(Rev. January 2020)

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Return of Organization Exempt From Income Tax	<b>)</b>	Return of	<b>Organization</b>	<b>Exempt From</b>	<b>Income Tax</b>
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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

	artment of t	the Treasury		ov/Form990 for instruction		_	-		pen to Pt Inspectio	
A			dar year, or tax year beginning	<del></del>	2019, and end				20	البيستية
<u></u> В	Check if a		C Name of organization African G	<del> </del>	2010, 4112 0111			<u>`</u>	dentification n	umber
	Address c		Doing business as AGE	in Equity nic.					-0869194	
H	Name cha	•	Number and street (or P.O. box if		E Telephone n					
H	Initial retu	-	511 Bierne Ave	That is not delivered to sheet at	30,000)	Room/surl	.	-	-539-0069	
H		v/terminated	City or town, state or province, co	untry and 7IP or foreign postal	code	<u> </u>			-333-0003	
$\exists$	Amended		Huntsville, Al 35801	runtry, and zir or foreign postar	COGE		1	G Gross receip	nte \$	
H	Applicatio		F Name and address of principal offi	icer		A His	) le thie a gra		dinates? Yes	Z No
ч	Applicatio		Heather Kilgore, 511 Bierne Av		$\sim$	- /			uded X Yes	
_	Tax-exem		501(c)(3) 501(c) (		(a)(1) or 527			ttach a list. (se	•	
<u></u>	Website:			, , , , , , , , , , , , , , , , , , , ,		<del>/</del>		emption numb	•	
ĸ			Corporation Trust Associat	tion ☐ Other ▶	L Year of for		2012	M State of leg	1 - 1 - 1	Al
P	art I	Summa			1					
			cribe the organization's missi	lon or most significant ac	tivities: Prom	note and a	ssist in t	he developr	nent of	
9	I	_	opportunities for the African of	_						
ä	_			4						*
Governance	2 0	Check this	box ▶ ☐ if the organization	discontinued its operation	ns or dispos	ed of mo	re than 2	5% of its n	et assets.	
Š	1		voting members of the gover	•	•			3		3
8	1		independent voting member	• • •	•			4		0
Activities &			per of individuals employed in		•			5		
₹.	1		er of volunteers (estimate if r	•				6		4
ઍ			ated business revenue from F	• •				7a		0
	i .		ed business taxable income	, , , , , , , , , , , , , , , , , , , ,				7b	,	<u>~</u>
						1	Prior Year	`	Current Year	
Ф	8 0	Contributio	ns and grants (Part VIII, line	1h)	<i>.</i>			10056		5272
Ž	9 F	rogram se	ervice revenue (Part VIII. line :	20)				10000	· · ·	
Revenue	10 li	nvestment	income (Part VIII, column (A)	), lines 3, 4, and (a) E. V	(E.D					
Œ	11 0	Other rever	nue (Part VIII, column (A), line	s 5, 61, 8c, 9c, 10c, and	11e) . ပ္တ.				· · · · · · · · · ·	
			ue-add lines 8 through 11 (m		B(A)) line (2)			10056		5272
			similar amounts paid (Part D					10622		3625
	14 E	Benefits pa	id to or for members (Part IX	, column (A), line 4)	<u></u> -!≌,					
Ś	15 S	alaries, otl	ner compensation, employee b	penefits (Part X Column )	), lines 5-10)					
Expenses			al fundraising fees (Part IX, co							
8	ьт	otal fundr	aising expenses (Part IX, colu	ımn (D), line 25) ▶					·-···	
ũ	17 C	Other expe	nses (Part IX, column (A), line	es 11a-11d, 11f-24e)				350		500
	18 T	otal exper	nses. Add lines 13-17 (must e	equal Part IX, column (A),	line 25) ،			10972		4125
	19 F	levenue le	ss expenses. Subtract line 18	8 from line 12				(916)		1147
Net Assets or Fund Balances						Beginnin	g of Curre		End of Year	
sets alan	20 T	otal asset	s (Part X, line 16)					431		1578
Ž	21 T	otal liabilit	ies (Part X, line 26)							
₹.E	22 N	let assets	or fund balances. Subtract lin	ne 21 from line 20	· · · · ·			431		1578
Pa	art II	Signatu	re Block				·····			
Un	der penaltie	es of penjury,	I declare that I have examined this re	eturn, including accompanying s	schedules and st	atements, a	ind to the l	best of my kno	wledge and be	elief, it is
true	e, correct, a	ing complete	. Declaration of preparer (other than	omicer) is based on all information	on of which prep	arer nasany	/ Knowlead	je. 		
<b>0</b> :-		_ <u>K</u>	were of live							
Sig		Signatu	re of officer	0- 00-	سيه س		Date	4-200		_
He	re	世纪		ORK - PRESI	JEGV (		10	NHAL	2020	<u>'</u>
			print name and title							
Pa	id	Print/Type	preparer's name	Preparer's signature		Date		Check [] if	PTIN	
_	parer							self-employed	<u> </u>	
	e Only	Firm's nam		<del> </del>			Firm's	EIN ►		
		Firm's add		h			Phone	no.		
May	tne IHS	discuss t	his return with the preparer s	nown above? (see instru	ctions)	· · ·	· · ·	• • •	☐ Yes [	<u>No</u>



Part IV Checklist of Required Schedule	Part IV
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		1
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		<b>\</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			128 A 3
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		1
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		1
C	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		1
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		1
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
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		✓
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		<b>√</b>
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		✓

Part i	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 are transaction.	24d 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		1
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		1
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		<b>√</b>
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		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	<b>✓</b>
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	ļ	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
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	ļ	1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	1
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		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🗆
_		(a. a.z.	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	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
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		37.2	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	l	1
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		25.2	
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		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
⊸6a	Does the organization have-annual-gross receipts that are normally greater than \$100,000; and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	د	/
ь	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).			E MA
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		233	
e	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? .	71		L
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		<u> </u>
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			20
	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		<u> </u>
ď	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	388		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	364	7000-FC7
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b>FEET OF</b>	Marke a	AL REAL
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	9249000	1.000000
	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		2.00	
	the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand	化物理		金牌等
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	├—	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	<b>-</b>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			]
	excess parachute payment(s) during the year?	15	~20035120F	SHEET COMP
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	सुद्धे <u>शस्त्र</u> स्टब्स	S/FRANKISK
	If "Yes," complete Form 4720, Schedule O.	1	原理機	<b>医聚物</b>

rart	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI				<b>7</b>
Section	on 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	3		
	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.	ı			
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	o 🎎		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	elationship with			
	any other officer, director, trustee, or key employee?		2		1
3	Did the organization delegate control over management duties customarily performed by or u	under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or ot	her person?.	3		✓
4	Did the organization make any significant changes to its governing documents since the prior For		4		✓
5	Did the organization become aware during the year of a significant diversion of the organization	n's⊧assets?≟	. · · · 5	: ١٠٠٠ تا	√.;·
6	Did the organization have members or stockholders?		6		<b>✓</b>
7a	Did the organization have members, stockholders, or other persons who had the power to o	elect or appoint			
	one or more members of the governing body?		7a	-	<b>-</b>
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	by) members,	7b	ŀ	1
8	Did the organization contemporaneously document the meetings held or written actions und	dertaken durina		<b>医</b>	
	the year by the following:	J			
а	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	<b>√</b>	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule C		9		✓
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the	Internal Reve	nue C	ode.)	<u> </u>
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	ļ	<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemptors.		10b		}
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	To ming the form.	11 Part 12 1	180 M	光灯港
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Market St.
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	a rise to conflicts?	12b	7	<b></b>
C	Did the organization regularly and consistently monitor and enforce compliance with the p			<del></del>	
_	describe in Schedule O how this was done		12c	1	
13	Did the organization have a written whistleblower policy?		13		1
14	Did the organization have a written document retention and destruction policy?		14	-	1
15	Did the process for determining compensation of the following persons include a review a	nd approval by		200	
	independent persons, comparability data, and contemporaneous substantiation of the deliberatio				
а	The organization's CEO, Executive Director, or top management official		15a		1
b	Other officers or key employees of the organization		15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			4.3	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?	ar arrangement	16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its			<b>紫色</b> 紫
_	participation in joint venture arrangements under applicable federal tax law, and take steps to	o safeguard the			
	organization's exempt status with respect to such arrangements?		16b	<u> </u>	L
	on C. Disclosure	· · · · · · · · · · · · · · · · · · ·			
17					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable		T (Sec	tion !	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that  Own website Another's website Upon request Other (explain on Sc				
19	Describe on Schedule O whether (and if so, how) the organization made its governing docu and financial statements available to the public during the tax year.	ments, conflict	of inte	rest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	corde	<b>•</b>	
	Heather Kilgore, 511 Beirne Ave. Huntsville, Al. 35801	5 555NG and N		-	

			•	
p,	20	10		"

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Form	990	COLLI	191

David VIII	0			
Part VII	<b>Compensation of Officers, Directo</b>	rs, Trustees. Key Employee	es, Highest Compensated	Employees, and
		, , , , ,	, ,	
	Independent Contractors			

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if fielther the organization no	r arry relate	a org	ar IIZ	auc	ט ווכ	ombe	:1150	ited any current	onicer, director,	or trustee.
				(4	C)					
<b>(A)</b>	(B)				ition			(D)	(E)	(F)
Name and title	Average hours per week	orage box, unless person is both an officer and a director/trustee)					n an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Heather Kilgore	2		İ	1						
President		<b>✓</b>	✓	✓	L			0	. 0	(
(2) Mark F. McClellan	.025				1			ļ	i	
Director	ļ <u>.</u>	<b>/</b>	1					0	0	
(3) Pion Veranek	.025	_	_							
Director		/	✓	_	_		L.	0	0	
(4)										
(5)										
(6)	· - , w M	تحرشاة	1 4, 10	دء	-1	******	3,50	The state of the s	rawn o gwlafgaaghaf Bug	
(7)			<u> </u>					100		
(8)										
(9)										
(10)					-					<u> </u>
(11)										
(12)										
(13)										
(14)						-				

Part	VII Section A. Officers, Directors, 1	Trustees,	Key i	Em	plo	yee	s, an	d H	lighest Compe	nsated	Emplo	yees (continued)
	(A) Name and title	(B) Average hours	officer and a director/trus				is both	n an Reportable tee) compensation		(E) Reportable compensation from related	table sation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from re organiz (W-2/109	ations	compensation from the organization and related organizations
(15)			-									
(16)											-	
(17)	· · · · · · · · · · · · · · · · · · ·	₩. · A· >		****		**14	h1 ;	-				
(18)				_				ļ				
(19)			-									
(20)				-	<u> </u>							
(21)					_							
(22)											-	
(23)												
(24)												
(25)												
1b c d	Subtotal	VII, Sectio		•	•	• •	•	<b>&gt; &gt;</b>				
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received mor	e than \$1	00,000	
<b>3</b> ,	Did the rorganization list any former comployee on line 1a? If "Yes," complete s	officer, - dire Schedule J	ector,	tru uch	ste indi	e, k ividu	ey e ual	mpl	oyetê, or highes	st compe	ensated 	Yes No 3 ✓
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	ompe compl	nsai ete	tion Sch	froi edu	m any ile J f	uni or s	related organizat	tion or in	dividual	
	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Repo	est compen	ensate sation	ed n for	inde the	eper	ndent lenda	co r yea	ntractors that r ar ending with or	eceived within th	more t e organ	han \$100,000 of ization's tax year.
	(A) Name and business add	ress		-					(B) Description of serv	rices		(C) Compensation
								_		<del></del>		· · · · · · · · · · · · · · · · · · ·
		<del></del>		-	_							
2	Total number of independent contracto received more than \$100,000 of compensations	rs (includir	ng bu	t n	ot I	mit	ed to	th	ose listed abov	e) who		

	90 (2019		(A)							Page
Part	VIII	Statement of Rev Check if Schedule			enor	se or note to ar	ov line in this P:	art VIII		Г
		OHSON II CONCOUNT	0 001	ntanio a re		iso of froto to di	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues			1b					
عَ ق	С	Fundraising events			1c					
ifs F A	d	Related organization			1d	ļ <u>.</u>				
a, i≣	е	Government grants		-	1e					
	f	All other contribution					47.77			
ber Et		and similar amounts no			1f	5272		7.7		*#**
草豆	9	Noncash contributions included in lines 1a–1f 1g								
3 5	h	Total. Add lines 1a-			<u> 'y</u>	<u>►</u>	5272			
	<del>- "</del>	Total: Add lines 14	<u>'''                                  </u>	• • •	; .	Business Code 4				
8	2a		,		ŭ		SAN CHANNEL CEREMINATE ATTA	TOTAL MANAGEMENT OF THE MANAGEMENT OF THE PARTY OF THE PA		The to the latest to the latest to
و چَ	ь									
S S	С									
gram Ser Revenue	d									
Program Service Revenue	е							<b>.</b>		ļ
م	f	All other program se						STATES OF THE STATES OF	4.49602777777	Per increase and the
	9	Total. Add lines 2a- Investment income							Name of the Control o	
	3	other similar amoun		_						
	4	Income from investr	-							
	5	Royalties			•	▶		<b>†</b>		
		·		(i) Rea	1	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	$\overline{}$							
	С	Rental income or (loss)				1				
	d	Net rental income o	r (loss	•				e eta casaciamo describarrora	Verenous sources and to	
	7a	Gross amount from		(i) Securi	nes	(ii) Other				
		sales of assets other than inventory	7a							
Φ.	<b>.</b>	Less: cost or other basis		· · · · ·						
nue		and sales expenses .	7b							
eve	С	Gain or (loss)	7c							
Œ	₃ d	Net gain or (loss)	•			🕨				
Other Reve	8a :	Gross, income from		ndraising,	٠ ج	चर्र जार क्ष				
0		events (not including				,				
		of contributions repart IV, line				1				
i		•			8a					
	[	Less: direct expension Net income or (loss)			8b	ents			<b>本部於了一种基準的影</b>	
	с 9а	Gross income f			y eve	<u>-</u>		ASSESSED FOR		
	Ja	activities. See Part I			9a					
	ь	Less: direct expens			9b	· · · · · · · · · · · · · · · · · · ·		370		
	С	Net income or (loss)			ctivitie	es <b>&gt;</b>	on the results by the season of the	The same of the sa	The second secon	And Asset City and September 18 - 58 - 58
	10a	Gross sales of in								
		returns and allowan	ces		10a					
	b	Less: cost of goods			10b	<del></del>		1518/9 P. 1512		
	C	Net income or (loss)	from	sales of in	vento	<del></del>	Therefore, a property to the same	Complete december	DESTRUCTION OF SECRETARY	AUTONI TOHET WASHINGTON AT THE
SD(	44-				,	Business Code				
scellaneous Revenue	11a b					-	<del> </del>	<del> </del>		
er ver								<del>                                     </del>		
2 e	d All other revenue					<del> </del>	<del> </del>	<del> </del>	<u> </u>	

Total. Add lines 11a-11d . . . Total revenue. See instructions

ө

5272

	Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
	Check if Schedule O contains a response						
<u>Do no</u>	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	<u> </u>		
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic individuals. See Part IV, line 22						
3	Grants and other assistance to foreign organizations, foreign governments, and						
	foreign individuals. See Part IV, lines 15 and 16	3625	3625				
<b>4</b> 5	Benefits paid to or for members						
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	,	245 17 81 24	n ir	, · · · · · · · · · · · · · · · · · · ·		
7	Other salaries and wages						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				,		
9	Other employee benefits			-			
10	Payroll taxes						
11	Fees for services (nonemployees):						
	Management	i					
-	Legal						
b		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
C	Accounting	}	<del></del>				
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)						
12	Advertising and promotion						
13	Office expenses						
14	Information technology				<del></del> ·		
15	Royalties		·	-			
-	-						
16	Occupancy						
17	Travel	 	····				
18 . رکیب	Payments of travel or entertainment expenses for any federal, state, or local public officials	. U to a true of other in	لا تفضيون المجلسونيسون المرا		ا ا منت منته		
19	Conferences, conventions, and meetings .						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization .				-		
23	Insurance						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)						
а	Professional Services			AND THE THE PARTY OF THE PARTY	CONTRACTOR STATE OF THE PARTY O		
b	1 TOTOGOTOTIC GET TICES	500	500				
		ļ					
C							
đ							
е	All other expenses						
25	Total functional expenses. Add lines 1 through 24e	4125	4125	0	0		
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)		,				

Ρ	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u> </u>
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	431	1	1578
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	,	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
23	7	Notes and loans receivable, net	•	7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	w 'p	9	and water of
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	431	16	1578
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	and the second is the second of the second of	21	A SUM TOTAL CIVID CONTROL OF THE PROPERTY OF
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0		0
Sec		Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.			
쿌	27	Net assets without donor restrictions	431	27	1578
ŏ,	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	A CONTRACTOR OF THE PARTY OF TH	29	The second secon
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
e t	32	Total net assets or fund balances	431	32	1578
ž	33	Total liabilities and net assets/fund balances	431	33	1578

orm 9	90 (2019)		. Page <b>12</b>
Par	t XI Reconciliation of Net Assets		· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line in this Part XI		🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5272
2	Total expenses (must equal Part IX, column (A), line 25)	2	4125
3	Revenue less expenses. Subtract line 2 from line 1	3	1147
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	431
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4570
Par	XII Financial Statements and Reporting	10	1578
	Check if Schedule O contains a response or note to any line in this Part XII		🗆
	Accounting method used to propose the Form 200.	· · · · ·	Yes No

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Consolidated basis ☐ Both consolidated and separate basis ✓ Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .

Form **990** (2019)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

	(Complete only if you checked the Part III. If the organization fails to						under
	on A. Public Support				40.0040		
Caler 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2015 2133	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	2133	1510	9412	10056	5272	28383
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2133	1510	9412	10056	5272	A 28383
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)						
6	Public support. Subtract line 5 from line 4		<b>经验证的</b>		NE STEREOT		V
	on B. Total Support						
Calen 7	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2133	1510	9412	10056	5272	28383
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc. <b>First five years.</b> If the Form 990 is for the			t third fourth	or fifth tox ye	12	28383
	organization, check this box and stop he	re	s mst, second		Or muritax ye	ar as a section	1 50 1(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage	<b>)</b>	٠, ١٠		4e2 - + +	•
14 15 16a	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch 331/3% support test—2019. If the organi box and stop here. The organization qual	nedule A, Part I zation did not	l, line 14 check the box		d d line 14 is 33	14   15   1/3% or more, (	100 % 100 % check this
b	331/3% support test—2018. If the organithis box and stop here. The organization	zation did not o	check a box or	n line 13 or 16a	a, and line 15 i	is 331/3% or mo	ore, check
17a	10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circu	and-circumsta umstances" tes	inces" test, chost. The organiz	eck this box a ation qualifies	nd stop here. as a publicly	Explain in supported ►
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the neets the facts	e "facts-and-c s-and-circums	ircumstances" tances" test. 7 	test, check the organization	his box and son qualifies as	top here. a publicly ▶ □
18	<b>Private foundation.</b> If the organization disinstructions	d not check a t	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	see

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990 or 990-EZ) 2019

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					Í	<b>"</b>
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						}
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the				" ·		-
	organization's benefit and either paid to	ŀ				<b>7</b>	
	or expended on its behalf			_			1
5	The value of services or facilities.	E # #	· *** * · · · · · · · · · · · · · · ·	i- 4	f	٠	ra # _ `
	furnished by a governmental unit to the	<b>*</b>	, t <sub>1</sub>				
	organization without charge						
6	Total. Add lines 1 through 5				1		
7a	Amounts included on lines 1, 2, and 3			/	ľ		
	received from disqualified persons .						
ь	Amounts included on lines 2 and 3						
_	received from other than disqualified				•		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	'					
c	Add lines 7a and 7b		,	1			
8	Public support. (Subtract line 7c from						·
	line 6.)						
Secti	on B. Total Support		/				
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> ∕2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		7				
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether	1		1	ي ياند ر،	ال الله الله الله الله الله الله الله ا	A /F /A .
	or not the business is regularly carried on			,	ì	. 1	
12	Other income. Do not include gain or						
	loss from the sale of capital assets	i				,	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10¢, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he				<u> </u>	<u> </u>	<b>▶</b> □
	on C. Computation of Public Suppo					1	
15	Public support percentage for 2019 (line					15	<u>%</u>
16 Sacti	Public support percentage from 2018 Sc			<u></u>	<u> </u>	16	<u> </u>
	on D. Computation of Investment In				(0)	1451	
17	Investment income percentage for 2019					17	<u>%</u>
18	Investment income percentage from 2018					18	<u>%</u>
19a	331/3% support tests—2019. If the organ						
_	17 is not more than 331/3%, check this box			-			
b	331/3% support tests—2018. If the organization 18 is not more than 331/3%, shock this						
/	line 18 is not more than 33½%, check this		-		•		=
20/	Private foundation. If the organization d	a not check a	pox on line 14	<u>, 1</u> 9a, or 19b, o	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.)

#### Section A. All Supporting Organizations

- 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 be class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ-(b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar = 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)( purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and El 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 actio 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 alread designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (I) its supported organizations, (II) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
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Part	V Supporting Organizations (continued)			
		Great was	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		
	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 <b>Part VI.</b>	11c	<del> </del>	<del> </del>
	on B. Type I Supporting Organizations	1	1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	388		700
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
•	Did the organization operate for the benefit of any supported organization other than the supported	1	a su	k de to
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	CHARLES .	A PERSONAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDR
Secti	on C. Type II Supporting Organizations			
		Far Bread	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		III THE
Section	on D. All Type III Supporting Organizations	<u>, '</u>	L	L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			76
	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	335/12/	Segosia.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			7
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	100	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2000		
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
_	on E. Type III Functionally Integrated Supporting Organizations			
1 ,	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b	☐ The organization satisfied the Activities Test. Complete line 2 below: ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in	etnict	ione)
2	Activities Test. Answer (a) and (b) below.	300 111		No.
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	12.0	200	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	•	2a	Sep. 1988 198	C (2-1005)-10
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in 2 if five if averaging the organization of the organiza			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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.			
	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	بدوسوس	- CONTRACTOR
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		-

Pairty Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ Section A—Adjusted Net Income	ıızaı	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		· · · · · · · · · · · · · · · · · · ·
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	-	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		· (A) Prior Year	(B) Current Year (optional)
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>b</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		<del>-i.</del>
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		<del></del>
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<del>-</del>
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).	1.5		Ear Car
	6		L
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	egrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D-Distributions			Current Year
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	empt purposes of suppo	orted	-
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	ınizations	
4				
<u>.</u>	Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)	<del></del>		^
6	Other distributions (describe in Part VI). See instructions.			ŧ
7	Total annual distributions. Add lines 1 through 6.	<u> </u>		;*
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). 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	, , ,		! !
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
<u>d</u>	From 2017			
e	From 2018			
f	Total of lines 3a through e	Light to Mark the Anni Medice and Handle act in the Mark In		
g	Applied to underdistributions of prior years		I CHEMIO ACCIONIMINA DE DEL MANTON DE SALON TORA A	
	Applied to 2019 distributable amount			Salahan salah
<u> </u>	Carryover from 2014 not applied (see instructions)			
<del></del> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	SCORE NEWSCOND PROCESS BY		
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
<u> </u>	Applied to 2019 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	Principal (ANTERIOR ANTE), AND ANTE ANTE ANTE ANTE ANTE ANTE		
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		and the second of the second	
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017	AND THE REAL PROPERTY.		
d	Excess from 2018			
е	Excess from 2019			

Part VI	III, line 12; Par B, lines 1 and 3a, and 3b; Pa	2; Part IV, Sect art V, line 1; Par	lines 1, 2, 3b, tion C, line 1; F t V, Section B	planations requ 3c, 4b, 4c, 5a, Part IV, Section , line 1e; Part V, r any additional	6, 9a, 9b, 9 D, lines 2 ar Section D,	c, 11a, 11 nd 3; Part lines 5, 6	b, and 1 IV, Secti , and 8; a	1c; Part I\ on E, line and Part V	/, Section s 1c, 2a, 2b
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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.

20**19** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization Employer identification number African Girl equity Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . . . . . . . 2a Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Я Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X .

Page <b>2</b>

Part	III Organizations Maintaining Co	ollections of	Art, His	torical T	reasures	, or Ot	her Similar Ass	sets (contii	nued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and ot	her reco	rds, chec	k any of th	ne follov	ving that make si	gnificant us	e of its
а	☐ Public exhibition		d	Loan	or exchanç	ge progi	ram		
b	Scholarly research		е	Other					
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	n's collections a	and expla	ain how ti	hey further	the org	ganization's exem	pt purpose	in Part
5	During the year, did the organization so assets to be sold to raise funds rather th								□ No
Part									
	Complete if the organization ar 990, Part X, line 21.	nswered "Yes'	on For	m 990, F	Part IV, lin	e 9, or	reported an am	ount on Fo	orm
1a	Is the organization an agent, trustee, coincluded on Form 990, Part X?  If "Yes," explain the arrangement in Part	ustodian or oth	er intern	nediary fo	or contribu	tions o	other assets no	t □ Yes	□ No
p.	If "Yes," explain the arrangement in Part	XIII and comple	ete <u>th</u> e fo	ollowing ta	able: '	·	1		
					, ,	^ <b>_</b> _	' Ar	nount ""	
C	Beginning balance					10	<del></del>	·····	
đ	Additions during the year					10			
0	Distributions during the year					16			
f m	Ending balance								
2a h	If "Yes," explain the arrangement in Part								H
	V Endowment Funds.	All. Office field	on the e.	Apianatio	ii iias beei	provide	ed Off art Aff .	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>
	Complete if the organization ar	nswered "Yes'	' on For	m 990. F	Part IV lin	e 10			
		(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance						····	1	
b	Contributions					·		<u> </u>	
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs	-							
f	Administrative expenses								
9	End of year balance								
2	Provide the estimated percentage of the		d balanc	e (line 1g	, column (a	a)) held	as:		
a	Board designated or quasi-endowment		%						
b	Permanent endowment ▶	.%							
С	Term endowment ▶ %								
•	The percentages on lines 2a, 2b, and 2c						-		(ca)
3 <b>a</b>	Are there endowment funds not in the p organization by:	ossession of th	e organi	zation tha	at are held	and ad	ministered for the		<del></del>
	(i) Unrelated organizations					•		Ye:	s No
		· · · · · ·						3a(i)	+
ь	If "Yes" on line 3a(ii), are the related orga							3a(li) 3b	+
4	Describe in Part XIII the intended uses of					• •		30	
Part									
	Complete if the organization ar		on For	m 990. F	Part IV. lin	e 11a.	See Form 990. I	Part X. line	10.
	Description of property	(a) Cost or oth	ner basis	(b) Cost o	r other basis ther)	(c)	Accumulated epreciation	(d) Book val	
1a	Land					C TEACH			<del></del>
b	Buildings					A CONTRACTOR	- west topping south a	···	
C	Leasehold improvements							<del></del>	<del></del> -
d	Equipment								
е	Other								
Total.	Add lines 1a through 1e. (Column (d) mus	t equal Form 99	0. Part )	C. column	(B), line 10	2c.)			

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on For	<del>, , , , , , , , , , , , , , , , , , , </del>	T	
	(a) Description of security or category (including name of security)	(b) Book value		thod of valuation. d-of-year market value
	I derivatives			
	held equity interests			
(3) Other	•			
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(B)			ļ	· · · · · · · · · · · · · · · · · · ·
(C)			<del> </del>	
(D)	***************************************			
(E)		<del></del>		
(F)				<del></del>
(G) (H)				,
	ımn (b) must equal Form 990, Part X, col. (B) line 12.) 🔙 🛌	1 77		eres e de dals deservicios de la cerce
Part VIII	Investments—Program Related.  Complete if the organization answered "Yes" on For		<b>1</b>	2 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	(a) Description of investment	(b) Book value	<del></del>	thod of valuation
	(a) Description of Investment	(b) Book value		d-of-year market value
(1)				
(2)				
(3)				
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(5)				··············
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(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .		THE TAX SAFETY	L. P.
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, li	ne 11d. See Form	n 990, Part X, line 15.
	(a) Description			(b) Book value
(1)		<u></u> .		
(2)			·	
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(6)	**************************************			
		<del></del>		
(7) (8)		. <u> </u>	<del> </del>	i de
(9)			13	<u>'.</u>
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	· · · · · · · · · · · · · · · · · · ·	· · · · ·	<u>l</u>
	Complete if the organization answered "Yes" on Forline 25.	m 990, Part IV, lii	ne 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability		<del></del>	(b) Book value
(1) Federal in				(b) DOOK VAILED
(2)	· · · · · · · · · · · · · · · · · · ·			
(3)				·
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(6)		<del></del>		
(7)				
(8)				
(9)		<del></del>		
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnot	te to the organization	n's financial stateme	ents that reports the
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	here if the text of th	e footnote has been	provided in Part XIII .

Part	e D (Form 990) 2019  Reconciliation of Revenue per Audited Financial Statement	ents With R	evenue per	Return.	- Page 4
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			11	5272
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				0272
_ a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
ď	Other (Describe in Part XIII.)	<del></del>	<del></del>		
e	Add lines 2a through 2d		<del></del>	2e	0
3	Subtract line 2e from line 1			3	5272
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i i i			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines <b>4a</b> and <b>4b</b>			4c	o
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	5272
Párt	XII Reconciliation of Expenses per Audited Financial Staten				,
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	4125
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other lossès	2c			
d	Other (Describe in Part XIII.)	2d	•		
е	Add lines 2a through 2d			2e	C
3	Subtract line 2e from line 1			3	4125
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C				4c	c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	4125
Part	XIII Supplemental Information.	·····			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				4, Part X, line
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### SGHEDULE 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

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art VI Line 11 A & B The	BOD reviews the Form	1 990 and attachments a	ing the augit report b	erore submitting to IKS.	
art VI Line 12C BOD mer	nbers annual review c	onflict of interest policy	and are reminded by	the president to bring a	ny issues before
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the BOD. art VI Line 19 All AGE do		. : :	<u> </u>		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
art VI Line 19 All AGE do	cuments are available	for inspection at the co	rporation's office. Th	ey are available during a	Il business hours.
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