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23		Final retu	inal return/terminated City or town, state or province, country, and ZIP or foreign postal code										
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ì		art!		Corporation Tr	ust Associat	tion	L Year	r of forma	ation	2019	M State o	f legal domicile:	WY
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	S S												
	Activities & Governance	2	Check this	box ▶ ☐ if the	organization	discontinued its ope	erations or dis	sposed	of m	ore than 2	5% of i	ts net assets.	
	ò	3			•	rning body (Part VI,		•			3		4
	8	4		•	_	s of the governing b	-	line 1b) .		4		4
	ties	5	Total numb	per of individuals	s employed in	calendar year 2019	(Part V, line	2a)			5		1
	έV	6	Total numb	ber of volunteers	(estimate if r	necessary)					6		2
	Ą	7a	Total unrel	ated business re	evenue from F	Part VIII, column (C)	line 12 .				7a		0
_		b	Net unrelat	ted business tax	able income	from Form 990-T, li	ne 39		<u> </u>		7b		0
										Prior Year		Current Ye	
<u>-</u> ,	ě	8		ons and grants (I							0	 	14363
707	Revenue	9	_	ervice revenue (I		- '					0		200
•	Æ	10		· ·), lines 3, 4, and 7d)			ļ		0		0
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-		12 13			 	nust equal Part VIII, o K, column (A), lines		ie 12)	 		0		14563
		14					-		 		0		
-	ý	15	Salaries of	ther compensation	on employee h	, column (A), line 4) penefits (Part IX, colu plump (A) line 11e)	mn (Δ)⊷lınent⊡	SUMPLE	DRR	ES	0		1346
		16a	Profession	al fundraising fe	es (Part IX. co	olumn (A), line 11e)	RECEIVED	osc -	23 -		0		0
	Expense	ь				ımn (D), line 25) ▶			~00V				
	ũ	17				es 11a-11d, 11f-24	e) MITTY	V3 2		•	0		4969
		18				equal Part IX, colum	n (A), ti ne 25)	<i></i> .			0		6315
		19	Revenue le	ess expenses. S	ubtract line 1	8 from line 12		EN:U	HA		0		8248
-	Fund Balances						OGD	160	Begin	ning of Curre	ent Year	End of Yea	ar
	alan	20	Total asset	ts (Part X, line 16	6)						0		8562
•	200	21		ities (Part X, line	•						0		314
					s. Subtract li	ne 21 from line 20	· · · · ·				0		8248
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						eturn, including accompa officer) is based on all inf						y knowledge and	belief, it is
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_			17	or print name and title	· 								
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;	40-	, the Ir	Firm's add		he property	hown shous? (see	notructions)			Phone	no	[]V	
-				this return with t		hown above? (see i	nstructions)	• •	No. 11		· · ·	· Yes	<u></u> No





orm 99	0 (2013	·	, Pa	ige Z
Part	П	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	v	\Box
1	Brief	ly describe the organization's mission:	• • • ›	<u> </u>
-		ronting Human trafficking through awareness, education and outreach.		
		······································		
	Diel	he approximation undertake any significant program continue during the year which were not letted on the		
2		he organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	es □I	No
		es," describe these new services on Schedule O.		
3		the organization cease conducting, or make significant changes in how it conducts, any program		
			es 🔲 l	No
		es," describe these changes on Schedule O.		
4	expe	cribe the organization's program service accomplishments for each of its three largest program services, as noness. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation otal expenses, and revenue, if any, for each program service reported.		
40	(Coc	e:) (Expenses \$924 including grants of \$) (Revenue \$	200)	—
4a		ating law antorcoment, healthcare workers, hospitality workers and careguers		
	.=.=.:	auny law Emploment, neathbare workers, hospitality workers and caregivers		
		,		
4b	(Coc	e:) (Expenses \$including grants of \$) (Revenue \$	·····	—
-10	(000	o		
		1		
4c	(Coc	le:) (Expenses \$ including grants of \$) (Revenue \$)	
4d		er program services (Describe on Schedule O.)		
		enses \$ including grants of \$) (Revenue \$)		
4e	rota	l program service expenses ▶ 924		

AJOB

Part	IV ` Checklist of Required Schedules		1.	1
, ·	Is the considered and action 504/aV(a) or 40.47(a)(4) (athor there are investe foundation) 0.15 (1)(a) 2		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	·	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		v
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		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
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		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
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		~
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		>
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		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		~
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part	Checklist of Required Schedules (continued)		, 	o
			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		~
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	V	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
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		v
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		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		•
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	~	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	>	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		,
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	~	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
_	reportable gaming (gambling) winnings to prize winners?	10		

art	Y 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			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
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)?	4a		•
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).			•
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		~
С	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	6a		,
	organization solicit any contributions that were not tax deductible as charitable contributions?	Va		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		ĺ	
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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		~
đ	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			~
9	Sponsoring organizations maintaining donor advised funds.	۳		<u> </u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		l	
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		~
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	, ,		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		~
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
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		~
	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		~
	If "Yes," complete Form 4720, Schedule O.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, as response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See							
	Check if Schedule O contains a response or note to any line in this Part VI				Ø			
Section	on A. Governing Body and Management							
		1 .		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year .	9 4						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent .	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation any other officer, director, trustee, or key employee?		2					
3	Did the organization delegate control over management duties customarily performed by or uncompensation of officers, directors, trustees, or key employees to a management company or other		3		v			
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		~			
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?.	5		~			
6	Did the organization have members or stockholders?							
7a	one or more members of the governing body?							
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions under the year by the following:	taken during						
а	The governing body?		8a	~				
b	Each committee with authority to act on behalf of the governing body?		8b		~			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u> </u>	9		,			
Secti	on B. Policies (This Section B requests information about policies not required by the In	itemai Hever	ue C	ode.) Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a	165	No			
b	If "Yes," did the organization have written policies and procedures governing the activities of su							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt	-	10b 11a		~			
11a								
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		<u></u>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to conflicts?	12b		_			
c	Did the organization regularly and consistently monitor and enforce compliance with the poli describe in Schedule O how this was done.		12c					
13	Did the organization have a written whistleblower policy?		13		~			
14	Did the organization have a written document retention and destruction policy?		14		~			
15	Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation a							
а	The organization's CEO, Executive Director, or top management official		15a	~				
b	Other officers or key employees of the organization		15b		~			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			'				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?		16a		~			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and take steps to s	afeguard the						
Conti	organization's exempt status with respect to such arrangements?	· · · ·	16b		L			
Secti	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶	···,						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that applications on the companion of th	990, and 990- oply.						
19	Describe on Schedule O whether (and if so, how) the organization made its governing docume and financial statements available to the public during the tax year.	•	f inter	est p	olicy,			
20	State the name, address, and telephone number of the person who possesses the organization's Jacomien Mras, PO Box 70, Big Horn, WY 82833 973 580 2023	books and re	cords	>				

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Form	990	(2019)

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

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

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

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

Check this box if neither the organization not	r any relate	d org	aniz	atic	on c	ompe	ensa	ited any current	officer, director,	or trustee.
	1			(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
reame and title	hours					is both or/trus		compensation	compensation	of other
	per week		_	_	_			from the	from related	compensation
	(list any	Ž		Officer	1	日春	Former	organization	organizations	from the
	hours for related	ē	\$	ĕ	1 9	o is	뎥	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	호호	🤶	1	흥	8 8			,	related organizations
	below	SP.	5		Key employee	를			i	
	dotted line)	Individual trustee or director	Institutional trustee		-	Ser l			,	
			å			Highest compensated employee			!	
(1) Terri Markham, Exec Director, Co-Founder	40		 	╁┈		 	\dagger		······	
	1	1						1250	o	Ì
(2) Ryan Schilleman, Board President	2									
	T	1 .			l	[0	0	(
(3) Kristen King, Board Secretary	2				Π					
		<u> </u>						0	0	(
(4) Amy Yager, Board VP	2			ļ						
		'						0	0	
(5) Jacomien Mars, Board Treasurer	4									
		1						0	0	(
(6) Alexandra Stevenson, Co-founder	5									
		<u> </u>			Ĺ	<u> </u>	<u> </u>	0	0	
(7)										
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40		├	├-	 	\vdash	├	 -		<u> </u>	
(14)	1	1		1	1	1	1		1	

Part	VII Section A. Officers, Directors,	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
						C) ation						,	
	(A)						e than o		(D)	(E)		(F)	
	Name and title	Average hours					s both or/trus		Reportable compensation	Reporta compens		Estimated amore of other	unt
		per week (list any				1	1	<u> </u>	from the organization	from rela organiza		compensation from the	n
		hours for	divid	State 1	Officer	y er	ghes	Former	(W-2/1099-MISC)	(W-2/1099		organization ai	
		related organizations	ct or t	tiona	`	Key employee	8 6	-	1			related organizat	ions
		below	Individual trustee or director	Institutional trustee		8	T Per	Ì	ļ				
		dotted line)	*	stee		ļ	Highest compensated employee	ŀ	ļ				
(15)				├	├	\vdash	-	_					
11.9/		†	1						1				
(16)													
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(25)			{	ļ	1								
1b	Subtotal	·		└	ـــــــ	<u> </u>		<u> </u>			-		
C	Total from continuation sheets to Part	VII, Sectio	n A										
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	1350				
2	Total number of individuals (including bu		i to th	ose	e list	ted	above	e) w	ho received mor	e than \$10	00,000	of	
	reportable compensation from the organi	ization >										Yes	No
3	Did the organization list any former	officer dire	ector	tn	iste	ا م	(e)/ e	mni	lovee or highes	t compe	neated		140
	employee on line 1a? If "Yes," complete											3	~
4	For any individual listed on line 1a, is the												
	organization and related organizations									dule J fo	r such		<u>.</u>
_	individual									· · ·	 lividual	4	~
5	for services rendered to the organization											5	~
Secti	on B. Independent Contractors								,				
1	Complete this table for your five high												
	compensation from the organization. Rep	ort compen	sation	n fo	r the	e ca	lenda	r ye	ar ending with or	within the	organ		ear.
	(A) Name and business add	Iress							(B) Description of sen	vices		(C) Compensation	
											·		
								_			 	· · · · · · <u>· · · · · · · · · · · · · </u>	
2	Total number of independent contractor	re (includi	na h	ıt n	not .	limi	ed +	. +5	nose listed above	(a) 14ths		 	1
2	received more than \$100,000 of compens	•	_					, ui	iose listeu abov	e) wild			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated business revenue (D) Revenue excluded from tax under sections 512–514 Related or exempt function revenue Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 0 Membership dues . . . 1b 563 Fundraising events . 1c Related organizations **1d** 1e e Government grants (contributions) All other contributions, gifts, grants, 13800 and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f. 14363 **Business Code** Program Service 200 200 61 **Sheridan Schools** Revenue All other program service revenue . . 200 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ 0 4 0 Royalties . . (i) Real (ii) Personal 6a Gross rents 0 0 6a 0 6b 0 **b** Less rental expenses 0 0 c Rental income or (loss) 6c 0 d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory 7a Less: cost or other basis Other Revenue and sales expenses 7b 7c 0 c Gain or (loss) . d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . 8a 1034 **b** Less: direct expenses 8b -1034 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 0 **b** Less: direct expenses 9b 0 c Net income or (loss) from gaming activities \triangleright 10a Gross sales of inventory, less 10a 0 returns and allowances 0 Less: cost of goods sold . . . 10b Net income or (loss) from sales of inventory 0 **Business Code** Miscellaneous **WYCF Grant** 2500 11a Revenue C All other revenue 2500 Total. Add lines 11a-11d . Total revenue. See instructions 14583

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations	must complete colun	nn (A).
-	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	0	·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1250	625	500	125
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	96	48	38	10
11	Fees for services (nonemployees):				
а	Management	0			
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .	0			
12	Advertising and promotion	827	20	807	
13	Office expenses	794	288	506	· · · · · · · · · · · · · · · · · · ·
14	Information technology	1919		1919	
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	11	11		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	0			
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	Memberships	110		110	
b	Business Registration Fee	275		275	
C	Fundraising Expenses	1033			1033
d					
e	All other expenses	0047			
25 26	Total functional expenses. Add lines 1 through 24e 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	6315	992	4155	1168
	following SOP 98-2 (ASC 958-720)	ol			

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash—non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net 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 n Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). ol ol Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . 0 10c **b** Less: accumulated depreciation 10b Investments—publicly traded securities Investments—other securities. See Part IV, line 11 . ol Investments—program-related. See Part IV, line 11. Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) 0 17 Grants payable 0 18 Escrow or custodial account liability. Complete Part IV of Schedule D . . . Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ol Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ ☑ **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. O Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances ol Total liabilities and net assets/fund balances . . O

Form 990 (2019)

orm 99	0 (2019)			\$	Pa	gé 12
Part	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			1	4563
2	Total expenses (must equal Part IX, column (A), line 25)	2				6315
3	Revenue less expenses. Subtract line 2 from line 1	3				8248
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				0
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	П				
	32, column (B))	10				8248
Part	XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	· ·	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		ŗ	一	$\neg \uparrow$	1
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	explain	in			
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 conferenced on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	mpiled	or			
b	Were the organization's financial statements audited by an independent accountant?		.	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ited o	n a			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov the audit, review, or compilation of its financial statements and selection of an independent account	_		2c		
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O	xplain	on			

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)

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RECEIVED AJUL |2 2 2020 OMB No 1545-0047 SCHEDULE DATE OF 1990 OF 1990-EZ Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number ∡ Uprisina Part I 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.) 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 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 An organization that normally receives: (1) more than 337/5% 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, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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 I, 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 other support (see support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No 11285F

Part							
	(Complete only if you checked the						alify unđer
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ồn A. Public Support						
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			j			
	membership fees received. (Do not	;					
	include any "unusual grants.")			<u></u>			
2	Tax revenues levied for the						
	organization's benefit and either paid						•
	to or expended on its behalf						
3	The value of services or facilities			ì			
	furnished by a governmental unit to the						
	organization without charge			ļ			
4	Total. Add lines 1 through 3			 			
5	The portion of total contributions by			İ			
	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)	·		ļ			
6	Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>	L	
	on B. Total Support	1)2015	420040		1 1 2 2 2 4 2	1 1 2010	(a =
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			 		<u> </u>	
8	Gross income from interest, dividends,					<u> </u>	
	payments received on securities loans, rents, royalties, and income from						
	similar sources					1	
9	Net income from unrelated business			†			
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						·····
10	loss from the sale of capital assets				:		
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10					-	
12	Gross receipts from related activities, etc.	. (see instruction	ons)	<u>'</u>		12	
13	First five years. If the Form 990 is for th			d. third. fourth	. or fifth tax v		n 501(c)(3)
	organization, check this box and stop he				•		
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6	3, column (f) di	vided by line 1	11, column (f))	\	14	%
15	Public support percentage from 2018 Sch	nedule A, Part	II, line 14 .		\.	15	%
16a	331/3% support test - 2019. If the organi	zation did not	check the box	x on line 13, ar	nd line 14 is 3:	31/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	l organization		<u> </u>	🕨 🗀
b	331/3% support test - 2018. If the organia					is 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a p	publicly suppo	orted organizati	ion	. 🔪	> 🗀
17a	10%-facts-and-circumstances test - 26	019. If the orga	anization did r	not check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circ	umstances" te	est. The organi	zation qualifie:	s as a publicly	supported
	organization	• • • •				· · · · <i>)</i>	、 ▶ □
b	10%-facts-and-circumstances test-20)18. If the orga	anization did r	not check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in	neets the "fact	ts-and-circum	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						· · 🦎 🗆
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see 🔪
	instructions						P 📉

Part	le A (Form 990 or 990-EZ) 2019	tions Dasor	ihed in Secti	on 500(a)(2)			Page 3
rait	(Complete only if you checked th				nization faile	d to qualify un	der Part II.
•	If the organization fails to qualify						
Secti	on A. Public Support						
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.")		- <	_	-	14563	14563
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		_	-		Ø	-
3	Gross receipts from activities that are not an unrelated trade or business under section 513			<u></u>	1	ch	Ø
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	_	_		-	ø	ø
5	The value of services or facilities furnished by a governmental unit to the organization without charge	_	_		_	Ó	ó
6	Total. Add lines 1 through 5	_				14563	14563
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					ø	ø
b	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					10250	10250
С	Add lines 7a and 7b	 -				10250	10250
8	Public support. (Subtract line 7c from line 6.)				-		<u>10230</u> 4313
	on B. Total Support						
	idar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6					14563	14563
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.					d	d
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					d	d,
С	Add lines 10a and 10b		<u> </u>			14563	14563
11	Net income from unrelated business activities not included in line 10b, whether	· · ·					,
	or not the business is regularly carried on		<u> </u>	ļ		Ø	<u> </u>
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			:		d	d
13	Total support. (Add lines 9, 10c, 11, and 12.)					14563	14563
14	First five years. If the Form 990 is for the organization, check this box and stop he						n 501(c)(3)
Sect	ion C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8	actume (f)	محنا برط امحامتينا	10		15	%

	and 12.)	1456	145	65
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year	ar as a s	section 501(c)(3)
	organization, check this box and stop here		🕽	
Sect	ion C. Computation of Public Support Percentage			
15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15		%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16		%
Sect	ion D. Computation of Investment Income Percentage			
17	Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17		%
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18		%
19a	,,		•	ne
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly support	rted orga	anization . I	▶ 🗆
b	331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16	is more	than 331/3%, an	nd
	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly su	pported	organization I	▶ 🗆
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box a	ınd see i	instructions	▶ □
	Sche	dule A (Fo	orm 990 or 990-EZ	ž) 2019

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 O	rganizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	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 Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	46		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		-	
þ		5a 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 filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
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 Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.)

10b

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Part	V Supporting Organizations (continued)			·
,			Yes	No
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)	44.		
	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 Part VI.	11c		
Secti	on B. Type I Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to		165	140
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	_ 	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		İ	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Ì		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<u> </u>	ļ	
		1		l
Secti	on D. All Type III Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
1	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			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	İ		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		*
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	[
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Secti	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	nstru	ction	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (ace in	ote iot	iona)
с 2	Activities Test. <i>Answer (a) and (b) below.</i>	see m	Yes	
			163	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		}
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		_	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			<u> </u> _
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	l	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	,
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		(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	·········	(0) 0
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 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):	<u> </u>		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	······································	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish or	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
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.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
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 Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С				
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			1
а	Excess from 2015			}
b	Excess from 2016)
С	Excess from 2017			
d	Excess from 2018			i i
	Excess from 2019			1

Pag	e	8

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

2020 For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

OMB No. 1545-0047 2019

Gomplete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Sen

Open to Public Inspection

Name of the organization Employer identification number Uprising 84-2898735 Part I **Questions Regarding Compensation** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 1. T. 7 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all

3	Indicate which, if any, of the following the organization used to establish the compensation of the
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee	☐ Written employment contract
☐ Independent compensation consultant	☐ Compensation survey or study
Com 000 of other propriestions	Approval by the board or comme

Form 990 of other organizations	Approval by the board or compensation committee

4	During the year, did any person listed on Form 990, Part VII, Section A	, line 1a, with respect t	to the filing
	organization or a related organization:	•	_

	g						
а	Receive a severance payment or change-of-control payment?						

b	Participate in,	or receive payment	from, a supplemental	nonqualified retirement plan?

Ç	Participate in, or receive payment from, an equity-based compensation arrangement?		•	•
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item i	n P	art	Ш.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

	-				•							•				
5	For persons	listed or	Form	990, F	Part V	l, Section	A,	line	1a,	did	the	organization	pay	or	accrue	any
	compensation	n conting	ent on th	ne reve	enues d	of:										

b	Any r	elate	ed or	ganiz	zation	?		
				_				_

Any related organization?

	ii res on line sa or so, des	mbe in Fait III.				
6	For persons listed on Form	990 Part VII	Section A	line 1a	did the organization	nay or accrue any

>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay	or	accrue	any
	compensation contingent on the net earnings of:			
а	The organization?			

If "Yes" or	line 6a or 6b	, describe in Part II	1.		

7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe	d
	payments not described on lines 5 and 6? If "Yes," describe in Part III	

8	Were any amo	ounts repo	orted on For	m 990, Parl	: VI	l, paid or accr	ued purs	suant to a contr	act th	at was :	subject
	to the initial	contract	exception	described	in	Regulations	section	53.4958-4(a)(3)? If	"Yes,"	describe
	in Part III .				•						

9	If "Yes" on line	e 8, did the	organization	also	follow	the	rebuttable	presumption	procedure	described	in
	Regulations sec	tion 53 4958	-6(c)?								

Schedule J (Form 990) 2019

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

(F) Compensation in column (B) reported as deferred on prior Form 990 Note: The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 1250 (E) Total of columns (B)(I)-(D) (D) Nontaxable benefits (C) Retirement and other deferred compensation (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (ii) Bonus & Incentive compensation 1250 (i) Base compensation EE EE ≘ ≘ EE EÊ EE EE EE E EE E€ E EE 1 Exec Director and co-founder (A) Name and Title Terri Markham 16 ø Ф 9 4 ಧ + 15 Ŋ Ø ო Ŧ

Schedule J (Form 990) 2019

Department of the Treasury Internal Revenue Service Name of the organization

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.

20**19**

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Uprising	84-2898735
	ad
Part VI - Section A. 2: Co-founder Alexandra Stevenson and Board Treasurer Jacomien Mars are daughter	and mother.
Part VI - Section A. *b. There are no comittees at this time	
Part VI - Section B. 15a: Compensation was decided by the board of directors.	
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Schedule O (Form 990 or 990-EZ) (2019)	· · · · · · · · · · · · · · · · · · ·	Page 2
Name of the organization	Employer identification number	ø
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