Fòrm 990-EZ

# **Short Form Return of Organization Exempt From Income Tax**

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

2019

OMB No. 1545-0047

Do not enter social security numbers on this form, as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. A For the 2019 calendar year, or tax year beginning 2019, and ending C Name of organization D Employer identification number B Check if applicable Address change 46-4455345 Asia Frontier Outreach-USA, Inc. Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Initial return (920) 527-1991 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Oshkosh, WI 54903-3312 Application pending Other (specify) H Check ► ☐ if the organization is not G Accounting Method required to attach Schedule B I Website: ▶ www.asiafrontieroutreach.com (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — 

501(c)(3) ◆ (insert no.) 
☐ 4947(a)(1) or 
☐ 527 501(c) ( K Form of organization ✓ Corporation □ Trust ☐ Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received . . . . 159,419 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments . . . 3 4 4 Investment income . . . Gross amount from sale of assets other than inventory 5a 5b Less: cost or other basis and sales expenses . . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 3,795 Less, direct expenses from gaming and fundraising events . . . 6c 3.721 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . . . . . . . . . . . 6d 74 Gross sales of inventory, less returns and allowances . 7a 7a 7с Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 159,493 10 Grants and similar amounts paid (list in Schedule O) 10 115,411 11 11 Salaries, other compensation, and employee benefits . . 12 12 11,700 Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance 13 13 14 14 15 Printing, publications, postage, and shipping. ,15 1,334 Other expenses (describe in Schedule O) . . . . . 16 16 11,702 17 Total expenses. Add lines 10 through 16. 17 140,147 18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . 18 19,346 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) . . . . . . . . 19 47,900 20 20 Other changes in net assets or fund balances (explain in Schedule O) . . . Net assets or fund balances at end of year. Combine lines 18 through 20 67,246

Cat. No. 10642I

Form 990-EZ (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

	200 22 (2013)					
Pai	Balance Sheets (see the instructions for					
	Check if the organization used Schedule	O to respond to ar		(A) Beginning of year	• •	(B) End of year
22	Cash, savings, and investments			47,328		66,675
23	Land and buildings			17,020	23	00,070
24	Other assets (describe in Schedule O)		[	1,021	24	1,021
25	Total assets			48,349		67,696
26	Total liabilities (describe in Schedule O)			448		450
27	Net assets or fund balances (line 27 of column till Statement of Program Service Accomp			47,900	21	67,246
Гаі	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?			. <u> </u>	٠, ,	uired for section c)(3) and 501(c)(4)
	ribe the organization's program service accomplis			ogram services.	orga	nizations, optional for
as m	neasured by expenses. In a clear and concise ma	anner, describe the			othe	rs.)
<u>:</u>	ons benefited, and other relevant information for ea	ch program title.				T
28	Orphan ongoing care - 100 persons benefitted					
	(Grants \$ 40,400) If this amount	includes foreign gra	nts, check here .	▶ 🗸	28a	40,400
29	Administrative staff support - 1 administrative overse					
20	(Grants \$ 26,520) If this amount				29a	26,520
30	Pastor Training - 7 persons benefitted					
	(Grants \$ 24,400) If this amount	ıncludes foreign gra	nts, check here	▶ 🗸	30a	24,400
31	Other program services (describe in Schedule O)			_		
	(Grants \$ 24,091) If this amount				31a	+
32 Par	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key				32	115,411
r ar	Check if the organization used Schedule					
		(b) Average	(c) Reportable	(d) Health benefits, contributions to employ	22 (2)	Estimated amount of
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and	``c	ther compensation
		dovoted to position	(if not paid, enter -0-)	deferred compensation	<u> </u>	
	Riddick, President, Executive Director	40	44 700	•		•
	I2 Pendleton Pkwy #149, Neenah, WI 54956 n Humiston, Vice President	16	11,700		<del></del>	
	5 Westhaven Dr., Oshkosh, WI 54904		o		0	0
	ina Dixon, Treasurer					
172	7 Maricopa Dr. # C3, Oshkosh, WI 54904		0		0	0
	a Knitt, Secretary		•			_
	B Prospect, Oshkosh, WI 54901		0		0	0
	na Allenstein, Financial Secretary 5 S. Pine St., Weyauwega, WI 54983		o		٥	0
	ssa Serra, Board Member				1	
	E. Alton, Appleton, WI 54911		0		0	0
Wya	t Fisher, Board Member					
	2 State Rd 76, Neenah, WI 54956		0		0	0
	Smith, Board Member					•
	i Winnebago Ave, Oshkosh, WI 54901 on Stehens, Board Member		0		0	0
	D9 Veterans Dr. S. W., Lakewood, WA 98498		o		0	0
						<u></u>
					+-	

Form 99	0-EZ (2019)	DU	F	age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			,
07-		36		<b>✓</b>
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions   137a  Did the organization file Form 1120-POL for this year?	37b		ļ
38a	Did the organization horrow from, or make any loans to, any officer, director, trustee, or key employee; or were	370		,,,,
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	نست	1
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	Į		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		-	,
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			<del></del>
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	133		_
	on organization managers or disqualified persons during the year under sections 4912,	İ		į
	4955, and 4958		-	- (
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
е	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ Wisconsin	700		
42a		20-23	5-305	1
	Located at ► 1727 Maricopa Dr. # C3, Oshkosh, WI ZIP + 4 ►	549	04	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country ►  See the instructions for executions and filling requirements for EnCEN Form 114. Benefit of Foreign Bank and			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	-	"J"
U	If "Yes," enter the name of the foreign country ▶	,20		_ ▼
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44-	*	
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		✓,
b	completed instead of Form 990-EZ	44b		7
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>▼</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
-	explanation in Schedule O	44d		<b>V</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	٠,	1, 4	,m=
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			ليـــا
	Form 990-EZ. See instructions	45b		✓

orm 99	0-EZ (20	119)					_	Р	age 4
$\overline{}$								Yes	No
46	Did th	e organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in opposit	tion		]
	to car	ndidates for public office? If "Yes," c	omplete Schedule C	, Part I	·		. 46		<b>√</b>
Part '	VI S	Section 501(c)(3) Organizations	Only						
		All section 501(c)(3) organizations		stions 47-49b ar	nd 52. and	d complete th	e tables	for line	es
		50 and 51.							
		Check if the organization used Sch	adula O to respond	I to any question i	n this Par	+ \/I			П
		Check in the organization used Sci	reduie O to respond	to arry question i	i tilio i di		<del>·, · · ·</del>	Yes	No
47	D: -  Al-	instinction or and in labelying	antiviting or hove a	naction EO1/b) aloc	tion in off	oot during the	tav	163	NU
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 50 (n) elec		····	. 47		✓
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	le E	. 48		<b>√</b>
49a		e organization make any transfers to					. 49a		<b>/</b>
b		s," was the related organization a se	•	_			. 49b		1
50	Comp	plete this table for the organization's	five highest compen	sated employees (					d kev
		oyees) who each received more than							
	<u> </u>	7	· · · · · · · · · · · · · · · · · · ·	T		lealth benefits,			
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribu	itions to employee			
	(a)	Marie and title of each employee	devoted to position	(Forms W-2/1099-MIS		olans, and deferred	other co	mpensat	ion
			······································	<u> </u>	CC	ompensation			
				İ					
				1					
			<del></del>						
					- 1				
				1					
+	Total	number of other employees haid ow	er \$100 000		<u> </u>				
		number of other employees paid ov		• •	D			l moro	than
f 51	Comp	plete this table for the organization'	s five highest compe	ensated independe		ctors who each	received	l more	than
	Comp		s five highest compe	ensated independe					than
	Comp \$100,	plete this table for the organization'	s five highest compo nization. If there is no	ensated independe	ent contrac		received		than
	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	s five highest compo nization. If there is no	ensated independence, enter "None."	ent contrac				than
	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	s five highest compo nization. If there is no	ensated independence, enter "None."	ent contrac				than
	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	s five highest compo nization. If there is no	ensated independence, enter "None."	ent contrac				than
	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	s five highest compo nization. If there is no	ensated independence, enter "None."	ent contrac				than
	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	s five highest compo nization. If there is no	ensated independence, enter "None."	ent contrac				than
	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	s five highest compo nization. If there is no	ensated independence, enter "None."	ent contrac				than
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	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	s five highest compo nization. If there is no	ensated independence, enter "None."	ent contrac				than
	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	s five highest compo nization. If there is no	ensated independence, enter "None."	ent contrac				than
	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	s five highest compo nization. If there is no	ensated independence, enter "None."	ent contrac				than
	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	s five highest compo nization. If there is no	ensated independence, enter "None."	ent contrac				than
51	Comp \$100,	olete this table for the organization' 000 of compensation from the orga Name and business address of each independ	s five highest compounization. If there is not the contractor	ensated independence, enter "None."  (b) Type of	ent contrac				than
51 d	Comp \$100,	olete this table for the organization' 000 of compensation from the orga Name and business address of each independ	s five highest compounization. If there is not ent contractor	(b) Type of sover \$100,000 .	ent contractions of the contraction of the contract	(c	) Compensa		than
51	Comp \$100, (a)	number of other independent contra	s five highest composition. If there is no ent contractor  ent contractor  actors each receiving alle A? Note: All se	over \$100,000 .cction 501(c)(3) or	ent contractions of the contraction of the contract	ns must attact	O a	tion	
51 d 52	Comp \$100, (a) ! Total Did t comp	number of other independent contra the organization complete Schedule A	s five highest composition. If there is not ent contractor  ent contractor  actors each receiving alle A? Note: All se	over \$100,000	ent contractions of the contraction of the contract	ns must attack	O n a .►✓ Ye	s	No
51 d 52	Comp \$100, (a) 1	number of other independent contra he organization complete Schedule A	s five highest compounization. If there is not ent contractor ent contractor ent contractor each receiving the A? Note: All sets the contractor enturn, including accompanions.	over \$100,000 . ection 501(c)(3) or	ent contractions of the contraction of the contract	ns must attack	O n a .►✓ Ye	s	No
51 d 52	Comp \$100, (a) 1	number of other independent contra the organization complete Schedule A	s five highest compounization. If there is not ent contractor ent contractor ent contractor each receiving the A? Note: All sets the contractor enturn, including accompanions.	over \$100,000 . ection 501(c)(3) or	ent contractions of the contraction of the contract	ns must attack	O n a .►✓ Ye	s	No
d 52	Comp \$100, (a) 1	number of other independent contra the organization complete Scheduleted Schedule A	s five highest compounization. If there is not ent contractor ent contractor ent contractor each receiving the A? Note: All sets the contractor enturn, including accompanions.	over \$100,000 . ection 501(c)(3) or	ent contractions of the contraction of the contract	is must attact  to the best of my knowledge.	O n a .►✓ Ye	s	No
d 52 Under ptrue, con	Comp \$100, (a) 1	number of other independent contra the organization complete Schedule A	s five highest componization. If there is not ent contractor  ent contractor  actors each receiving alle A? Note: All section, including accompanion officer) is based on all info	over \$100,000 . ection 501(c)(3) or	ent contractions of the contraction of the contract	ns must attack	O n a .►✓ Ye	s	No
d 52 Under ptrue, con	Comp \$100, (a) 1	number of other independent contra the organization complete Schedule A	s five highest componization. If there is not ent contractor  ent contractor  actors each receiving alle A? Note: All section, including accompanion officer) is based on all info	over \$100,000 . ection 501(c)(3) or	ent contractions of the contraction of the contract	is must attact  to the best of my knowledge.	O n a .►✓ Ye	s	No
d 52	Comp \$100, (a) 1	number of other independent contra the organization complete Schedule A	s five highest componization. If there is not ent contractor  ent contractor  actors each receiving lile A? Note: All section, including accompanion officer) is based on all info	over \$100,000 . ection 501(c)(3) or	ent contractions of the contraction of the contract	is must attact  to the best of my knowledge.	On a .▶✓ Yenowledge an	s	No
d 52 Under ptrue, con	Comp \$100, (a) 1	number of other independent contra the organization complete Schedule A	s five highest componization. If there is not ent contractor  ent contractor  actors each receiving alle A? Note: All section, including accompanion officer) is based on all info	over \$100,000 . ection 501(c)(3) or	ent contractions of the contraction of the contract	is must attact  to the best of my knowledge.	O nowledge an	s	No
d 52 Under ptrue, con	Total Did t compensities, and	number of other independent contra the organization complete Scheduleted Sched	s five highest componization. If there is not ent contractor  ent contractor  actors each receiving lile A? Note: All section, including accompanion officer) is based on all info	over \$100,000 . ection 501(c)(3) or	ent contractions of the contraction of the contract	is must attact to the best of my knowledge.	O n a Ye nowledge an	s	No
d 52 Under ptrue, con Here Paid Prep	Total Did t compensatives rect, and	number of other independent contra the organization complete Scheduleted Sched	s five highest componization. If there is not ent contractor  ent contractor  actors each receiving lile A? Note: All section, including accompanion officer) is based on all info	over \$100,000 . ection 501(c)(3) or	ent contractions of the contraction of the contract	is must attack to the best of my knowledge.  Date  Check	O n a Ye nowledge an	s	No
d 52 Under ptrue, con	Total Did t compensatives rect, and	number of other independent contra he organization complete Schedule A of perjury, I declare that I have examined this is decomplete. Peclaration of preparer (other than Lois Riddick, Executive Director / I Type or print name and title  Print/Type preparer's name	s five highest componization. If there is not ent contractor  ent contractor  actors each receiving lile A? Note: All section, including accompanion officer) is based on all info	over \$100,000 . ection 501(c)(3) or	ent contractions of the contraction of the contract	is must attact  to the best of my knowledge.  Date  Check self-emplo	O n a Ye nowledge an	s	No

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

t i									
			organizations must				ons.		
_					•	~~	1		
	•								
□ A :	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)			
□ A □	hospital or a cooperative hos	spital service org	janization described i	n <b>sectio</b> i	n 170(b)(1	1)(A)(iii).			
			onjunction with a hosp	oital desc	nbed in s	section 170(b)(1)(A)	(iii). Enter the		
ho	spital's name, city, and state	e:							
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.)									
☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
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 i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)					
☐ Ar	agricultural research organ	zation described	d in section 170(b)(1)	(A)(ix) or	erated in	conjunction with a l	and grant college		
un	iversity.		·	·		•	-		
✓ Ar	n organization that normally i	eceives: (1) mor	e than 331/3% of its su	upport fro	om contri	butions, membershi	p fees, and gross		
su	pport from gross investment	t income and uni	related business taxal	ble incon	ne (less s	ection 511 tax) from	businesses		
ac	quired by the organization a	fter June 30, 197	75. See <b>section 509(</b> a	a)(2). (Co	mplete Pa	art III.)			
	n organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).			
Cr	neck the box in lines 12a thro	ugh 12d that des	scribes the type of sur	porting o	organizati	on and complete line	es 12e, 12f, and 12g.		
	Type I. A supporting organ	ization operated	, supervised, or contr	olled by	its suppo	rted organization(s),	typically by giving		
						the directors or trust	ees of the		
	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B					
	Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having		
					e persons	that control or man	age the supported		
	organization(s). You must	complete Part I	V, Sections A and C.						
							ally integrated with,		
	its supported organization(	s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.			
	Type III non-functionally i	ntegrated. A su	pporting organization	operate	d in conn	ection with its suppo	orted organization(s)		
							d an attentiveness		
	requirement (see instructio	ns). <b>You must c</b>	omplete Part IV, Sec	tions A	and D, ar	nd Part V.			
	Check this box if the organ	ization received	a wntten determination	on from t	he IRS th	at it is a Type I, Type	e II, Type III		
	functionally integrated, or 1	ype ill non-func	tionally integrated sur	oporting	organızat	ion.			
Prov	vide the following information	about the supp	orted organization(s).						
(i) Narr	ne of supported organization	(ii) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of		
							other support (see instructions)		
				<u></u>			11101110110110)		
				Yes	No				
					Ì				
					ļ				
				<u> </u>	ļ				
	A A A A CONTROL A A CONTROL A CONTRO	A church, convention of churce A school described in section A hospital or a cooperative hospital's name, city, and state hospital's name or uncommented in section 170(b)(1)  A federal, state, or local govern hospitality in a federal, state, or local govern hospitality integrated in section 170(b)(1)  A community trust described in a granization or university.  An organization that normally receipts from activities related support from gross investment acquired by the organization and of one or more publicly supported the supporting organization. You must supported organization. You must supported organization. You must supported organization. You must supported organization.  Type III functionally integrated, or local provide the following information. Enter the number of supported organization.  (i) Name of supported organization.	A church, convention of churches, or associated A school described in section 170(b)(1)(A)(ii).  A hospital or a cooperative hospital service orgout A medical research organization operated in composital's name, city, and state:  An organization operated for the benefit of a section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or govern An organization that normally receives a subsequence of the section 170(b)(1)(A)(vi). (Completed A community trust described in section 170(b)(1)(A)(vi). (Completed A community trust described in section 170(b)(1)(A)(vi). (Completed A community trust described in section 170(b)(1)(A)(vi). (Completed A community trust described in section 170(b)(1)(A)(vi). (Completed A community trust described in section 170(b)(1)(A)(vi). (Completed A community or a non-land-grant college of agruniversity.  An organization that normally receives: (1) more receipts from activities related to its exempt fusupport from gross investment income and uniacquired by the organization after June 30, 19:  An organization organized and operated exclusion on organization organization after June 30, 19:  An organization organized and operated exclusion on organization organization organization operated organization operated the supporting organization operated organization operated the supporting organization. You must completed organization. You must completed organization.  Type III non-functionally integrated. A supporting organization organization organization organization organization organization organization organization organization organization organization organization organization organization or	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E (F A hospital or a cooperative hospital service organization described in A medical research organization operated in conjunction with a hosp hospital's name, city, and state:  An organization operated for the benefit of a college or university section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described An organization that normally receives a substantial part of its cup described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community a non-land-grant college of agriculture (see instruction university)  An organization that normally receives: (1) more than 331/3% of its sireceipts from activities related to its exempt functions—subject to a support from gross investment income and unrelated business taxa acquired by the organization after June 30, 1975. See section 509(a)  An organization organization after June 30, 1975. See section 509(a)  An organization organization and operated exclusively to test for public An organization organization and operated exclusively for the benefit of one or more publicly supported organizations described in section for one or more publicly supported organizations described in section for organization organization (a) the power to regularly appoint or esupporting organization (b) the power to regularly appoint or esupporting organization (c) the supporting organization vested in organization organization (c) the supporting organization vested in organization vested in organization vested in organization vested in organization vested in organization vested in organization vested in supported organization vested in organization vested in supported organization vested in that is not functionally integrated. A supporting organization operated supp	A church, convention of churches, or association of churches described in set on A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990)  A hospital or a cooperative hospital service organization described in section operated in conjunction with a hospital deschospital's name, city, and state:  An organization operated for the benefit of a collogo or university owned of section 170(b)(1)(A)(iii). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iii). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(iii). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(iii). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(iii) or university or a non-land-grant college of agriculture (see instructions). Enteron 170(b)(1)(A)(iii) or the section 170(b)(1)(A)(iii) or university or a non-land-grant college of agriculture (see instructions). Enteron 170(b)(1)(A)(iii) or the support from 20(b)(1)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	A church, convention of churches, or association of churches described in section 17  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E)  A nospital or a cooperative hospital service organization described in section 170(b)(1)  A medical research organization operated in conjunction with a hospital described in setion 170(b)(1)(A)(iv). (Complete Part II.)  An organization operated for the benefit of a collogo or univorcity owned or operate section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or goovernmental unit described in section 170(b)  An organization that normally receives a substantial part of its cupport from a gover described in section 170(b)(1)(A)(iv). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(iv) operated in or university or a non-land-grant college of agriculture (see instructions). Enter the nar university  An organization that normally receives: (1) more than 33/3% of its support from conting receipts from activities related to its exempt functions—subject to certain exceptions, support from gross investment income and unrelated business taxable income (less sacquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.)  An organization organizad and operated exclusively to test for public safety. See sect Check the box in lines 12 a through 12d that describes the type of supporting organization organization described in section 509(a)(1) or supporting organization organization operated, supervised, or controlled by its support the supporting organization operated, supervised, or controlled by its support the supporting organization operated in connection its supporting organization operated in connection its supported organization. You must complete Part IV, Sections A and C.  Type III funct	□ An organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(iv). (Complete Part III.)  □ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  □ An organization that normally receives a substantial part of its support from a governmental unit or fron described in section 170(b)(1)(A)(iv). (Complete Part III.)  □ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a lor university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of university:  □ An organization that normally receives: (1) more than 33½% of its support from contributions, membershir receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more that support from gross investment income and unrelated business taxable moome (less section 501(a)(1).  □ An organization organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  □ An organization organization and operated exclusively for the benefit of, to perform the functions of, or to call of one or more publicly supported organizations described in section 509(a)(1), or section 509(a)(2). (Complete Part III.)  □ Type I. A supporting organization operated, supervised, or controlled by its supported organization(b), the supporting organization operated, supervised, or controlled by its supported organization(b), the supporting organization operated or controlled in connection with its supported organization. You must complete Part IV, Sections A and B.  □ Type II. A supporting organization supervised or controlled in connection with its supported organization operated organization operated in the same persons that control or man organization(s) (see instructions). You must complete Part IV, Sections A and D.  □ Type III functionally integrated. A supporting organization operated in connection with its support formal properties of s		

Part	(Complete only if you checked the						
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	leáse comple	ete Part III.) 🦯	
	on A. Public Support	Ţ	1		;		
Calen	ıdar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,	, , , , , , , , , , , , , , , , , , ,				•
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			-	. /		
· 3	The value of services or fàcilities furnished by a governmental unit to the organization without charge				<i>f.</i> '	-	
4	Total. Add lines 1 through 3			' /	,	i.	,
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						
1	shown on line 11, column (f)			7/7/2018	7.7		•
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	Tar Jack Brown a section of the Walter	1	Contract Statistics Contracts of the Contract	LOUGHT GLOSS & STANDARDS CONTRA	LESSON WARE AND CATAMAS AS CONTROL OF	· · · · · ·
	idar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	,	. /	-			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		<i></i>			1	
^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.)				_	2	
11	Total support. Add lines 7 through 10 /						,
12	Gross receipts from related activities, etc			· · · · ·		12 .	· · · · · · · · · · · · · · · · · · ·
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he				· · · · <u>· · · · · · · · · · · · · · · </u>	<u> </u>	▶ 🗆
	on C. Computation of Public/Suppor	<del></del>		<del></del>			·
14	Public support percentage for 2019 (line					14	<u>%</u>
15 16a	Public support percentage from 2018 Sci 331/3% support test—2019. If the organ					15	%
IVĄ	box and stop here. The organization qua						
, b	331/3% support test 2018. If the organi						
	this box and <b>stop here.</b> The organization						
17,a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization".	<b>019.</b> If the orgonets the "facts	anization did n	ot check a bo ances" test, ch	x on line 13, 1 neck this box a	6a, or 16b, and and stop here.	d line 14 is Explain in
, <b>b</b>	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization or supported organization	ation meets th	e "facts-and-o	circumstancès'	" test, check t	this box and	stop here.
18	Private foundation. If the organization di	id not check a	box on line 13	. 16a, 16h, 17a	a. or 17b. chec	k this box and	····see ·
	instructions				•		· · ▶ □'

## 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.)

<del>- :</del> -	if the organization rails to quality	diddi tile too	is listed belo	w, picase co	inplote i ait i	<u> </u>	<del></del>
	on A. Public Support				<del>- :- :</del>		<del></del>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	51098	87268	119933	155588	159419	573306
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.  Gross receipts from activities that are not an	146	3455	3954	3075	3795	14425
	unrelated trade or business under section 513		İ			1	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		į				
6	Total. Add lines 1 through 5	51244	90723	123887	158663	163214	587731
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
þ	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					,	
			10860	36900	67200	99358	214318
_	Add lines 7a and 7b		10860	36900	67200	99358	214318
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	51244	90723	123887	158663	163214	7 587731
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b				<u>-</u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			-			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	51244	90723	123887	158663	163214	587731
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, second		-		1 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line to			3 column (f)		15	63.5 %
16	Public support percentage from 2018 Sch		-			16	74.4 %
	on D. Computation of Investment In			· · · · ·	<del></del>	1.19 1.	14.4 /U
			<del>-</del>	v line 12 colur	nn (fl)	17	2.04
17	Investment income percentage for 2019 (					18	0 %
18 19a	Investment income percentage from 2018 331/2% support tests—2019. If the organ						0 % and line
	17 is not more than 331/3%, check this box	•	_			_	.,
b	331/a% support tests—2018. If the organization 18 is not more than 331/a%, check this is						
20	Private foundation If the organization di	•	-	· ·	•		

### 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 Organization	

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	erner.	- ž ¬z '
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		Ш
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
<b>4a</b>	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></b> ,
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	सब - ६	M)Phy
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	- ^		~
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a	7	
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.	5c	र <sup>=</sup> चुनुर स्रो-	> <b>4</b>
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		at so
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 <b>Part VI</b> .	9a	4	
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.	9b	<u></u>	
С	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 <b>Part VI.</b>	9c	क्षेत्र स्थ	- A-
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.	10a	<u> </u>	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	I		}

determine whether the organization had excess business holdings.)

11. Has the organization accepted a gift or contribution from any of the following persons?  a 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?  b A family member of a person described in (a) or (b) above?  c A 38% controlled entity of a person described in (a) or (b) above?  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 organizations' directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations have the power to regularly appoint or elect at least at 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 of the than the supported organizations and what conditions or restrictions, if any, applied to such power during the supported organization organization organization operated for the organization or entrolled the upported supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the than the supported organization.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organization was vested in the same persons that controlled or managed the supported organization's approximation and the supported organization was vested in the same persons that controlled or managed the supported organization's provided the supported organization's provided the supported organization and the supported organization and the organization was vested in	Part	V Supporting Organizations (continued)			
a 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?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) of (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  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 defectively operated, supervised, or controlled the organization's activities of the provision of appoint and/or ensure directors or trustees at all times during the tax year? If "No," describe to appoint and/or ensure directors or trustees at all times during the tax year (if year, applied to such powers during the supported organization from the powers to appoint and/or ensure directors or trustees and located among the supported organization or the provision or estrictions, if any, applied to such powers during the tax year.  1 Did the organization or restrictions, if any, applied to such powers during the tax year.  2 Did the organization or restrictions, if any, applied to such powers during the tax year.  3 New supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's supported organization and the controlled or managed the supported organization or trustees of each of the organization's governing documents in effect on the date of notification, and (iii) copies of the supported organization's provided to each of its supported organization if Yeo," explain in Part VI how the organization is power of the restriction of the restriction of the restriction of the restriction of the restriction of th				Yes	No
a 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?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  11b  Section B. Type I Supporting Organizations  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 organizations of the comparation, 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the supported organization(s) that operated, supervised, or controlled the supporting organization of the supported organization of the relationship described in C, did the organization of If No, or supported organization of the relationship described in C, did the organization is supported organizationship in Part V how the organization is posterior than the organization was responsive to the supported organizationship in Part V how the organi	11 、	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above?  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.  Section B. Type I Supporting Organizations  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 of directors or trustees at all times during the tax year" if "No," describe in Part VI how the supported organizations describe how the powers to a spophil andire remove directors or trustees at all times during the tax year and the normal provided organization or describe how the powers to a spophil andire remove directors or trustees during the tax year and the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year and the supported organization of the trust the supported organization of the supported organization of the supported organization (it is supported organization) and the purposes of the supported organization (it is the programization).  Section C. Type II Supporting Organizations  1 Were a majority of the organization supported organization (it)? If "No," describe in Part VI how control or trustees of each of the organization's supported organization (it)? If "No," describe in Part VI how control or management of the supporting organization (it)? If "No," describe in Part VI how control or management of the supporting organizations  1 Did the organization provided 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 cony of the Form 890 that was most recently filed as of the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed organization's have a significant voice in the organization's involvement, and organ	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>	<u> </u>	
c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  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 describes on the part VI low the supported organization(s) effectively operated, supervised, or controlled the organization is activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operated organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization (s) that operated organization(s) that operated, supervised, or controlled the supporting organization (s) that operated organization(s) that operated, supervised, or controlled the supporting organization was vested in the same persons that controlled or managed the supported organization (s) that the supported organization (s) the fifth month of the organization is a supported organization, s) the last day of the fifth month of the organization by the supported organization of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o		below, the governing body of a supported organization?	11a		
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	IJ	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	-	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		and the second of the second o	mi i de giana
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
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		<del></del>
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount	•	17.5	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	- <del>1</del> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 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-functionall	<u> </u>	tegrated Type III supporting	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D—Distributions			Current Year			
z 1	Amounts paid to supported organizations to accomplish	•					
,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	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets	\					
. 5	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.	1	•				
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		· · · · · · · · · · · · · · · · · ·				
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C; line 6			•			
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	SECTION AND ADDRESS OF THE					
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017 4	SELECT A TOTAL SELECT					
е	From 2018	<b>第一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的</b>					
- f	Total of lines 3a through e		致信息的证明				
g	Applied to underdistributions of prior years		,	MEN STATE OF STATE			
h	Applied to 2019 distributable amount	列列的政治的	語を開発できる。	,			
- i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	,	<b>经基础证明的</b>	<b>经过程的现在分词</b>			
4	Distributions for 2019 from Section D, line 7:						
а	Applied to underdistributions of prior years		<u>-</u>				
b	Applied to 2019 distributable amount		為は大学のは大学を記載される。				
С	Remainder. Subtract lines 4a and 4b from 4.		は対象を表現の表現が				
<b>5</b>	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.		•				
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	- Pural-market Normannet 上のの名表示。					
	and 4c. Breakdown of line 7:	ANTENS IN LANGUAGE WAS AND A	THE PROPERTY OF THE PARTY OF TH				
8		THE CONTRACTOR THE PROPERTY OF THE PARTY OF	THE RESIDENCE OF THE PARTY OF T				
<u>a</u> b	Excess from 2015			TOTAL STATE OF THE			
	Excess from 2017	THE PROPERTY OF THE PROPERTY O	ALTERNATURA DE MARTINA DE LA COMPUNIDA DE LA COMPUNIDA DE LA COMPUNIDA DE LA COMPUNIDA DE LA COMPUNIDA DE LA C	THE SECOND SECON			
<u>c</u>	Excess from 2017	(2) は、ないないないないないないないない。 (2) は、ないないないないないないないないないない。 (3) は、ないないないないないないないないないない。	AND THE PERSON OF THE PERSON O	COLUMN TO THE PARTY OF THE PART			
e	5	THE POST OF THE PROPERTY OF	AND AND AND AND AND AND AND AND AND AND	THE RESIDENCE OF COMMEN			
<u> </u>	Excess from 2019	1000年1000年五日次北京大学大学大学大学	<b>化的名词复数 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基</b>	4年3月10日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日			

## SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Internal Revenue Service

Name of the organization

Asia Frontier Outreach-usa, iNC.

Inspection

Employer identification number

46-4455345

Pan	Form 990, Part IV, line		ies Outside	tne United States. Con	nplete if the organization ai	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	es' eligibility	for the grant	ts or assistance, and the	selection criteria used to	✓ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorir	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) ;	SE Asia	1	2	Program Services	Orphans, Evangelism, Poor	115411
(2)						
(3)						
(4)						
(5)						
(6)					,	,
(7)			•			
(8)						
(9)						
(10)			<del></del>			
(11)						,
(12)		· -				
(13)						
(14)						
(15)						
(16)						
(17)			<del> </del>			
3a	Subtotal			, ,		
b	Total from continuation			-	· Chicangan and against the part of the pa	
	sheets to Part I			بهيها المبدو المدعد دولا بالمستهام والمدار المدارية والمدارة والمد	a diban nyaét dipagnapananan menjang ay Nabil belagangi gagadan	
C	Totals (add lines 3a and 3b)				a frame or p	

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2019

Part II Grants al

hod of ition FMV, I, other)						•							:				
(i) Method of valuation (book, FMV, appraisal, other)						:							:				
(h) Description of noncash assistance						,											ix-exempt
(g) Amount of noncash assistance																	ntry, recognized as ta
(f) Manner of cash disbursement	40400 Wire Transfer	26520 Wire Transfer	24400 Wire Transfer	20091 Wire Transfer													s by the foreign cour
(e) Amount of cash grant	40400	26520	24400	20091			İ		!								it are recognized as charities by the fa a section 501(c)(3) equivalency letter
(d) Purpose of grant	Orphan Care	Administration	Pastor Training/Supy	Misc Support												i	
(c) Region	SE Asia	SE Asia	SE Asia	SE Asia													Enter total number of recipient organizations listed above that by the IRS, or for which the grantee or counsel has provided
(b) IRS code section and EIN (if applicable)														1			mber of recipie for which the
(a) Name of organization										li .		-	,	-,			Enter total nu by the IRS, or
-	Ξ	<u>8</u>	(9)	3	(2)	(9)	2	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	7

Schedule F (Form 980) 2019

Page 3

" " " ] |

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2019
Part III Grants ar

	recipients	cash grant	cash	(i) Amount or noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)						
(2)						,
(3)						
(4)						
(5)						
(9)						
(2)						
(8)		i :				
(6)						
(10)						
(11)				:		
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(18)						

Schedu	le F (Form 990) 2019  V Foreign Forms		Page 4
1~	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	<b>√</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	☐ Yes	☑ No

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

We receive financial reports from Asia Frontier Foundation in SE Asia. Every other year a membe	r of our board travels to Myanmar to
visit ministry sites. Our US director has regular phone calls and email conversations (including v	ideo clips and poltures) with the
on-site director of Asia Frontier Foundation in SE Asia. We also recieve reports and pictures from	other AFO affiliates who are working
in villages and children's homes in Northern Myanmar.	
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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 Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer Identification number

Asia Frontier Outreach-USA, Inc	С	<del></del>			46-4455345
Form 990					·
Line 10 Page 1					
SE Asia - Per page 2 Part III a	and Schedule F	· ·	·		
		••••••			
Line 16 Page 1					
Website Donation Support	2865				ii
Fees - Banking	560				·
Office Supplies	877				
Licences Fees	64				
Travel	3312				
Education	1016				
Payroll Taxes	895				
Promotional Exp.	197				
Legal Fees	1329				
Insurance	`259				
Miscellaneous	328				
Total	11702		· <del>-</del>		
				·	
			•		