Form **9.90**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

| | nal Revent | tne Treasury Je Service | ►G | o to <i>www.ir</i> s.g | gov/Form990 for i | nstructions a | nd the late | est inform | ation. | | Inspect | ion | |
|--|--------------|--|--|------------------------|-------------------------|------------------|---------------|------------------|---------------|--|-----------------------|------------------|--|
| A For the 2019 calendar year, or tax year beginning , 2019, and ending | | | | | | | | | | | , 20 | | |
| В | Check if | applicable | C Name of organia | zation MissionG | Guides International I | nc | | | | D Employer identification number | | | |
| \Box | Address | * * | Doing business | as | | | | - | | • | 42-1628820 | | |
| \Box | Name ch | 1 | | | f mail is not delivered | to street addre | | Room/sur | te | F Telep | hone number | | |
| \exists | Initial retu | - | Number and street (or P O box if mail is not delivered to street address) Room/suite 515 S Irwin Ave | | | | | | | 9204352503 | | | |
| Η | | m/terminated | | ete or province o | ountry, and ZIP or for | reign postal cod | | L | | | 3204332303 | | |
| \vdash | | | Green Bay, WI | | odility, and zir or for | eigii postai cod | 0 | | 1 | G Gross | s receipts \$ | 50606 | |
| | Amended | | | | ficer Jeffrey J Holle | nhook | | - Iu- | \ | | | 50686 | |
| ш | Application | on pending | | • | | HIDECK | 8h | 1 ' | | - | for subordinates? LY | _ | |
| _ | Tay ayan | | 515 S Irwin Ave | _ | | T 4047(-)(4 | | | - | | tes included? L Ye | | |
| <u>'</u> - | | npt status | √ 501(c)(3) | 501(c) (|) ◀ (insert no.) | 4947(a)(1) | or/527 | | | | ist (see instructions |) | |
| <u>J</u> | | | ssionguides org/ | | | | | | 1 | | number ► | | |
| K | | <u> </u> | | rust Associa | ation | | L Year of for | mation. | 2004 | M State | of legal domicile. | Wi | |
| | art I | Summa | <u> </u> | | | | | | | | | | |
| _ | | | = | | sion or most sign | | | | | | | | |
| Activities & Governance | | A Christian r | mission mobilizing | organization tha | at exists to expose, t | rain, and equip | churches a | ind individu | ials around | d the wo | orld | | |
| Ē | | · • • • • • • • • • • • • • • • • • • • | | | | | | · | | | | | |
| ě | 2 | Check this | box ▶ ∐ if the | organization | discontinued its | operations | or dispos | <u>ed of mol</u> | rethan 2 | 5% þf | tits net assets. | | |
| ගී | 3 | number of | voting membe | rs of the gove | erning body (Part | vi, line (a). | l · | | | | | | |
| ඡ ග | | | | | rs of the governii | | | | | A | | | |
| Ę | 5 | Total numb | per of individual | ls employed i | n calendar year 2 | 2019 (Part V, | (iṛje 2a) ∆ | PR 20 | 2020 | (5) | | 1 | |
| Ę | 6 | Total numb | er of volunteer | s (estimate if | necessary) | | * | | | 6 | | | |
| ĕ | 7a ' | Total unrela | ated business r | evenue from | Part VIII, column | (C), line 12 | | O.D.E.V | LIBT | 7a | | | |
| | b | Net unrelat | ed business ta | xable income | from Form 990- | T, line 39 . | <u> </u> | <u>GDEN</u> | <u>v, U I</u> | 7b | | | |
| Revenue | | | | | | | | F | Pnor Year | | Current Ye | ar | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | | | | | | | | | 50302 | |
| | 9 | Program se | ervice revenue i | (Part VIII, line | 2g) | | | | | | | | |
| ě | 10 | Investment | : income (Part V | /III, column (A | A), lines 3, 4, and | 7d) | | | | 335 | - | 384 | |
| <u>a</u> | 11 (| Other rever | nue (Part VIII, c | olumn (A), line | es 5, 6d, 8c, 9c, | 10c, and 11e | e) | | | -2079 | | -2085 | |
| | 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | | | | | | 55045 | | 48601 | |
| | 13 | Grants and | sımılar amoun | ts paid (Part I | X, column (A), lin | nes 1–3) | | | | 27107 | | 8201 | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | | | | | | | | | |
| ģ | l . | | laries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | | | | | | 19365 | | 19401 | |
| Expenses | l . | | | | olumn (A), line 1 | | - | | | | | | |
| De l | | | _ | | umn (D), line 25) | • | 590 | | | | | <u> </u> | |
| ũ | 1 | | - | | es 11a-11d, 11f- | | | | | 10707 | | 29662 | |
| | | | | | equal Part IX, co | | | | • | 57179 | | 57264 | |
| | t . | | | | 8 from line 12 . | | | | | -2134 | | -8663 | |
| es | | | <u> </u> | | | | <u> </u> | Beginnin | g of Curre | | End of Yea | | |
| ets (| 20 | Total asset | s (Part X, line 1 | 6) | | | | | | 06679 | | 98292 | |
| Ass 1 Ba | 21 | | ties (Part X, line | | | | | | | 1682 | | 1907 | |
| Net Assets or Fund Balances | 22 | | • | • | ine 21 from line 2 | 20 | | | | 04997 | | 96385 | |
| | irt II | | re Block | co. oubliaci i | | | | | <u> </u> | 04331 | | 30303 | |
| | | | | e examined this | return, including acco | mnanving sche | dules and st | atements a | and to the h | nest of n | ny knowledge and | helief it is | |
| | | | | | officer) is based on a | | | | | | ny knowledge and | Delici, it is | |
| | -1 | \ <u>_</u> | 107 11 2/ | 200 | | | | | Ac | 20.1 | 8/2020 | | |
| Sig | ın İ | Signatu | ire of officer | | | | | | Date | 71011 | ol mm | | |
| He | i | \ | tare thile is | Edc 7 | PRESIDENT | - | | | | , | | | |
| | | Type or | print name and title | | (19CSIDCA) | | | | | | | | |
| _ | | <u>, </u> | preparer's name | - | Preparer's signature | | <u> </u> | Date | Т. | Dt | PTIN | | |
| Pa | | 1 | | | , | | } | - | | Check L self-emp | - □ □ | | |
| Pre | eparer | | | | | | | | - | | | | |
| Us | e Only | Firm's nam | | ···· | | | | | Firm's E | | · - | | |
| Mar | the ID | Firm's add | | the preparer | shown above? (a | oo inetrustis | no) | ··· . | Phone r | no. | | | |
| _ | | | | • | shown above? (s | ee mstructio | | | <u> </u> | <u>· · · </u> | Yes | | |
| ror | raperwo | ork Heducti | on Act Notice, s | ee tne separa | te instructions. | | Ca | t No 11282 | 2 Y | | ⊢orm 9 3 | 90 (2019) | |

| Form 99 | 0 (2019) | Page 2 |
|---------|---|-------------|
| Part | | |
| | Check if Schedule O contains a response or note to any line in this Part III | <u>. Ц</u> |
| 1 | Briefly describe the organization's mission: | |
| | MissionGuides International, Inc is a Christian mission-mobilizing organization that exists to expose, equip, and empower ordinary | |
| | Christians to get involved with God's extraordinary work in the world | |
| | ······································ | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | ∄ No |
| • | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | 7 No |
| | If "Yes," describe these changes on Schedule O. | <u> </u> |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measure | red by |
| • | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported. | |
| | (Code) (Expenses \$ | |
| | The only misstion of Missionguides International, Inc is to expose, equip, and empower ordinary Christians to do extraordinary ministry | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) | |
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| 4c | (Code:) (Expenses \$including grants of \$) (Revenue \$) | |
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| | | |
| • | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| | Total program service expenses ► 57264 | |



| Part IV Checklis | t of Rea | uired Sch | edules |
|------------------|----------|-----------|--------|
|------------------|----------|-----------|--------|

| | | | Yes | No |
|---------|---|-----------|-----|-------------|
| ì | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | / | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | 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 | | / |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | / |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | / |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | / |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | / |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | / |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i> | 10 | | / |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | / |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u> </u> |
| 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 | | <u> </u> |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | <u> </u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | / |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> Schedule D, Parts XI and XII | 12a | | / |
| b 13 | 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | | 1 |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | <u>√</u> |
| 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 | | <u> </u> |
| 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 | | <u></u> |
| 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 | | <u>✓</u> |
| 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 | | <u>✓</u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | ✓ |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | #4 | 8 2020 |
| | | | | |

Form **990** (2019)

| Part | Checklist of Required Schedules (continued) | | | |
|---------|--|-----|--------------|-------------|
| ۸۵ | Ditt. | _ | 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 | <u> </u> | _ |
| 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 | | |
| 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 | | _ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | ↓ ✓ |
| 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 | _ | 1 |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ↓ ✓ |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | _ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | \ \ |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | _ |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | / |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | 1 |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | / |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | V |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 | | / |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | L_ | / |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | ✓ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | / |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | / |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | / |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | 35b | | _ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | #4 | 8/503 |
| 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 | | / |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | ~ | |
| Part | | | | . 🔽 |
| | | | Yes | No |
| 1a b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1 1 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 10 | | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|------|---|----------------|----------|-------------|
| | | | Yes | No |
| Żа | 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 | l | <u> </u> | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | 1 | 1 |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | _ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. | 3b | <u> </u> | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | \vdash |
| 74 | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | ./ |
| b | If "Yes," enter the name of the foreign country ▶ | " | | -V - |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | İ |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | - |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Y |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | _ | |
| _ | | -50 | | ļ |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | 1 |
| | required to file Form 8282? | 7c | | <u> </u> |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | ļ |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7 f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | L |
| 10 | Section 501(c)(7) organizations. Enter. | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | ı |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | ļ | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | ĺ | |
| | the organization is licensed to issue qualified health plans | [| ļ | |
| C | Enter the amount of reserves on hand | <u> </u> | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | ĺ | <u></u> |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | İ | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| | If "Yes," complete Form 4720, Schedule O. | | | |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | |
|-------|--|----------|--------------|----------|
| • | Check if Schedule O contains a response or note to any line in this Part VI | | | |
| Secti | ion 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 0 |) | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent . 1b | <u>)</u> | | } |
| 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 | | 1 |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?. | 3 | | / |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 1 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | L | / |
| 6 | Did the organization have members or stockholders? | 6 | <u> </u> | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | / |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | 1 |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | / | ļ |
| b | Each committee with authority to act on behalf of the governing body? | 8b | _ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | _ |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | iue C | oae.) Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | res | ./ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | Y |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | <u>-</u> | | V |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | 7 | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | 1 | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. | 12c | • | / |
| 13 | Did the organization have a written whistleblower policy? | 13 | | 1 |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | \ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | 1 |
| b | Other officers or key employees of the organization | 15b | | / |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | <u></u> |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Secti | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ wi | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Other (explain on Schedule O) | · | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year. | | | olicy, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | > | |

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| Part VII. | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees | s, and |
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| | 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 no | r any relate | d org | anız | atio | n c | ompe | nsa | ited any current | officer, director, | or trustee. |
|---|-------------------|--------------------------------|-----------------------|------------|--------------|------------------------------|----------|-------------------------|--------------------|--|
| | | | | (0 | C) | | | | | |
| (A) | (B) | | | | ition | | | (D) | (E) | (F) |
| Name and title | Average | | | | | e than o | | Reportable | Reportable | Estimated amount |
| Walle and the | hours | | | | | is both or/trust | | compensation | compensation | of other |
| | per week | | | | | _ | <u> </u> | from the | from related | compensation |
| | (list any | ă d | ≩ | Officer | é | 漢호 | Former | organization | organizations | from the |
| | hours for related | rec 2 | ₫ | Ĕ | 9 | loy est | ₫ | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and related organizations |
| | organizations | 학교 | าล | | Key employee | မ င္ခ | ŀ | : | | related organizations |
| | below | Tus. | 3 | l . | è | npe | l | | | |
| | dotted line) | Individual trustee or director | Institutional trustee | | | Highest compensated employee | Ì | | | |
| | | | Φ | | | Ē | | | | |
| (1) James R Warpinski | | | | | | | | | | |
| Chairman | |] | | / | | | | | | |
| (2) Jeffrey J Hollenbeck | | | | • | | | | | | |
| President | | 1 | | | | | ĺ | | | |
| (3) Jeanne Wolf | | | | | | | | | | |
| Treasurer | İ | | | / | | | | | | |
| (4) Mike Fabrich | | | | - | | | | | | |
| Vice President | | | İ | / | | | | | | |
| (5) | | | | | | | | , , , , , , , , , , , , | | |
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| Compensation Comp | | Name and title Ave | | | (do not check more than o | | | | | | | | l | |
| Compensation from the organization sheets to Part VII, Section A | | | | | | | | | | 1 ' | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | 2 | Total númber of independent contractor | rs (ıncludin | a bu | t no | ot li | mite | ed to | the | ose listed above | e) who | , | | 1 |
| | _ | | | | | | | | | 450 | ., | | | 1 |

Form **990** (2019)

| | 990 (2019 | <u></u> | | | | | Page \$ |
|--|-----------|---|-----------------|-------------------|--|---------------------------------------|--|
| Par | t VIII | Statement of Revenue Check if Schedule O contains a respons | e or note to an | y lino in this Da | ort \/{III | | |
| | | Check if Schedule O contains a respons | e or note to an | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ts ts | 1a | Federated campaigns 1a | | | | | |
| Contributions. Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | | | | | ĺ |
| 2, E | С | Fundraising events 1c | 18278 | | | | |
| ar a | d | Related organizations 1d | <u></u> | | | , | |
| S. G. | e | Government grants (contributions) 1e | | | | | |
| ig is | f | All other contributions, gifts, grants, and similar amounts not included above 11 | 20100 | | | | |
| E E | _ | + | 32408 | | | 1 | |
| Öğ | g | Noncash contributions included in lines 1a–11 1g \$ | | | | | |
| a S | h | Total. Add lines 1a–1f | . b | 50686 | | | |
| | <u> </u> | Total Add Into Fa | Business Code | | | | |
| Se | 2a | Mission | | | | | |
| Program Service Revenue | b | | | · · · · | | | |
| | С | | | | | | |
| ev. | d | | | | | | |
| <u> </u> | е | | | | | | |
| چ | f | All other program service revenue | | | | | |
| - | 9 | Total. Add lines 2a–2f | | | | | |
| | 3 | Investment income (including dividends, other similar amounts) | | 384 | 384 | | |
| | 4 | Income from investment of tax-exempt bon | | | 304 | | |
| | 5 | Royalties | | | | | |
| |] | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less rental expenses 6b | | | | | |
| | С | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | + | | | | _ |
| | 7a | Gross amount from (i) Securities | (II) Uther | | | | |
| | | sales of assets | | | | | |
| • | | other than inventory 7a | | | | | |
| enne | 6 | Less cost or other basis and sales expenses . 7b | | | | | |
| | c | Gain or (loss) 7c | | | | , | |
| Ř | d | Net gain or (loss) | ▶ | | | | |
| Other Rev | 8a | Gross income from fundraising | | | | | |
| ō | | events (not including \$ | | | | | |
| | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 8a | | | | | |
| | | Less direct expenses | 2085 | 0005 | | · · · · · · · · · · · · · · · · · · · | |
| | C | Net income or (loss) from fundraising event | ts > | -2085 | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 9a | 1 | | | | |
| i | b | Less: direct expenses | | | | | |
| | | Net income or (loss) from gaming activities | > | | | | |
| | | Gross sales of inventory, less | | | | | |
| | | returns and allowances 10a | | | | | |
| | | Less; cost of goods sold 10b | | | | | |
| | С | Net income or (loss) from sales of inventory | | | | | |
| Snc | | - | Business Code | | | | |
| Miscellaneous Revenue | 11a | | | | | | |
| scellaneo Revenue | b | | | | | | |
| Re | | All other revenue | | | | | |
| Ξ | | Total. Add lines 11a–11d | ▶ | | | | |
| | | Total revenue See instructions | | 48985 | 384 | | |

Part IX Statement of Functional Expenses

| Section | on 501(c)(3) and 501(c)(4) organizations must comp | olete all columns. All | other organizations | must complete coli | ımn (A) |
|---------|---|------------------------|------------------------------|-------------------------------------|--|
| • | Check if Schedule O contains a response | | | | |
| | ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 5251 | 5251 | goneral expenses | ОЛРОПОСТ |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 2950 | 2950 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | + |
| 5 | Compensation of current officers, directors, trustees, and key employees | 17772 | 17244 | 528 | |
| 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 | 1629 | 1629 | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| đ | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 590 | 590 | | —————————————————————————————————————— |
| 13 | Office expenses | 3552 | 3552 | | |
| 14 | Information technology | | 5552 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | · · · · · · · · · · · · · · · · · · |
| 17 | Travel | 23956 | 21567 | 2260 | 30 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 23930 | 21307 | 2369 | 20 |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | 74 | 74 | | · · · · · · · · · · · · · · · · · · · |
| | | 74 | 74 | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24c amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | , | |
| a | Student/Teacher Sponsorship Fees | 1490 | 1490 | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 57264 | 54347 | 2897 | 20 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720) | | , | | |

| Part X | Balance | Sheet |
|--------|---------|-------|

| | | Check if Schedule O contains a response or note to any line in this Par | t X | | |
|-----------------------------|-----|--|---------------------------------------|----------|---|
| | - | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 106674 | 1 | 98287 |
| | 2 | Savings and temporary cash investments | 5 | 2 | 5 |
| | 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 | - 14 | | , 7 |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . | | 6 | |
| şţs | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| 4 | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments – other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments – program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 106679 | 16 | 98292 |
| | 17 | Accounts payable and accrued expenses | 1390 | 17 | 1615 |
| | 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 | |
| ies | 22 | Loans and other payables to any current or former officer, director, | | | |
| Ħ | | trustee, key employee, creator or founder, substantial contributor, or 35% | · · · · · · · · · · · · · · · · · · · | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| Liabilities | | controlled entity or family member of any of these persons | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | - | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | 200 | ^- | |
| | 26 | Total liabilities. Add lines 17 through 25 | 292 | 25 26 | 292 |
| 9 | | Organizations that follow FASB ASC 958, check here ▶ □ | 1682 | 20 | 1907 |
| Ö | | and complete lines 27, 28, 32, and 33. | | | |
| <u>la</u> | 27 | Net assets without donor restrictions | | 27 | |
| Ba | 28 | Net assets with donor restrictions | | 28 | |
| 밀 | | Organizations that do not follow FASB ASC 958, check here ▶ □ | | | |
| 교 | | and complete lines 29 through 33. | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | 104997 | 29 | 96385 |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | .5.507 | 30 | |
| SS | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 7 | 32 | Total net assets or fund balances | 104997 | 32 | 96385 |
| ž | 33 | Total liabilities and net assets/fund balances | 106679 | 33 | 98292 |
| | | | | | Form 990 (2019) |

| Page | 12 |
|------|----|
| | |

| Orm | aaa | m | 101 |
|-----|-----|---|-----|

| Par | 90 (2019) | | | | | ige 12 |
|-------------|---|----------------------------------|---------------------|----------|---------------|----------|
| | Reconciliation of Net Assets | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | <u></u> | <u>· · · </u> | _ Z |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | | 48601 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | 57264 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | -8663 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 1 | 04997 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 51 |
| 0 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | • | | | | |
| | 33, column (B)) | 10 | | | | 96385 |
| ar | XII Financial Statements and Reporting | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u>· · · ·</u> | | | يا |
| | | | _ | \dashv | 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 | explain | ın 📗 | | | |
| _ | Schedule O. | | <u> </u> | - | — | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a ∣ | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | mpiled | or | | ľ | |
| | reviewed on a separate basis, consolidated basis, or both: | | -' | | | |
| | | | 1 | ŀ | ł | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | _ | _ | | |
| b | Were the organization's financial statements audited by an independent accountant? | | · | 2b | | ✓ |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud | | · | b | | <u></u> |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: | ited o | · | .b | | √ |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | | n a | b | | ✓ |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov | ersigh | n a | | | ✓ |
| | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov the audit, review, or compilation of its financial statements and selection of an independent accounts. | ersigh ant? | n a | 2b | | √ |
| | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis ff "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, experiences. | ersigh ant? | n a | | | ✓ |
| | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov the audit, review, or compilation of its financial statements and selection of an independent accounts. | ersigh ant? | n a | | | <u></u> |
| С | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis ff "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, eschedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set for | ersigh ant? xplain | t of 2 | 2c | | |
| с 3а | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis ff "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, eschedule O. 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? | ersightant? xplain orth in | t of 2 on the 3 | | | ✓ |
| c 3a | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis ff "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, eschedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set for | ersightant? xplain orth in dergo | t of . 2 on the . 3 | 2c | | ✓ |

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.

Open to Public

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

Name of the organization

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

ation. Inspection
Employer identification number

| | fissionGuides International, Inc 42-1628820 | | | | | | | |
|---------|---|---|------------------------|---|------------|-----------------------------|-------------------------------------|--------------------------------------|
| Pa | | Reason for Public Cha | | | | | • | ons. |
| The o | - | nization is not a private founda | | • | | - | • | _ 1 |
| 1 | | A church, convention of churc | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | _ | | onjunction with a nosp | pitai desc | cribed in s | section 1/U(D)(1)(A) | (III). Enter the |
| _ | | hospital's name, city, and stati An organization operated for | | college or university | | | ad by a gayaraman | tal wast danaged and |
| 5 | | section 170(b)(1)(A)(iv). (Com | | college of drilversity | owned | operati | ed by a government | iai unit described ir |
| 6 | | A federal, state, or local gover | nment or govern | mental unit described | in secti | on 170(b) |)(1)(A)(v). | |
| 7 | | An organization that normally | | | port from | n a gover | nmental unit or fron | n the general public |
| | | described in section 170(b)(1) | (A)(vi). (Complet | te Part II.) | | | | |
| 8 | | A community trust described in | n section 170(b) |)(1)(A)(vi). (Complete | Part II.) | | | |
| 9 | | An agricultural research organi | ization described | d in section 170(b)(1) | (A)(ix) op | erated in | conjunction with a l | land-grant college |
| | | or university or a non-land-gra university: | | · | | | • | · |
| 10 | | An organization that normally | eceives: (1) mor | e than 331/3% of its si | upport fro | om contri | butions, membershi | p fees, and gross |
| | | receipts from activities related support from gross investment | tincome and un | related business taxa | ble incon | ceptions, ne (less s | ection 511 tax) from | businesses |
| | ; | acquired by the organization a | fter June 30, 19 | 75. See section 509(a | a)(2). (Co | mplete Pa | art III.) | |
| 11 | _ | An organization organized and | • | • | - | | | |
| 12 | | An organization organized and | • | • | • | | · | • • • |
| | | of one or more publicly support | | | | | | |
| _ | | Check the box in lines 12a thro | = | | | - | • | · · · · · · |
| а | L | ☐ Type I. A supporting organ | | | | | | |
| | | the supported organization supporting organization. Ye | | | | | ne airectors or trust | ees or the |
| h | Г | ☐ Type II. A supporting organ | - | | | | unnorted ergenizet | on(a) by baying |
| b | L | control or management of | | | | | • • • | |
| | | organization(s). You must | | | | , persons | that control of man | age the supported |
| С | Г | Type III functionally integ | =" | • | | onnectio | n with, and function | ally integrated with. |
| | _ | its supported organization(| | | | | | , |
| d | [| ☐ Type III non-functionally i | ntegrated. A su | pporting organization | operated | d in conn | ection with its suppo | orted organization(s) |
| | | that is not functionally integ | grated. The orga | nization generally mus | st satisfy | a distribi | ution requirement an | |
| | | requirement (see instruction | ns). You must c | omplete Part IV, Sec | ctions A | and D, ar | nd Part V. | |
| е | [| ☐ Check this box if the organ | | | | | | e II, Type III |
| | | functionally integrated, or T | ype III non-func | tionally integrated sup | oporting | organızat | ion. | · |
| f | | iter the number of supported o | - | | | | | [|
| g | Pr | ovide the following information | about the supp | orted organization(s). | | | - | - |
| | (i) N | ame of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | | rganization ir governing | (v) Amount of monetary support (see | (vi) Amount of other support (see |
| | | | | above (see instructions)) | | ment? | instructions) | instructions) |
| | | | | | Yes | No | | |
| | | | | | 163 | 140 | | |
| A) | | | | | | | | |
| B) | | | | | | | | |
| <u></u> | | · · · · · · · · · · · · · · · · · · · | _ | | | | | |
| C) | | | | | | | | |
| D) | | | | | | | | |
| E) | | | | | | | | |
| | | | | | L | | | |

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 45840 48682 50090 56789 50302 251703 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . 45840 50090 56789 50302 48682 251703 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) Public support. Subtract line 5 from line 4 251703 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 48682 45840 50090 56789 50302 251703 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources 195 193 388 Net income from unrelated business. activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 252091 Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 13 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, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2018 Schedule A, Part II, line 14 15 15 16a 331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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

| Part | | | | | | | |
|-------|---|---------------|------------------|------------------|----------------|-----------------|-------------------|
| | (Complete only if you checked the | | | | | | nder Part II. |
| | If the organization fails to qualify | under the te | ests listed bel | ow, please c | omplete Part | II.) | |
| Sect | ion A. Public Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) ∕fotal |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| _ | received (Do not include any "unusual grants.") | | | | | L | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | - | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | - | 7 | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | <u> </u> | | | 1 | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | L | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | | 1 | | | | |
| b | Amounts included on lines 2 and 3 | | İ | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | 1 | | |
| | or 1% of the amount on line 13 for the year | | | 1 | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| | on B. Total Support | | | | · | , | |
| | dar year (or fiscal year beginning in) | (a) 2015 | /(b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | <i></i> | 4 | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | İ | | |
| | acquired after June 30, 1975 | / | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | ļ | | |
| | activities not included in line 10b, whether | | | | | | |
| 4.0 | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | İ | | * |
| | loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 13 | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | e organizatio | n's first secon | d third fourth | or fifth tax v | ear as a sectio | n 501(c)(2) |
| 1-4 | organization, check this box and stop her | | | | - | | |
| Secti | on C. Computation of Public Suppor | | | | | | · · · · |
| 15 | Public support percentage for 2019 (line 8 | | | 13 column (fl) | | 15 | % |
| 16 | Public support percentage from 2018 Sch | | | | | 16 | |
| | on D. Computation of Investment Inc | | | · · · · · | | | |
| 17 | Investment income percentage for 2019 (I | | | ov line 13. colu | ımn (f) | 17 | % |
| 18 | Investment income percentage from 2018 | | | | | 18 | |
| 19a | 33//3% support tests—2019. If the organi | | | | | | |
| | 17 is not more than 331/3%, check this box | | | | | | |
| b⁄ | 331/3% support tests-2018. If the organiz | | | | | | |
| | line 18 is not more than 331/3%, check this b | | | | | | |
| 20 | Private foundation. If the organization did | d not check a | box on line 14, | , 19a, or 19b, c | check this box | and see instru | ctions ► 🗌 |

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.)

| Sect | on A. All Supporting Organizations | | T | r : . |
|------------|--|------|-----|----------|
| 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 | | Yes | No |
| _ | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | L | |
| 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). | | | |
| 32 | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | 2 | | |
| Ou | (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in 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) | 3b | | |
| 40 | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If | 3c | | |
| 4 a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | 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 | — | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| | answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document). | | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | 5a | - | <u>-</u> |
| _ | designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | İ |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or | | | |
| | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 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). | 7 | | |
| 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). | 8 | | |
| 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 . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | - Ja | | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| 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. | 9c | | |
| 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. Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to 1 | 10a | | |
| n | Lub the organization have any excess husiness holdings in the tay year) (Use Schedule Γ Form $A720$ to Γ | | | |

determine whether the organization had excess business holdings.)

10b

| Part | 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 | | L. |
| | 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 | | |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | 1 | |
| | 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. | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | 1 | | |
| _ | organization of the benefit of any supported organization other than the supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization of the first supported organization organ | i | | ŀ |
| | VI how providing such benefit carned out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Section | on C. Type II Supporting Organizations | | | <u> </u> |
| | J. J. J. J. J. J. J. J. J. J. J. J. J. J | | 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 | i | | l |
| | or management of the supporting organization was vested in the same persons that controlled or managed | i | | Í |
| | the supported organization(s). | 1 | | |
| Section | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | . | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | i |
| | 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. | | | |
| Section | on E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in | | tions | -1 |
| · a | The organization satisfied the Activities Test. Complete line 2 below. | istruc | Juons | ŋ. |
| b | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s | ee ins | tructi | ons). |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | i |
| _ | 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, | 1 | ĺ | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | 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 | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | 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 \int | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | ľ | |

| -Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | ani | zations | | | | |
|--|-----|---------------------------|--------------------------------|--|--|--|
| 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 | _ · | <u> </u> | | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | <u> </u> | | | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | | | | |
| a Average monthly value of securities | 1a | | | | | |
| b Average monthly cash balances | 1b | | | | | |
| c Fair market value of other non-exempt-use assets | 1c | | | | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | | | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | |
| 3 Subtract line 2 from line 1d. | 3 | | | | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | | | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | |
| 6 Multiply line 5 by .035. | 6 | | | | | |
| 7 Recoveries of prior-year distributions | 7 | | | | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | |
| Section C-Distributable Amount | | | Current Year | | | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | | |
| 2 Enter 85% of line 1. | 2 | | | | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | | |
| 4 Enter greater of line 2 or line 3. | 4 | | | | | |
| 5 Income tax imposed in prior year | 5 | | | | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | | | | |
| 7 Check here if the current year is the organization's first as a non-functional | | egrated Type III supports | ng organization (see | | | |
| instructions). | , | -3a . , po copport | | | | |

| Part | 1 ype III Non-Functionally integrated 509(a)(3 | s) Supporting Organi | zations (continuea) | T | | |
|----------------|---|---------------------------|---|----------|--|--|
| \$ect | Section D—Distributions | | | | | |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | | | |
| 2 | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity | orted | | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | nizations | | | | |
| $-\frac{3}{4}$ | Amounts paid to acquire exempt-use assets | <u></u> | | | | |
| <u> </u> | Qualified set-aside amounts (prior IRS approval required) | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. | h the organization is res | sponsive | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | ······································ | | | |
| 10 | Line 8 amount divided by line 9 amount | <u> </u> | | | | |
| Sect | Section E—Distribution Allocations (see instructions) (i) Excess Distributions Pre-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 | | | | | |
| а | From 2014 | 15 | | | | |
| b | From 2015 | | | | | |
| c | From 2016 | | | | | |
| <u></u> | From 2017 | | 1 | <u> </u> | | |
| e | From 2018 | | | | | |
| f | Total of lines 3a through e | | | | | |
| <u>g</u> | Applied to underdistributions of prior years | | | | | |
| | Applied to 2019 distributable amount | | | | | |
| <u>i</u> _ | Carryover from 2014 not applied (see instructions) | | *************************************** | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | |
| 4 | Distributions for 2019 from Section D, line 7: \$ | · | | | | |
| | | | | | | |
| <u>a</u> b | Applied to underdistributions of prior years Applied to 2019 distributable amount | | | | | |
| <u>b</u> | Remainder, Subtract lines 4a and 4b from 4. | | | | | |
| _ _ | Remaining underdistributions for years prior to 2019, if | <u> </u> | | | | |
| 3 | 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 | 1 | | | | |
| b | Excess from 2016 | | | | | |
| c | Excess from 2017 | | | | | |
| d | Excess from 2018 | | | | | |
| | Excess from 2019 | | | | | |

| Page 🕻 | 3 |
|--------|---|
|--------|---|

| 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 D (Form 990)

Supplemental Financial Statements

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

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

| Mission | Guides International, Inc | | 42-1628820 |
|---------|--|--|---|
| Par | | | ls or Accounts. |
| | Complete if the organization answered " | T. C. C. C. C. C. C. C. C. C. C. C. C. C. | r |
| _ | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | <u> </u> |
| 5 | Did the organization inform all donors and donor funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, a | · · | |
| 6 | only for charitable purposes and not for the benefit | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| Part | II Conservation Easements. | | |
| | Complete if the organization answered " | Yes" on Form 990. Part IV. line 7. | |
| 1 | Purpose(s) of conservation easements held by the | | |
| • | Preservation of land for public use (for example, recre | | f a historically important land area |
| | ☐ Protection of natural habitat | · | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization he | eld a qualified conservation contribution | n in the form of a conservation |
| | easement on the last day of the tax year. | • | Held at the End of the Tax Year |
| а | Total number of conservation easements | | . 2a |
| b | Total acreage restricted by conservation easements | s | . 2b |
| C | Number of conservation easements on a certified h | astoric structure included in (a) | . 2c |
| d | Number of conservation easements included in (| (c) acquired after 7/25/06, and not o | na |
| | historic structure listed in the National Register . | | . 2d |
| 3 | Number of conservation easements modified, trans | sferred, released, extinguished, or term | ninated by the organization during the |
| | tax year > | | |
| 4 | Number of states where property subject to conser | | |
| 5 | Does the organization have a written policy reg | | - |
| | violations, and enforcement of the conservation eas | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | cung, nandling of violations, and emorcing | conservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting | a handling of violations, and enforcing of | consoniation agreements during the year |
| • | ►\$ | ng, rianding of violations, and emorcing t | conservation easements during the year |
| 8 | Does each conservation easement reported on line | 2(d) above satisfy the requirements of s | section 170/h)/4)/R)(i) |
| Ü | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports c | | |
| _ | balance sheet, and include, if applicable, the text of | | |
| | organization's accounting for conservation easeme | nts. | |
| Part | | | Other Similar Assets. |
| | Complete if the organization answered " | Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FAS | B ASC 958, not to report in its revenue | e statement and balance sheet works |
| | of art, historical treasures, or other similar assets | | |
| | service, provide in Part XIII the text of the footnote t | to its financial statements that describe | es these items. |
| b | If the organization elected, as permitted under FAS | | |
| | art, historical treasures, or other similar assets held | | earch in furtherance of public service, |
| | provide the following amounts relating to these item | ns: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | · · · • \$ |
| _ | (II) Assets included in Form 990, Part X | | > \$ |
| | If the organization received or held works of art, | | assets for financial gain, provide the |
| | following amounts required to be reported under FA | • | . • |
| | Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X | | • |
| U | assers included in COME SSU, FALLA | | – 3 |

| Page | 2 |
|------|---|

| Par | Organizations Maintaining | Collections of | Art, His | torical | <u>Treasures</u> | <u>, or Ot</u> | her Similar As | sets (con | tinued) |
|--------|--|-----------------------------|-------------|------------|-------------------------|----------------|------------------------|---------------|-------------|
| . 3 | Using the organization's acquisition, collection items (check all that apply): | | ther reco | rds, ched | ck any of th | e follov | ving that make si | gnificant u | ise of its |
| а | ☐ Public exhibition | | d | □ Loan | or exchang | je progr | am | | |
| b | ☐ Scholarly research | | е | ☐ Other | r | | | | |
| С | ☐ Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organizat XIII. | ion's collections | and expl | ain how t | they further | the org | janization's exem | ipt purpos | e ın Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | r Yes | □ No |
| Part | | | | | | | | | |
| | Complete if the organization 990, Part X, line 21. | | | | | | | | orm |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | | | | | | t □ Yes | □ No |
| b | If "Yes," explain the arrangement in Pa | art XIII and compl | lete the fo | llowing t | able: | | | <u> </u> | |
| | | | | | | | | nount | |
| C | Beginning balance | | | | | 10 | | | |
| d | Additions during the year | | | | | 1d | | | |
| e | Distributions during the year | | | | | 1e | - | · · · · · · · | |
| f | Ending balance | | | | | <u>_1f</u> | <u> </u> | | |
| 2a | Did the organization include an amour | | | | | | • | | |
| | If "Yes," explain the arrangement in Pa | art XIII. Check hei | re if the e | xplanatio | n has been | provide | ed on Part XIII . | • • • | <u> </u> |
| Par | | | | 000 1 | D = -4 N/ 15 = - | - 40 | | | |
| | Complete if the organization | | | | | | | r | |
| 4 - | Danis and the state of | (a) Current year | (D) Pri | or year | (c) Two year | rs back | (d) Three years back | (e) Four ye | ars back |
| 1a | Beginning of year balance | | ļ | | | | | | |
| b | Contributions | | _ | | | | | ļ | |
| С | Net investment earnings, gains, and losses | | | | | | | | |
| đ | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance [| | | | | | | | |
| 2 | Provide the estimated percentage of the | he current year er | nd balanc | e (line 1g | , column (a |)) held a | as: | | |
| а | Board designated or quasi-endowmer | ıt ▶ | % | | | | | | |
| b | Permanent endowment ▶ | % | | | | | | | |
| C | Term endowment ▶ % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2 | 2c should equal 1 | 00%. | | | | | | |
| 3a | Are there endowment funds not in the organization by: | possession of the | he organi | zation tha | at are held | and adı | ministered for the | | es No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | |
| | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related or | ganizations listed | d as requi | red on So | chedule R? | | | 3b | |
| _4_ | Describe in Part XIII the intended uses | of the organization | on's endo | wment fi | unds. | | | | |
| Part | | | | | | | | | |
| | Complete if the organization | answered "Yes | " on For | m 990, F | Part IV, line | 11a. S | See Form 990, I | Part X, line | e 10. |
| | Description of property | (a) Cost or of (investment) | | | or other basis ther) | | Accumulated preciation | (d) Book va | alue |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| С | Leasehold improvements | | | | | | | | |
| d | Equipment | | | | | | | | |
| е | Other | | | | | | | | |
| Total. | Add lines 1a through 1e. (Column (d) m | ust equal Form 9 | 90, Part) | (, column | (B), line,10 | c.) | > | | |

| Part VII | Investments—Other Securities. Complete if the organization answered "Yes" on Fori | m 990 Part IV lin | e 11b. See Form | 990 Part X line 12 |
|----------------|---|------------------------|-------------------|---|
| • | (a) Description of security or category (including name of security) | (b) Book value | (c) Met | nod of valuation -of-year market value |
| (1) Financial | derivatives | | | |
| (2) Closely h | neld equity interests | _ | | |
| (3) Other | | | | |
| (A) | | | | |
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| (H) | mn (b) must equal Form 990, Part X, col (B) line 12.) . ▶ | | I. | |
| Part VIII | Investments—Program Related. | | <u> </u> | |
| r al t VIII | Complete if the organization answered "Yes" on Fori | m 990 Part IV lin | e 11c. See Form | 990 Part X line 13 |
| | (a) Description of investment | (b) Book value | (c) Meti | nod of valuation of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨 | | <u> </u> | |
| Part IX | Other Assets. | 000 D 111/1 | 4410 5 | 000 5 17 1 45 |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, IIn | e 11a. See Form | • |
| | (a) Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | ·-·· |
| | mn (b) must equal Form 990, Part X, col. (B) line 15.) | | | · · · · · · · · · · · · · · · · · · · |
| Part X | Other Liabilities. Complete if the organization answered "Yes" on Form | n 990, Part IV, lin | e 11e or 11f. See | Form 990, Part X, |
| | line 25. | | | |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Federal in | | | | 220 |
| (2) State Wit | hholding | | | |
| (3) | | | | |
| (4) | | | | <u> </u> |
| (5) | | | | |
| <u>(6)</u> | | | | |
| <u>(7)</u> | | | | |
| (8) | | | | |
| (9) | mn (b) must equal Form 990, Part X, col. (B) line 25.) | | | 292 |
| | runcertain tax positions. In Part XIII, provide the text of the footnot | te to the organization | <u></u> | |
| | s liability for uncertain tax positions under FASB ASC 740. Check | | | |

| Part | | - | er Return. |
|--------------------------|--|-------------------|---|
| | Complete if the organization answered "Yes" on Form 990, | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | · 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 1 1 | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | | |
| C | Recoveries of prior year grants | | g to the state of |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | · 2e |
| 3 | Subtract line 2e from line 1 | · · · · · · · · · | . 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | | 40 |
| _ | Add lines 4a and 4b | | |
| 5 Part | | | |
| rait | Complete if the organization answered "Yes" on Form 990, | | per neturn. |
| 1 | Total expenses and losses per audited financial statements | raitiv, iiie iza. | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | • |
| a | Donated services and use of facilities | 2a | [· |
| b | Prior year adjustments | | |
| C | Other losses | <u> </u> | |
| d | Other (Describe in Part XIII.) | | |
| | Add lines 2a through 2d | | . 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| | | T | |
| b | Other (Describe in Part XIII.) | 4b | |
| | Other (Describe in Part XIII.) | | . 4c |
| |). | | |
| с 5 | Add lines 4a and 4b | | |
| c 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are | ne 18.) | 2b; Part V, line 4; Part X, line |
| c 5 Part Provid | Add lines 4a and 4b | ne 18.) | 2b; Part V, line 4; Part X, line |
| c 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are | ne 18.) | 2b; Part V, line 4; Part X, line I information. |
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| c 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.) | 2b; Part V, line 4; Part X, line I information. |
| c 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.) | 2b; Part V, line 4; Part X, line I information. |
| c 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.) | 2b; Part V, line 4; Part X, line l information. |
| c 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.) | 2b; Part V, line 4; Part X, line l information. |
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| c 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.) | 2b; Part V, line 4; Part X, line l information. |
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| c 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.) | 2b; Part V, line 4; Part X, line l information. |
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| Schedule D (Fo | rm 990) 2019 | Page 5 |
|----------------|--------------------------------------|--------|
| Part-XIII- | Supplemental Information (continued) | |
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

| Name of the organization | Employer identification number |
|---|--------------------------------|
| MissionGuides International, Inc | 42-1628820 |
| THIODICITY OF THE THE THE THE THE THE THE THE THE THE | |
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| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
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| lame of the organization | Employer identification number |
| MissionGuides International, Inc | 42-1628820 |
| | |
| Part VI Line 11b No need to review | |
| Part VI Line 19 No documents available to be made public | |
| Part XI Line 9 Amount needed to balance beginning and ending assets | |
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