Form **990** (2019)

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				Under section !	501(c), 527, or	4947(a)(1) of the In	ternal Revenue Code	(except priva	te foun	dations)		A
				I			s on this form as it m				Open to l	Public
			f the Treasury nue Service	▶G	o to www.irs.	gov/Form990 for in	structions and the la	test informat	ion. (912	Inspec	tion ==
	_			dar year, or tax y	year beginnin	9	, 2019, and er	nding			, 20	
	В	Check if	applicable	C Name of organiz	zation AM	MICAN GR	ICNDS OF	465141	UQ	D Emplo	yer identification	number
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	ī	Tax-exe	mpt status	501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) or 5				t (see instruction:	s)
7		Website		NON	VE			113 AA(c) C	roup exe	emption r	number >	
,	K	Form of	organization 🗴	Corporation T	rust 🗌 Assoc	ation ☐ Other ►	L Year of f	omation 149	16	M State o	of legal domicile.	<i>N,</i> Y.
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		1					ficant activities:	AISING	Mo	NEY	FOR T	11 E
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	Activities & Governance		TORK	ALL CEN	ITER	IN TO	RUSALCH	1 SX	16	2		
	le l	2	Check this	box ▶ ☐ if the	organization	n discontinued its	operations or dispo	sed of more	than 2	5% of i	ts net assets.	
7	Ó	3	Number of	voting member	rs of the gov	erning body (Part	VI, line 1a)			3	2	
707	æ	4	Number of	independent vi	oting membe	ers of the governing	ig body (Part VI, line	1b)		4	2	
9	ies	5					019 (Part V, line 2a)			5	-0-	
_	ivit	6		er of volunteer						6	2	
,	Act	7a			-	Part VIII, column	(C), line 12			7a	-0-	
						e from Form 990-	• • • • • • • • • • • • • • • • • • • •			7b	-0-	
7							•	Pri	or Year	1	Current Ye	ear
j		8	Contributio	ons and grants (Part VIII line	1h)		. 831	89:	2-	8836	(9_
ᇦ	Revenue	9		ervice revenue (<u> </u>			~
=	Ρě	10					7d)		/0			80-
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CANNED	- 1						II, column (A), line 12		1.90	2 1	483 7	29-
"	-							77	3 000		1011 0	21
	- 1				•	IX, column (A), lin				?	1,024,0	-
			•		-	X, column (A), line		<u>, </u>	-0-			
	es	15					column (A), lines 5–10		0 -		<u> </u>	
	Expenses			_		column (A), line 1			-0-		e	
	Š	b	Total fundra	aising expenses	s (Part IX, co	lumn (D), line 25)	(C)		**			100 m
	ш	17	Other expe	nses (Part IX, c	olumn (A), Iır	nes 11a–11d, 117 t equal Part X. de	848)	· /6,	626	_	16.74	<u>6-</u>
	1		. Cta. CAPC.	.000	, , , , , , , , , , , , , , , , , , , ,	t equal Par IX, 00	[μπή (A), (Ine\25)\	679	626	\longrightarrow	1,038,7	467
		19	Revenue le	ss expenses. S	ubtract line	18 from line 12	13 2020 123	/57	177	Z		007)
	ნ წ					1/21	19	Beginning			End of Ye	ar
	sets	20	Total assets	s (Part X, line 1	6)	1.70.7		170	, 160	2-	15, 15	<u>3-</u>
	A B	21	Total liabilit	ies (Part X, line	26)	· 187. · ·	JEN.		<u>`</u>			
	Net Assets Fund Balanc	22	Net assets	or fund balance	es. Subtract	line 21 from line 2	G	. 170	160	o ~	1515	_3
		rt II	Signatu	re Block		\			,			
	Unc	ler penal	ties of perjury,	I declare that I have	e examined this	line 21 from Imp 2	mpanying schedules and	statements, and	to the b	est of my	knowledge and	belief, it i
	true	, correct	, and complete	Declaration of pro	ngarer other tha	n officer) is traspo on a	Linformation of which pre	parer has any k	nowledg	е.		
				111	MIXI.	11/10/10	wa		T		1612	0
	Sig	n	Signaty	pe of officer	1		. `	1	Date			
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	_		Type or	pnnt name and title	e t	71-18	7-4					
	D- '			preparer's name		Preparer's signature		Date	Τ,	Check] _{if} PTIN	
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7			Firm's add		ho ======	shown above? (so	no instructions)		Phone r	10		No
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

Other program services (Describe on Schedule O.)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	8	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		7
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 98-197 If "Yes," complete Schedule C, Part III	5		X
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		X
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_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		У
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			age of All Care
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		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	_X_
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		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
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		χ
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		¥
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
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	-	X
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		×
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		Х
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		7
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		¥
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete Schedule J	23		X
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		X
b	through 24d and complete Schedule K. If "No," go to line 25a	24b	<u> </u>	+
C	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		X
d		24d		1
25a		25a		1
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	i 	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			Tr.
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		4
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		4
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		IN	
	reportable gaming (gambling) winnings to prize winners?	1c	10/	1
		Form	1990	(2019)

	90 (2019)			Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a -0-	D. E. S.	es No
ь	If at least one is reported on line 2a, did the organization file all required federal employment		2b	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins		. 7.4	T. T.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ır?	3а	X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S	Schedule O .	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or ot a financial account in a foreign country (such as a bank account, securities account, or other fina		4a	X
b	If "Yes," enter the name of the foreign country ▶		1	11
E-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	•	50	311
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5a 5b	$\rightarrow \Rightarrow$
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c /	m
6a	Does the organization have annual gross receipts that are normally greater than \$100,0		100 11	47 —
	organization solicit any contributions that were not tax deductible as charitable contributions if "Yes," did the organization include with every solicitation an express statement that such	?	6a	+x
_	gifts were not tax deductible?		6b	
7	Organizations that may receive deductible contributions under section 170(c).		man and and and and and and and and and a	
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and and services provided to the payor?		7a	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	17
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property required to file Form 82827	for which it was	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal l		7e	- X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal beneated the organization specified a contribution of qualified intellectual property did the organization file form		71 7g	- × -
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file.		7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer of the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor advisor or sponsoring or spo	son?	9b	MA
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b		alle of
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources			11.
-	against amounts due or received from them.)	116	E	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	, , ,	1 .
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		T Jack Aleman se	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	***
	Note: See the instructions for additional information the organization must report on Schedul	e O. ! !	2.0	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		3 46 5
C	Enter the amount of reserves on hand	13c	146	
14a	Did the organization receive any payments for indoor tanning services during the tax year? .	Schodulo O	14a	× _
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on		14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in excess parachute payment(s) during the year?	· · · · ·	15	X
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net inve	etmont income?	16	
16	is the organization an educational institution subject to the section 4968 excise tax on het inveit functions are complete. Form 4720, Schedule O.	sament income?		
 -			Form 9	90 (2019)

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or If they governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Del dany officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management ocompany or other person? Del the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a management ocompany or other person? Del the organization make any significant directions to the organization of the organization have members or stockholders? Did the organization than members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Dear the organization have members of the governing body? Dear the organization than the power of the governing body? Dear the organization than the power of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Dear the organization have local chapters, branches, or affiliates? Dear the organization than the power of the process of 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 and declained to the organization have a written objects and procedures governing the activities of such chapters, affiliates, and b	15 511	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, furstee, or key employee have a family relationship or a business relationship with any other officer, director, furstees, or key employee store a management during the prior form 950 was fised? 3 Did the organization delegate control over management during outwards since the prior form 950 was fised? 4 Did the organization make any significant changes to its governing documents since the prior form 950 was fised? 5 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? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6 Did the organization of the governing body? 7 Bis there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have with authority to act on behalf of the governing body? 10a Did the organization have local chapters, branches, or affiliates? 10b If "ves," did the organization have written policy and behalf of the organization than the organization have a written collection of the governing body before filing the form? 10a Did the organization have written policy or procedure governing the activities of such chapters,		· · · · · · · · · · · · · · · · · · ·			. 🗷
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b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. 12a Did the organization have a written conflict of interest policy? If "No," go to Inne 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give nise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization is CEO, Executive Director, or top management official b Other officers or key employees of the organization. if "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 Other (e	10a	Did the organization have local chapters, branches, or affiliates?	10a		マ
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describe in Schedule O how this was done 12c 13 14 15c 14 15c			120		
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	C		12c		
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	13				X
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14	· · ·	14		X
The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 □ Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ M. DAWD GRAUB IND. 1368 T 71 Page Trusting NY 11367	15				-
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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 □ Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ M. DAVID QUALBAND. 13684 71 CopD Full fine School NY 11367	а		15a		10
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b	Other officers or key employees of the organization	15b	N	77
with a taxable entity during the year?		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		16a		又
organization's exempt status with respect to such arrangements?	b				
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 □ Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ M. DAVID GRAUBAND. 13684 71 Codd Function NY 11367			16b		
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 □ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ► M. DAVID GRAUBAND 13684 71 Road Function NY 11367	Section	n C. Disclosure			
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website □ Upon request □ Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► M. DAVID GRAUBAND. 13684 71 Coad Function NY 11367	17	List the states with which a copy of this Form 990 is required to be filed ▶			
Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ► M. DAVID GRAUBAND. 13684 71 Resp. FLUSHNE NY 11367	18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	* (Sect	ion 5	(01(c)
and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ► M. DAVID GRAUBAND. 13684 71 Rest FLUSANG NY 11367	40		£ !k	- -	٠
State the name, address, and telephone number of the person who possesses the organization's books and records ► M. DAVID GRAUBAND. 13684 71 Resp Fought NG NY 11367	שו		i intere	est p	опсу,
	20	State the name, address, and telephone number of the person who possesses the organization's books and rec		>	
(312) 681-1436		(212) 681-1436		990	(2019)

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Page	7

Form **990** (2019)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
				(C)					
(A) Name and title	(B) Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)			n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) M. DAVID GRAUBAN	4		_	X				_0 -	ヤー	- 0-
PRES . CITO										
(3) ROSHALL S. GOUDA	5-1			X				-0-	- v -	- 2
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										=
(10)										
(11)										
(12)							1			
(13)				1						
(14)										
				بلــــــــــــــــــــــــــــــــــــ						

Par	VII Section A. Officers, Directors,	Trustees,	Key l	Em	plo	yee	s, an	d F	lighest Compe	nsated Empl	oyees (continued)
					•	C) irtion					
	(A) Name and title	(B) Average			neck	mor	e than e		(D) Reportable	(E) Reportable	Estimated amount
		hours per week	office		dad		or/trus	tee)	compensation from the	compensation from related	of other compensation
		(list any	Individual trustee or director	Institu	Officer	ey e	Highest ∝ employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
		related organizations	dividual t	nstitutional trustee	"	Key employee	by ast 8	뾱	(2	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	related organizations
		below dotted line)	truste	trus		yee	mpen				
		dotted inter		tee			Highest compensated employee				
(15)											
(16)			-								
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
			<u> </u>								
(23)											
(24)											
(25)											
76	Subtotal		• •	•			•	>			
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•				>			
2	Total number of individuals (including but reportable compensation from the organization)		l to th	ose	list	ed a	above) W	o received more	than \$100,000	of
3	Did the organization list any former of	officer, dire	ector,	trus	stee	e, k	ey er	nple	oyee, or highes	t compensated	Yes No
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ich i	indi	vidL	ıal .				3 X
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reg greater tha	an \$1	50,0	000	? If	"Yes	s," (nd other comper complete Sched	nsation from the fule J for such	4 +
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper	nsat	ion	fror	n any	unr			
Secti	on B. Independent Contractors	11 163, 6	Ompie	310 (3011		10 0 11	0, 3,	den person .	· · · · · · · · · · · · · · · · · · ·	
1	Complete this table for your five high compensation from the organization. Repo										
	(A) Name and business addr	ess							(B) Description of serv	ıces	(C) Compensation
		1 /2									
		DNE									
2	Total number of independent contractor received more than \$100,000 of compensations							the	ose listed above	e) who	

Pa	rt VIII	Statement of Re Check if Schedule			espoi	nse or note to	any line in this P	art VIII		
		ONOUN II CONGCUIO		omano a r	ооро.		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512–514
र्घ र	1a	Federated campaig	gns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	ļ				
S, G	C	Fundraising events			1c	 				
Gifts, alilar An	d	Related organization			1d	ļ	_			
S, C	θ	Government grants	-	-	1e					
r Si	il f	All other contribution and similar amounts r			1f	883,659				
Contributions, and Other Sim	a	Noncash contributi			 "	1 50,000				
d of	"	lines 1a-1f			19	\$				
ပို့ န	h	Total. Add lines 1a				· · · · >	883.659-			
						Business Code				
ice	2a									
ğ 9	b						_			ļ
a S	C									
gram Ser Revenue	d						 			
Program Service Revenue	f	All other program s								
ū	g	Total. Add lines 2a					-0-			
	3	Investment income					1			
		other similar amour					80-			
	4	Income from investr	ment (of tax-exen	npt bo	nd proceeds >				
	5	Royalties	<u> </u>							
		_		(i) Rea	<u> </u>	(ii) Personal	-			
	6a	Gross rents	6a				_			
	b	Less. rental expenses Rental income or (loss)	6b 6c				-			
	d	Net rental income o		<u></u>						
	7a	Gross amount from	1,000	(i) Securit	ies	(ii) Other				
	'"	sales of assets								
		other than inventory	7a							
92	b	Less cost or other basis								
ther Revenue		and sales expenses .	7b	ļ						
æ	С	Gain or (loss)	7c	L						
ē	d	Net gain or (loss)				▶				
₽	8a	Gross income from events (not including		noraising						
_		of contributions re		d on line						
		1c). See Part IV, line			8a					
	ь	Less: direct expens	es .		8b					
	С	Net income or (loss)) from	fundraisin	g eve	nts 🕨				
	9a	Gross income 1				_				
		activities. See Part I			9a					
	Į.	Less: direct expens			9b					
	C	Net income or (loss)		•	ctivitie	s				
	10a	Gross sales of in returns and allowan			40-					
		Less: cost of goods			10a 10b		-			
	b C	Net income or (loss)				rv >		<u> </u>		
<u> </u>			, 🗸	. 50.00 01 111	3.70	Business Code	·			
Miscellaneous Revenue	11a									
scellaneo Revenue	b									
	С									
:S	d				.					
2	е	Total. Add lines 11a				🕨	~o~			
	12	Total revenue. See	instru	uctions .		🕨	883,739			

Pai	Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organizations	must complete colur	nn (A).
	Check if Schedule O contains a respons of include amounts reported on lines 6b, 7b,	e or note to any lin	e in this Part IX .		🗆
	b, and 10b of Part VIII.	Total expenses	(8) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1.	-		
4 5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			i	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .				·
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	12,272-			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,			
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BANK FECS	2504-			
b	DONATION	1920-			
C	DONATION NYS REMET FEE	50			
d					
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	1 038 746	-		
26	Joint costs. Complete this line only if the	'			
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOR 98-2 (ASC 958-720)				

Form **990** (2019)

	art X	Balance Sheet			- ugo .
	GI C X	Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	170,160-	1	15 153-
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	-	6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	·	8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	170,160-	16	15.153-
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	··
	19	Deferred revenue	·	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		·	
abi		controlled entity or family member of any of these persons	i	22	
⊐	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
1	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	-0-	26	15753-
Net Assets or Fund Balances	20	Organizations that follow FASB ASC 958, check here ▶ □	<u> </u>	20	
E :		and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	 	27	
3al	27	1			
μ	28	Net assets with donor restrictions	. <u> </u>	28	
F		Organizations that do not follow FASB ASC 958, check here ▶ □			
or l	20	and complete lines 29 through 33.		29	
ts	29 20	Capital stock or trust principal, or current funds	····-	30	
986	30	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		31	
Ä	31 32	Total net assets or fund balances	170,160-	32	15,153-
Š	32 33	Total liabilities and net assets/fund balances	170,160	33	15,153-
	<u> </u>	TOTAL HADINITES AND HEL ASSETS INTO DAIGNICES	1,4,100	33	13,133

c	ana ⁰	1	1
_	'AUG		4

Da	XI Reconciliation of Net Assets			
Par				
1	Check if Schedule O contains a response or note to any line in this Part XI	1 1		
2	· · · · · · · · · · · · · · · · · · ·	+	907	2/2//
3	Total expenses (must equal Part IX, column (A), line 25)	3	1,030	746-
4	Revenue less expenses. Subtract line 2 from line 1	4	<u>_43</u> .	5,007)
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5		160-
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 on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	•		
10	33, column (B))	10	15,	153-
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u> 🗅</u>
				Yes No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		##	
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain	in	3,
29	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	
	If "Yes," check a box below to indicate whether the financial statements for the year were con			
	reviewed on a separate basis, consolidated basis, or both:	ibiiea	0,	
	Separate basis Consolidated basis Both consolidated and separate basis			
ь	Were the organization's financial statements audited by an independent accountant?		2b	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on		
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of	
_	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		
	If the organization changed either its oversight process or selection process during the tax year, exschedule O.	plain o	on	
		AL AI		
38	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?		3a	MA
b		•		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	3b	ليل
			For	m 990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

20**19**

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of the organization		1	1		Employer identification	on number		
_	MERICAN PRIE			CAIL	SHEA		-2908992		
Pa					ete this	part.) See instructi	ons.		
	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	— · · · · · · · · · · · · · · · · · · ·								
	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state.								
5	An organization operated for section 170(b)(1)(A)(iv). (Cor	mplete Part II.)					ntal unit described in		
6	A federal, state, or local gove	emment or govern	nmental unit describe	d in secti	ion 170(b)(1)(A)(v).			
7	An organization that normally described in section 170(b)(y receives a sub 1)(A)(vi). (Comple	stantial part of its sup ete Part II.)	oport fron	n a gove	rnmental unit or fro	m the general public		
8	☐ A community trust described	in section 170(b	o)(1)(A)(vi). (Complete	Part II.)					
9	An agricultural research orga or university or a non-land-gr university.	nization describe ant college of ag	nd in section 170(b)(1 riculture (see instructi)(A)(ix) op ions). Ente	perated in or the nar	n conjunction with a me, city, and state o	land-grant college of the college or		
10	An organization that normally receipts from activities related support from gross investment acquired by the organization	d to its exempt functions and un	unctions—subject to d related business taxa	certain ex able incon	ceptions, ne (less s	, and (2) no more the section 511 tax) from	an 331/3% of its		
11	An organization organized an	d operated exclu	sively to test for publi	c safety.	See sect	tion 509(a)(4).			
12	☐ An organization organized and								
	of one or more publicly supp Check the box in lines 12a thr								
а	☐ Type I. A supporting orga the supported organizatio supporting organization. \	n(s) the power to	regularly appoint or e	elect a ma	ajonty of t				
ь	☐ Type II. A supporting orga					supported organizat	ion(s), by having		
	control or management of organization(s). You must	the supporting of	organization vested in	the same					
С	Type III functionally integrated its supported organization						ally integrated with,		
d	☐ Type III non-functionally		•		•		orted organization(s)		
	that is not functionally inte requirement (see instruction	grated. The orga	inization generally mu	st satisfy	a distribu	ution requirement ar			
e	Check this box if the organ functionally integrated, or	nization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III		
f	Enter the number of supported	* *	morially intogrator su	pporting (organizat.	1011.			
g	Provide the following information	•	orted organization(s).				• •		
	(f) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the o	ır governing	(v) Amount of monetary support (see instructions)	(vf) Amount of other support (see instructions)		
				Yes	No	·	•		
A)									
									
B) 									
C)									
D)									
E)							<u> </u>		
	· · · - · · · · · · · · · · · · · · · ·						·		

Par							
	(Complete only if you checked t Part III. If the organization fails to						alify under
Sect	ion A. Public Support	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	512563	552,450	589,845	831,893	883,659	3370,410
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	512563	229,420	589,845	831,893	883.619-	3370,410.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		¥€	;	169,217	221,178	390,395
6	Public support. Subtract line 5 from line	5175/2	~~·		44.		2 98001
	on B. Total Support	212,563	1))7'720	784842	662676	662 481	- 110,01
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	51256	552 400	589845	831,893	887,68	3 320 410-
8	Gross income from interest dividends, payments received on securities loans, rents, royalties, and income from similar sources	25-	17-	יטן.	10-	80-	142
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.		552 467-	589868	831,903	883739	3,319552
13	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, second				.
Secti	on C. Computation of Public Suppor	rt Percentag	0			·	
14 15 16a	Public support percentage from 2018 Schedule A, Part II, line 14						
b							
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets th	e "facts-and-c ts-and-circums	ircumstances" tances" test.	' test, check t The organization	his box and son qualifies as	a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and	s oc

Par							
	(Complete only if you checked to	he box on lin	e 10 of Part I	or if the orga	ınization faile	d to qualify ur	nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please c	omplete Part	II.)	
Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	<u> </u>	 		 	ļ	
_	sold or services performed, or facilities			ļ			
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						-
	organization's benefit and either paid to or expended on its behalf			<u> </u>			
5	The value of services or facilities			<i>y</i>			
	furnished by a governmental unit to the organization without charge	,	XI/				
6	Total. Add lines 1 through 5		1	1			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	.,					
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000	i i		/			
	or 1% of the amount on line 13 for the year			,			
С	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from				-		
-	line 6.) ,					and the second	
Secti	on B. Total Support	<u></u> .	···		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6			1.5	•		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	İ	i				
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business	İ	İ				
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets			į			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				1		
	and 12.)						
14	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth	, or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her	е					▶ 🛘
Secti	on C. Computation of Public Suppor	t Percentage	е				
15	Public support percentage for 2019 (line 8	, column (f), di	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2018 Sch	edule A, Part I	III, line 15 .			16	%
Secti	on D. Computation of Investment Inc	ome Percer	ntage				
17	Investment income percentage for 2019 (li	ne 10c, colum	nn (f), divided b	y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2018			-		18	%
19a	331/3% support tests-2019. If the organiz						
	17 is not more than 331/3%, check this box a	ınd stop here.	The organization	n qualifies as a	publicly suppo	orted organization	on 🕨 📋
b	331/3% support tests-2018. If the organization						
	line 18 is not more than 331/3%, check this b	ox and stop he	ere. The organi	zation qualifies	as a publicly su	pported organia	zation 🕨 📋
20	Private foundation. If the organization did	l not check a l	box on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b

Part	IV Supporting Organizations (continued)	
44		Yes No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
a	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
	ion B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	- 8
	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	District on the second
	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	in the same
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	TE PULL THE
	supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	To T
		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
Section	on D. All Type III Supporting Organizations	<u></u>
•		Yes No
1 3	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2 .	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
;	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organizations supported organizations have a	
	significant voice in the organization's investment voices 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.	रिधार से अवना है।
Casti	on E. Typo III Functionally Integrated Supporting Organizations	3
1	Check the box next to the method triat the organization used to satisfy the Integral Part Test during the year (see i	netructions)
a	The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	THE MAN
	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	And the second s
	that these activities constituted substantially all of its activities.	2a
Ь	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	44 44
	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
	trustees of each of the supported organizations? Provide details in Part VI.	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	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.			
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	Т		
collection of gross income or for management, conservation, or	1	ļ	
maintenance of property held for production of income (see instructions)	6	İ	
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):			Sept 1
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):		2	James and State
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	· · · · · · · · · · · · · · · · · · ·	
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	The second secon	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		and the second of the second o	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporting	organization (see

Par	Type III Non-Functionally Integrated 509(a)	Supporting Organ	izations (continued)	
Sec	tion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4		/ /		
5		111		
6				
7				
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	ch the organization is es	sponsive	
9	Distributable amount for 2019 from Section C, line 6	1/		
10	Line 8 amount divided by line 9 amount	//		
Sec	tion E-Distribution Allocations (see instructions)	(i) Excess Distributions	(li) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required-explain in Part VI). See			
	instructions.	`-		
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
b	From 2015			
<u>c</u>	From 2016			
<u>d</u>	From 2017			
ее	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u> i </u>	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:	- S		
a	Applied to underdistributions of prior years			<u></u>
	Applied to 2019 distributable amount			
с				
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
<u>b</u>	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

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2019

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