANIZATIONS THAT HOST WEBINARS. ONLINE COURSE AND OTHER TYPES OF MEETINGS. YET UNABLE TO AFFORD LIVE COMMUNICATION ACCESS REALTIME TRANSLATION OR SIGN LANGUAGE INTERPRETERS. UCAPTION IS A LOW-COST.

HIGH-OUALITY CAPTIONING SERVICE WHEN CART AND INTERPRETING SERVICES ARE NOT LOGISTICALLY, TECHNICALLY, OR FINANCIALLY POSSIBLE

Form 990, Part III, Line 4c: TELECOMMUNICATIONS FOR THE DEAF AND HARD OF HEARING, INC. HOSTS A BIENNIAL CONFERENCE THAT BRINGS TOGETHER GOVERNMENT POLICY MAKERS,

INDUSTRY REPRESENTATIVES, AND CONSUMERS TO DISCUSS THE LATEST IN ACCESSIBLE TELECOMMUNICATION, MEDIA, AND INFORMATION TECHNOLOGIES FOR

PEOPLE WHO ARE DEAF, LATE-DEAFENED, HARD OF HEARING, AND DEAF-BLIND

SCHEDULE A (Form 990 or 990EZ)			plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	a section	2018 Open to Public
epartment of the sternal Revenue S lame of the o	eruse	on	► Go to	www.irs.gov/Forms	990 for the late	est information	Employer identific	Inspection
ELECOMMUNICA ARD OF HEARIN	TIONS FOR	THE DEAF ANI					35-1146784	ation number
		or Public (Charity Stat	us (All organization	s must comple	ete this part.) S		
e organizatio	n is not a	prıvate foun	dation because	e it is (For lines 1 thro	ugh 12, check o	nly one box)		
1	church, co	nvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	school des	cribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
B □ A	hospital or	a cooperati	ve hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).	
na	me, city, a	nd state	•	ed in conjunction with	·			
	-	ion operated v). (Comple		t of a college or univei	rsity owned or o	perated by a gov	ernmental unit descr	bed in section 170
_			•	governmental unit de	scribed in secti	on 170(b)(1)(A	()(v).	
			mally receives vi). (Complete	a substantial part of it Part II)	s support from a	a governmental u	ınıt or from the gener	al public described in
3	community	trust descr	ıbed ın sectio ı	170(b)(1)(A)(vi)	(Complete Part I	Π)		
				escribed in 170(b)(1) ee instructions Enter				lege or university or
fro in	om activitie vestment ii	es related to ncome and i	its exempt fur inrelated busir	(1) more than 331/3% actions—subject to cert less taxable income (le complete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test for	r public safety S	See section 509	(a)(4).	
□ m	ore publicly	supported /	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
Ty or	rpe I. A su ganızatıonı	pporting org	ganızatıon oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	supported organiz	zation(s), typically by	
m	anagement	of the supp		pervised or controlled in ation vested in the san and C.				
	•	•	-	supporting organization ions) You must com	•	•	, -	ated with, its
I Ty	/pe III no nctionally i	n-function ntegrated	ally integrate The organizatio	 d. A supporting organi n generally must satis rt IV, Sections A and 	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
: CH	eck this be	ox if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
_	-		on-functionally organizations	integrated supporting	organization		_	
				upported organization(1 (2)
	(i) Name of supported organization (ii) EIN		(11) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
					Yes	No		
tal								
	k Reducti	on Act Not	ice, see the I	nstructions for	Cat No 1128!	5F :	Schedule A (Form 9	90 or 990-EZ) 201

instructions

rage	_
170	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	iis to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T	T		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
S	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.
7							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10							
10	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.
	check this box and stop here	=				· · · · · · <u>-</u>	_
_	section C. Computation of Public						_
	Public support percentage for 2018 (line			column (f))			
				column (1))		14	
	Public support percentage for 2017 Sch					15	
16 a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif						··►□
b	33 1/3% support test—2017. If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□
17 a	10%-facts-and-circumstances test-	–2018. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						▶ □
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line	
0	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			5-	4	,	▶□
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	F L
TΩ	Trivate roundation, if the organization	ii ala not check e	4 POV OIL HIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see	

Part III

1,855,595

1,855,595

33,192

20,194

53,386

117,321

17,648

2,043,950

90 780 %

86 130 %

2 610 %

1 960 %

▶□

▶□

(f) Total

	the organization rans to	y quality under the	ne tests listeu i	below, please co	ilipiete Part II.)	
S	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	119,324	276,078	666,551	355,860	332,116	1,749,929
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	7,636	42,324		36,806	18,900	105,666
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 furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	126,960	318,402	666,551	392,666	351,016	1,855,595
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
Ь							0

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

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

(a) 2014

126,960

3.770

3,770

117,321

248,051

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))

\$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support

Amounts from line 6

Add lines 10a and 10b

regularly carried on

11, and 12)

10a

14

15

16

17

18

20

1975

Calendar year

(or fiscal year beginning in)

dividends, payments received on

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from

businesses acquired after June 30,

Net income from unrelated business activities not included in line 10b,

whether or not the business is

or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,

check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage from 2017 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2017 Schedule A, Part III, line 17

Other income Do not include gain

Gross income from interest,

(b) 2015

318,402

4,961

20,194

25,155

343,557

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

(c) 2016

666,551

5,763

5,763

14,990

687,304

(d) 2017

392,666

3.782

3,782

2,658

399,106

(e) 2018

351,016

14,916

14,916

365,932

Schedule A (Form 990 or 990-EZ) 2018

15

16

17

18

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you 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

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 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)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 3b 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 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

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 4c 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 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

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

9a 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	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	11 c		
S	ection 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, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
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)	1		
	ection 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?		103	
		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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	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	2a		
	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			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	2~		
	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? <i>Provide details in Part VI</i> .	3a		
	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	36		

Page 6

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)	1					
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1 b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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	з					
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					
				1			

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Schedule A	chedule A (Form 990 or 990-EZ) 2018 Page 8						
Part VI	Section A, lines 1, 2, 1 Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 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, es 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 and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See					
		Facts And Circumstances Test					
990 Scher	dule A, Supplemen	tal Information					
Return Reference Explanation							
	A, PART III, LINE 12, ON OF OTHER	REIMBURSEMENTS - 2016 AMOUNT \$ 390 2017 AMOUNT \$ 2,658 BAD DEBT RECOVERY - 2016 AMOUNT \$ 14,600					

INCOME

990 Schedule A, Supplemental Information						
Return Reference	Explanation					
FORM 990, SCHEDULE A, PART III, SECTION A, COLUMN B	ORGANIZATION CHANGED FISCAL YEAR FROM 3/31/2016 TO 12/31/2015 THIS CHANGE MADE IT NECESSARY TO FILE A SHORT YEAR FORM 990 IN 2015					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

DLN: 93493169016550 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** TELECOMMUNICATIONS FOR THE DEAF AND HARD OF HEARING INC 35-1146784 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Par	31111	Organizations Maintaining	Collections	of Art,	Histori	ical T	reas	ures, oi	Other	Similar A	ssets ((continued)	
3	Using items	the organization's acquisition, access (check all that apply)	ession, and othei	records	, check	any of	the fo	ollowing t	hat are a	ı sıgnıfıcant ı	use of it	s collection	
а		Public exhibition			d		Loar	n or excha	ange prog	grams			
b		Scholarly research			e		Othe	er					
С		Preservation for future generations	5										
4	Provid Part >	de a description of the organization KIII	s collections and	d explain	how the	ey furt	her th	ne organiz	ation's e	xempt purpo	se in		
5		g the year, did the organization sol s to be sold to raise funds rather th								nılar	□ Y	es 🗌 No	
Pai	rt IV	Escrow and Custodial Arra Complete if the organization		" on Fo	rm 000	\ Dart	- T\/	ino O o	r roport	ad an amoi	ınt on	Earm 000 D	art
		X, line 21.	alisweled res	OIIFO	1111 550	, rait	. IV, I	iiie 9, 0i	геропи	eu all alliot	JIIC 011	FUI 11 330, F	ait
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other	ıntermed	diary for	contri	ibutior	ns or othe	er assets	not	□ Y	es 🗌 No	
b	If "Y∈	es," explain the arrangement in Part	: XIII and comple	ete the f	ollowing	table				Α	mount	 :	
c	Begin	ining balance							1c				
d	Addıt	ions during the year							1 d				
е	Dıstrı	butions during the year							1e				
f	Endın	ig balance							1f				
2a	Did th	ne organization include an amount o	on Form 990, Pa	rt X, lıne	21, for	escrov	v or c	ustodial a	ccount li	ability?	□ Y	es 🗌 No	
b		es," explain the arrangement in Part									_		
Pa	rt V	Endowment Funds. Comple											
		·	(a)Currer			rior yea				(d)Three ye		(e)Four years	back
1 a	Beginn	ing of year balance											
b	Contrib	outions											
c	Net inv	estment earnings, gains, and losse	s										
d	Grants	or scholarships											
е		expenditures for facilities ograms											
f	Admını	strative expenses											
g	End of	year balance											
2	Provid	de the estimated percentage of the	current year end	d balance	e (line 1	g, colu	ımn (a	a)) held a	s				
а	Board	d designated or quasi-endowment 🕨											
b	Perm	anent endowment 🟲											
c		orarily restricted endowment >											
_		percentages on lines 2a, 2b, and 2c											
3а	orgar	here endowment funds not in the policition by nrelated organizations		organıza	tion tha	t are h	neld ar	nd admini	istered fo	or the	[=	Yes	No
	• •	elated organizations				· •	٠					a(ii)	
b		es" on 3a(II), are the related organiz		required	on Sche	edule R	۲۶.					3b	
4	Descr	ribe in Part XIII the intended uses o	f the organizatio	n's endo	wment	funds							
Pai	rt VI	Land, Buildings, and Equip											
	D	Complete if the organization	answered "Yes or other basis		rm 990 t or other					rm 990, Pa		ne 10. (d) Book value	
	Descri		estment)	(B) Cos	t or other	Dasis (other)	(e) Acc	umulated	uepreciation		(d) Book value	
1 a	Land												
b	Buildin	gs											
c	Leaseh	old improvements											
d	Equipm	nent					41,862	2		36,818			5,044
Tota	ıl. Add	lines 1a through 1e (Column (d) me	ust equal Form 9	90, Part	X, colui	mn (B)), line	10(c))		▶			5,044

Part VII	Investments—Other Securities. Complete if the See Form 990, Part X, line 12.				
	(a) Description of security or category (including name of security)		(b) Book value		Method of valuation end-of-year market value
	al derivatives				
	Tied equity interests	<u> </u>			
(A)					
[B)					
(C)					
(D)					
(E)					
F)					
(G)					
(H)					
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	>			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	orm 990. Pa	art IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment		ok value	(c)	Method of valuation end-of-year market value
(1)				Cost of	end-or-year market value
(2)					
(3)					
(4)					
5)					
6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) line 13)	•			
Γ otal. (Colum	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Fotal. (Colum			n 990, Part	IV, line 11d See	Form 990, Part X, line 15 (b) Book value
Part IX	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Part IX 1) 2)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Total. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Total. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organization a				(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability			n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) Fotal. (Column 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column 7) 8. 1) Federal (1) 2)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Fotal. (Columnary) Part X 1) Federal (1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Fotal. (Columnary) Part X 1) Federal (1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Fotal. (Columnary) Part X 1) Federal (1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Columpart X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
Total. (Column Part IX	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value

Page 4

1,025,862

Schedule D (Form 990) 2018

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Schedule D (Form 990) 2018

Part XI

1

Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5 450,712 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 1,121,011

2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 593,343

2b 2c c 2d Other (Describe in Part XIII) d

Add lines 2a through 2d 2e 593,343 3 527,668 3 4

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a

4b b Add lines **4a** and **4b** 4c

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 527.668

Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation

See Additional Data Table

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version:

Software ID:

EIN: 35-1146784

Name: TELECOMMUNICATIONS FOR THE DEAF AND HARD OF HEARING INC

ARD OF HEARING INC

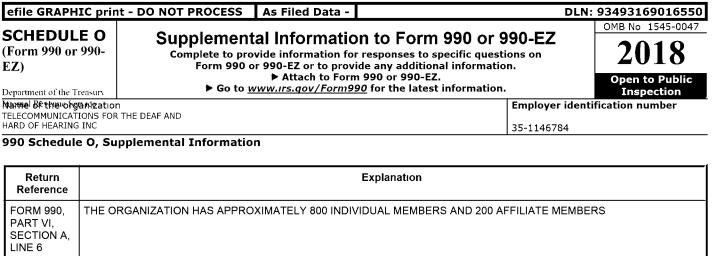
Supplemental Information

Return Reference

Explanation

PART X, LINE 2

THE MOST SIGNIFICANT TAX POSITIONS OF TDI ARE ITS ASSERTION THAT IT IS EXEMPT FROM INCOME
TAXES AND ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOM
E TAX (UBIT) MANAGEMENT HAS DETERMINED THAT TDI HAD ADVERTISING ACTIVITY SUBJECT TO UBIT
DURING THE YEARS ENDED DECEMBER 31, 2018 AND 2017 THE EXPENSES RELATED TO THE ADVERTISING
EXCEEDED THE INCOME RESULTING IN NO TAX EXPENSE (UBIT) ALL SIGNIFICANT TAX POSITIONS HAV
E BEEN CONSIDERED BY MANAGEMENT AND IT HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT
ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES



Return Explanation
Reference

FORM 990, THE ORGANIZATION HAS FIVE REGIONS, AND THE MEMBERS IN THESE REGIONS ELECT THEIR BOARD MEMB PART VI, ERS TO SERVE THE ORGANIZATION IN STAGGERED TERMS EVERY TWO YEARS, ELECTIONS ARE HELD FOR SECTION A, TWO REGIONS OR THREE REGIONS, DEPENDING ON THE STAGGERED TERMS THEMSELVES ALSO, THE ORGAN IZATION HAS THREE AT-LARGE BOARD SEATS, SELECTED BY THE BOARD ITSELF

Return Explanation
Reference

FORM 990, THE ORGANIZATION MAY BE DISSOLVED BY A VOTE OF TWO THIRDS OF THE PAID IN FULL VOTING MEMBE PART VI, RS PRESENT AT A SPECIAL MEETING CALLED FOR THAT PURPOSE SECTION A, LINE 7B

Return Explanation
Reference

FORM 990,	THE PREPARING CPA PROVIDED A DRAFT OF THE RETURN TO THE EXECUTIVE DIRECTOR WITH A DETAIL L
PART VI,	STING OF AREAS TO REVIEW THE EXECUTIVE DIRECTOR PROVIDED HIS COMMENTS TO THE TAX RETURN
SECTION B,	PREPARER AND THE REST OF THE BOARD ANY CORRECTIONS WERE MADE WITH FULL BOARD PARTICIPATIO
LINE 11B	N BEFORE FILING THE RETURN WITH THE IRS

Return Explanation

FORM 990, IF AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST ARISES, AN INTERESTED PERSON MUST DISCLOSE A PART VI, LL MATERIAL FACTS REGARDING THAT CONFLICT OF INTERESTS TO THE BOARD, AND REFRAIN FROM VOTI SECTION B, NG ON ANY ISSUES BEFORE THE BOARD WHICH INVOLVE THAT CONFLICT OF INTERESTS

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	THE BOARD HAS TAKEN INFORMATION FROM OTHER EXECUTIVE DIRECTORS OF COMPARABLE SIZE ASSOCIAT
PART VI,	ION IN THE DEAF AND HARD OF HEARING COMMUNITY THE BOARD ALSO TOOK INTO CONSIDERATION THE
SECTION B,	FACT THAT THE POSITION'S LOCATED IN THE METRO WASHINGTON DC AREA, AND COST OF LIVING IN TH
LINE 15	E AREA IS COMPARABLY HIGHER THAN IN OTHER AREAS ACROSS THE NATION

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. AVAILABLE UPON REQUEST PART VI, SECTION C. LINE 19