Form **990** 

(Rev January 2020) Department of the Treasury

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

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

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

2019 Open to Public

inter	nai Reven	ue Service	1	GO to www.ir.	s.gov/Form990 for instruction	is and the latest	mormation.	<del>    -</del>		-inspection-	<del></del>
<u>A</u>	For the		year, or tax yea	r beginning	, and ending	<u> </u>		·			
<u>B</u>	Check if ap	plicable C Name	of organization				D	Employe	r identific	ation number	
	Address cl	nange		ADMINISTRA	TIVE SUPERVISORY	PROF					
	Name cha	nne -	business as	ASPTEA				<u> 36-0</u>			
$\equiv$		Numbe	er and street (or PO b N. 3RD A	ox if mail is not delivere	d to street address)			Telephon		-8474	
_	Initial retur Final returi	"		e, country, and ZIP or fo	reign postal code			<del></del>	201	01/1	—
	terminated		ENIX		AZ 85003			0	C	305,8	<b>Q</b> 1
	Amended	ratura -	and address of princip		RZ 83003			Gross rec	eipis \$		<u> </u>
$\overline{\Box}$	Application		SON STOKE			^	H(a) Is this a group i	eturn for si	ubordinate	s <sup>2</sup> Yes X	No
ш				PANOTTO R	n	. ()	H(b) Are all subord	nates incli	uded?	Yes	No
		l -	DENIX	MOIIO R	AZ 85086	all	If "No," att			uctions)	
			[	)1(c) ( <b>4</b> ) <b>4</b> (			+		,	<b>,</b>	
<u>+</u>	Tax-exen		501(c)(3) X 50	01(c) ( -3 ) -(	nsert no ) 4947(a)(1) or		-				
<u></u>	Website			X Association	7 011 1	<u> </u>	H(c) Group exempt Year of formation 19				ΑZ
	art I		Corporation Trust	X Association	Other >	1	rear or formation 19	, 0	M State	e of legal domicile	
		Summar			andront actuation	+	<del></del>				
	1 E	•	ne organization's  REP CITY		ignificant activities	Ī					
ခိုင		ORGANIZEI	REP CITI	EMPLOISES		<b>†</b>					
nai											
Governance		St 1. 46 1	<u> </u>		d its operations or disposed	Internal Resi	PRILITE Sandan	_			
ဖိ	1					Received US	Bank - USB		0		
<b>مخ</b> در	1	-		governing body (F		76		3	0		—
Activities	1	•	•	•	rning body (Part VI, line 1b)			4			—
ξį	1				ar 2019 (Part V, line 2a)	SEP 0	8 2020	5	0		
Ac	1		olunteers (estim	••		Kanasa	<b>3</b> '	6	0		_
	1			from Part VIII, col	, ,,	Kansas (	City, MQ	7a			0
	<u> </u>	let unrelated but	siness taxable inc	come from Form 9	90-T, line 39	···-	Prior Year	7b		Current Year	<u> </u>
		Contributions on	d aranta (Bart VIII	Lino 1h)		ł	251,	890		305,89	31
<b>7</b> 9	1		d grants (Part VIII revenue (Part VII			ł	201,	030			<u>^</u>
₹5	1	-		<del>-</del> :	and 7d\	ŀ					<del>0</del>
Revenue Revenue	1		•	mn (A), lines 3, 4,	, , , , , , , , , , , , , , , , , , ,	ł					츳
-4	1				9c, 10c, and 11e)	<u>,</u>	251,	890		305,89	<del>5</del>
_ت	1				Part VIII, column (A), line 12	2)	251,	030			쓹
AUG	1			Part IX, column (A		ł					$\frac{3}{6}$
	1		•	Part IX, column (A)			26	984		29,88	5
Ses.	1	•	•		art IX, column (A), lines 5–1	· · ·		904		29,00	쓹
benses				t IX, column (A), li		0	· · · · · · · · · · · · · · · · · · ·	E	- 4,	The special sp	<u> </u>
Ä	1	-		X, column (D), line		•	208,		1 7 11 112	255,9	
;	1			(A), lines 11a–11d		•	235,			285,85	
)	1	•		•	(, column (A), line 25)	ŀ	<del></del>				
_ ×	19 1	kevenue less ex	penses Subtract	line 18 from line 1	<u> </u>		Beginning of Curren	174 t Year		20,04 End of Year	<u>. U</u>
Net Assets or Fund Balances	20 7	rotal assets (Pai	t X. line 16\			ļ	419,			409,42	22
Ass	21	Total liabilities (P					197,			178,4	
Net	22 N			ract line 21 from li	ne 20		221,			230,94	
	art II	Signatu									<u></u>
				examined this return	n, including accompanying sche	edules and statem	ents, and to the best	of my kn	owledge	and belief it is	_
tro	ue, corre	ct, and complete	Declaration of prep	arer (other than offic	er) is based on all information (	of which preparer	has any knowledge	,			
			Marill	14× 1				9	-1-	20	
Sig	an	Signature o	fofficer					Date			_
He	-	L DAV	ID NIETO	JR.		TREAS	URER				
			it name and title		• •		· -				
	_	Print/Type preparer	s name		Preparer's signature	<u> </u>	Date	Check	X ıf	PTIN	—
Pai	d	Earl E Glens	ı, EA		Earl E Glenn, EX		7-50-80			P00082096	
Pre	parer	Firm's name		x Financ			Firm'	s EIN D			—
Use	Only			E Thomas			1				—
		Firm's address		sdale, AZ	85251-6875		Phor	ie no	480	-941-34	21
May	the IR				e? (see instructions)		I Mor				 10
				separate instruction	<del> </del>					Form <b>990</b> (2	
DAA								4	)	22\ 22\	/
								`	- \	~~ <sub> </sub>	

Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

X

1 Briefly describe the organization's mission

ORGANIZED	REP	CITY	EMPL	OYEES

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	les II 140
3		Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ SCHOLARSHIP AND COMMUNITY SERVICES FOR CHARITABLE AND EDUCATIONAL	PURPOSES

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$

MEMBER SERVICES PROFFESIONAL DEVELOPMENT AND INSURANCE MEMBER DEVELOPMENTS AND ADMINISTRATIVE SERVICES.

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ GRIVANCE REPRESENTATION AND LEGAL SERVICES FOR AN AVERAGE OF 1000 MEMBERS.

4d Other program services (Describe on Schedule O )

(Expenses \$ 285,851 including grants of \$

) (Revenue \$

4e Total program service expenses ▶

285,851

P	art-IVII Checklist of Required Schedules			- 3-
			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		ļ
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			İ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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	i	X
0	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		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1 -		-
	VII, VIII, IX, or X as applicable	`-	, J	-11 _1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	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		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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		X
8	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		X
9	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		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

			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	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		x
242	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23_		
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			į
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	_		
20	IV instructions, for applicable filing thresholds, conditions, and exceptions)	<u></u>	1 . 0	4 4
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1 -		'
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		•
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
<b>J</b> 4	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	552		
	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	<u> </u>		
	related organization? If "Yes," complete Schedule R, Part V, line 2	_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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38		X
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4-	Enter the number reported in Box 3 of Form 1006. Fates 0, if ast applicable	179	Yes	No
1a h	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W.2G included in line 1a. Enter -0. if not applicable		714.	, Int
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and	1 m   1 1 m   1 m   m	4 -	4
·	reportable gaming (gambling) with backup withholding rules for reportable payments to veridors and reportable gaming (gambling) with backup withholding rules for reportable payments to veridors and	1c	* m 1	X
	- Committee of the comm			

Pa	art Val Statements Regarding Other IRS Filings and Tax Compliance (contin	nued)	_		
			SPes oru	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined to the control of the control		2b	합의료 당시간	r ebilinati
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		<b>├</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			
	a financial account in a foreign country (such as a bank account, securities account, or other financia	il account)?	4a	.ainr=78295.	X
b	If "Yes," enter the name of the foreign country				100
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_	_5a	ļ <u>.</u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and the state of the s	ction?	5b		X
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	ne			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			ĺ
_	gifts were not tax deductible?		6b	edfithilick	Digg eller
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods	10.75		
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as			ĺ
	required to file Form 8282?	1 1	7c	H. et "45	7 J. San
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		<b>-</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		├—
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	•	7g		ŀ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	128'-4F"E	ni salimbera
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	ed by the			
	sponsoring organization have excess business holdings at any time during the year?		8 2275-224	htsd2ei337°.	arat maes
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	Mil Silverio	death fulfic
10	Section 501(c)(7) organizations. Enter	11			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
. D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	1	博撒		
a	Gross income from members or shareholders	11a			ME
O	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	445			
120	,	11b		160	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a	150,541	WILE F
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	- 1986		E.F
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Sept to	再動列	nakhita.
а			13a	muladir.	HET-EST.
h	Note: See the instructions for additional information the organization must report on Schedule O				<b>选</b>
b	Enter the amount of reserves the organization is required to maintain by the states in which	1			##
_	the organization is licensed to issue qualified health plans	13b			
C 143	Enter the amount of reserves on hand	13c	連続流	邮纸社	pl., te
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes " has it filed a Form 720 to report these payments? If "No." are under the engage of Schools.	1- 0	14a		X
	, , , , , , , , , , , , , , , , , , , ,		14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or	,-		4-
	excess parachute payment(s) during the year?		15	אַרובע פֿייבל.	X
16	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	i ere = lent	X market
	If "Yes," complete Form 4720, Schedule O			HE	新遊遊

Form	990 (2019) ADMINISTRATIVE SUPERVISORY PROF 86-0365459		F	age <b>6</b>
Pa	it VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an	d for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	iee inst	ructio	ns_
	Check if Schedule O contains a response or note to any line in this Part VI			
<u>Sec</u>	tion A. Governing Body and Management			
		U. Swanda	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	—終聲		
	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	<b>東</b> 還		
	committee, explain on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2_	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3 4	<del>-</del>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<u> </u>		-
7a	one or more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/a		<del></del> -
b	stockholders, or persons other than the governing body?	7b	ļ	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			混凝
а	The governing body?	8a	X	eti ilah-baika
b	Each committee with authority to act on behalf of the governing body?	8b	X	$\overline{}$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		HENT'	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	ļ	<u> </u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	ELEVI HA	X
15	Did the process for determining compensation of the following persons include a review and approval by	125	<u>₹</u> 1.5	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		<u>靠组</u>	
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b	1, 1-10 mm	X
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		and the	THE PARTY OF
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Enhine E		
<b>.</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	(5 <sup>1</sup> ). "	X Naid
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	HIE	EME	
Sec	tion C. Disclosure	16b	<b></b> -	Ь—
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	AVID NIETO JR 3411 E AMELTA AVE			

PHOENIX

\$5459										
Form 990 (2019) <b>ADMINIST</b>	RATIVE S	UPE	ERV	/IS	OF	RY PR	OF 86-036	5459	Page <b>7</b>	
Part VII Compensation o	f Officers, D	irec	tor	s, T	rus	stees, l	Key Employees, High	est Compensated E		
Independent Co	ntractors									
Check if Schedule	O contains	a re	spo	nse	or	note to	any line in this Part V	<u>                                     </u>		
Section A. Officers, Directors,	Trustees, Key E	mpl	oyee	es, a	nd l	Highest	Compensated Employees	<del></del> -		
<b>1a</b> Complete this table for all person organization's tax year	ns required to be	liste	ed R	epoi	rt co	mpensat	tion for the calendar year er	iding with or within the		
<ul> <li>List all of the organization's cu compensation Enter -0- in columns</li> </ul>	(D), (E), and (F)	) if no	cor	nper	nsat	ion was p	paid	,, •	f	
List all of the organization's cu		-		-			•	•		
<ul> <li>List the organization's five cur who received reportable compensation organization and any related organization.</li> </ul>	ion (Box 5 of Fo									
<ul> <li>List all of the organization's fo</li> <li>\$100,000 of reportable compensation</li> </ul>								who received more than		
<ul> <li>List all of the organization's fo organization, more than \$10,000 of See instructions for the order in white</li> </ul>	reportable comp	ensa	tion	from						
Check this box if neither the organic	anization nor an	y rela	ated	orga	nıza	ation com	pensated any current office	er, director, or trustee		
(A) Name and title	(B) Average hours per week			Pos check		than one	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any	off	icer a	nd a d	irect	or/trustee)	organization	organizations	from the	
	hours for related	or d	Inst	Officer	Key	Former Highest employs	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
	organizations	vidua	합	Ē	emp	nest oloye				
	below dotted line)	Individual trustee or director	nstitutional trustee		employee	Former Highest compensated employee				
(1) JASON STOKES					┢					
	0.00				1					
PRESIDENT	0.00			x	1		6,467	o	0	
(2) COLLEEN OSTRANDI		_					-/			
	0.00									
VICE PRESIDENT	0.00			X			5,057	0	0	
(3) DAVID NIETO JR.						T				
	0.00									
TREASURER	0.00			X			3,995	0	0	
(4) PETE OSPITALE	i									
	0.00									
CHIEF REPRESENTATIVE	0.00			X			3,995	0	. 0	
(5) ELIZABETH BENNII										
	0.00									
SECRETARY	0.00	ļ		X			2,299	0	0	
(6) COURT HOOD						1 1				
	0.00									
DIRECTOR	0.00	<u> </u>		X		igwdow	2,017	0	0	
(7) LISA HUGGINS-HU	i e								····	
	0.00					.				
DIRECTOR	0.00	_	L	X		<del>                                      </del>	2,017	0	0	
(8) RON RAMIREZ	_									
	0.00									
DIRECTOR	0.00	<u>L</u>		X		$\bot \bot$	2,017	0	0	

2,017 <del>207</del>

0

0

(10)

(11)

DIRECTOR (9) DONNA MAY

DIRECTOR

0.00

X

Part	Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	d Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any	bo	x, unk	Pos check ess pe nd a c	rson i	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
c ·	Subtotal Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	Secti	on A	<b>.</b>		•	<b>&gt; &gt;</b>	28,071 28,071		
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov		\$100,000 of	<u> </u>
3 (4 )	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization and related organization any person listed on line 1 for services rendered to the organization.	ormer officer, direction of the complete Schede 1a, is the sum nizations greater a receive or acc	ector dule of re than	r, tru <i>J for</i> porta \$15	suci able 60,00 bens	com 00? /	lividi pens f "Ye n fron	ial satio s," c n an	n and other compensation complete Schedule J for sur y unrelated organization or	from the ch	Yes No 3 X 4 X 5 X
Section	on B. Independent Contracto	rs								Who a M400 000 of	
	Complete this table for your fix compensation from the organi	zation Report co							dar year ending with or with	iin the organization's tax ye	
	Name and	(A) business address					<del>-</del>		Descrip	(B) tion of services	(C) Compensation
	Total number of independent of received more than \$100,000								se listed above) who	0	Form <b>990</b> (2019)

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 (D) Revenue excluded function revenue from tax under sections 512-514 business revenue Gifts, Grants ilar Amounts 1a Federated campaigns 1a 269,260 1b **b** Membership dues 4,785 c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 31,846 1f 1g 31,846 g Noncash contributions included in lines 1a-1f 305,891 h Total. Add lines 1a-1f **Business Code** 2a Program Service Revenue b f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a 6a Gross rents b Less rental expenses 6b c Rental inc or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory **b** Less cost or other 7b basis and sales exps c Gain or (loss) 7с d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 4,785 of contributions reported on line 1c) See Part IV, line 18 8a b Less direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 9a b Less direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10Խ b Less cost of goods sold c Net income or (loss) from sales of inventory liscellaneous Revenue **Business Code** 11a b d All other revenue Total. Add lines 11a-11d Total revenue. See instructions 305,891 0

Form 990 (2019) ADMINISTRATIVE SUPERVISORY PROF
Part IX Statement of Functional Expenses

2501	<u>ion 501(c)(3) and 501(c)(4) organizations must c</u> Check if Schedule O contains a resp			mpioto odiumii (A)	
	not include amounts reported on lines 6b, 8b, 9b, 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				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	_ individuals See Part IV, lines 15 and 16	A			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	29,881	29,881		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)	24 221	24 221		
a		34,231 87,339	34,231 87,339		
b	•	300	300		
d	Accounting Lobbying	300	300		
u	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g					
9	(A) amount, list line 11g expenses on Schedule O)	22,446	22,446		
12	Advertising and promotion		22,110		
13	Office expenses	26,603	26,603		
14	Information technology				
15	Royalties				
16	Occupancy	43,760	43,760		
17	Travel	9,397	9,397		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,755	4,755	Lan Grant C. Harrier St. Harrier Grant Grant Grant Co 11.	M. F. S. D. Sin F. B. Toon I am Grand we per
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column			The second secon	
	(A) amount, list line 24e expenses on Schedule ()				
a	Contingency	13,499	13,499		
b	Office Expense Community Service	11,203 2,198	11,203 2,198		
c d	Elections	2,198	2,198		
a e	All other expenses	239	239		
25	Total functional expenses Add lines 1 through 24e	285,851	285,851	0	0
26	Joint costs. Complete this line only if the	203,031	265,651		<u> </u>
	organization reported in column (B) joint costs from a combined educational campaign <u>and</u>				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				l

					(A)		(B)
					Beginning of year		End of year
1	Cash—non-interest-bearing				99,275	1	55,835
2	Savings and temporary cash investments				5,121	2	49,222
3	Pledges and grants receivable, net				,	3	
4	Accounts receivable, net					4	
5	Loans and other receivables from any current or former	officer, director,					
	trustee, key employee, creator or founder, substantial c						
	controlled entity or family member of any of these perso				ELEMENCEMENT OF THE PROPERTY OF THE STATE OF	5	יינואוטאל בט נפטטטלנליאון טולטייאבניטיייייייייייייייייייייייייייייייי
- 6	Loans and other receivables from other disqualified pers	_				4,55	
	under section 4958(f)(1)), and persons described in sec	-	A THE PRODUCTION OF THE SECOND PROPERTY OF THE PARTY HE WAS A SECOND PROPERTY OF THE PARTY OF TH	6 8			
7	Notes and loans receivable, net					7	
8	Inventories for sale or use					8	
9	Prepaid expenses and deferred charges					9-	
102	Land, buildings, and equipment cost or other				PROCESTATE BACKET PRINCES IN	が諸様	
'	basis Complete Part VI of Schedule D	10a	325,	000			
۱,	Less accumulated depreciation	10b	20,		314,683	10c	304,365
11	Investments—publicly traded securities	1001		-	011/000	11	301/303
12	Investments—other securities See Part IV, line 11					12	
13	Investments—program-related See Part IV, line 11					13	
14	Intangible assets					14	
15	Other assets See Part IV, line 11			15			
16	Total assets. Add lines 1 through 15 (must equal line 3.	3)			419,079		409,422
17	Accounts payable and accrued expenses		120/010	17	105/422		
18	Grants payable					18	
19	Deferred revenue		· · ·	19			
20	Tax-exempt bond liabilities					20	
21	Escrow or custodial account liability Complete Part IV of	of Sahadula D					
22	Loans and other payables to any current or former office					21	
**	trustee, key employee, creator or founder, substantial or						
	controlled entity or family member of any of these perso						
23	Secured mortgages and notes payable to unrelated third				197,854	22	178,475
24	Unsecured notes and loans payable to unrelated third p				191,034		110,413
25	Other liabilities (including federal income tax, payables t					24	
23							\
	parties, and other liabilities not included on lines 17-24) of Schedule D	Complete Part X				25	
26	Total liabilities. Add lines 17 through 25				197,854		178,475
20	Organizations that follow FASB ASC 958, check here	- N 🗆	<del></del>			26	1/0,4/3
	and complete lines 27, 28, 32, and 33.					LERE	
27	Net assets without donor restrictions					27	· · · · · · · · · · · · · · · · · · ·
28	Net assets with donor restrictions			28			
	Organizations that do not follow FASB ASC 958, che						
١	and complete lines 29 through 33.						
29	Capital stock or trust principal, or current funds				29		
30	Paid-in or capital surplus, or land, building, or equipmen				201 211	30	
31	Retained earnings, endowment, accumulated income, o	or other funds			221,225		230,947
32	Total net assets or fund balances				221,225		230,947
33	Total liabilities and net assets/fund balances				419,079	33	409,422

Form **990** (2019)

orm	1 990 (2019) ADMINISTRATIVE SUPERVISORY PROF 86-0365459			Pa	ge <b>1</b> 2
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	30	)5,	891
2	Total expenses (must equal Part IX, column (A), line 25)	2	28	<u>35,</u>	<u>851</u>
3	Revenue less expenses Subtract line 2 from line 1	3	- :	20,	040
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2;	21,:	225
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-:	10,	318
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2:	30,	947
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			<b>PERMIT</b>	慰쀎
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1 THE PERSONNEL	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Tarit.	船舶	鳕哈
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	4 - 4 Manuar	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1922	461-16-16-16	-H. Hit.
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			翻罐	
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			-est pass	protections.
	Single Audit Act and OMB Circular A-133?		3a		
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		3b		

Form **990** (2019)

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2019 Open to Public

Inspection

Name of the organization				Employer id	entification number
	TIVE SUPERVISORY PROF				65459
Part I Orga	nizations Maintaining Donor Advised Fur plete if the organization answered "Yes" on F	n <b>ds or Other</b> Form 990, Pai	Similar Funds or A rt IV. line 6	Accounts	<b>.</b>
			nor advised funds	(b)	Funds and other accounts
1 Total number at	end of year	(-/			
	of contributions to (during year)			· · · · · · · · · · · · · · · · · · ·	
	of grants from (during year)				
4 Aggregate value		-			<del></del>
00 0	tion inform all donors and donor advisors in writing that	the assets hold	ın donor advısed		
•	panization's property, subject to the organization's exclu				□ vaa □ Na
	tion inform all grantees, donors, and donor advisors in	=			∐ Yes ∐ No
	e purposes and not for the benefit of the donor or dono				
•	missible private benefit?	or advisor, or ior i	any other purpose		Yes No
	servation Easements.				Tes NO
	plete if the organization answered "Yes" on F	orm 990, Par	rt IV, line 7		
1 Purpose(s) of co	nservation easements held by the organization (check	all that apply)			
	of land for public use (for example, recreation or educ-		ervation of a historically	important la	and area
	natural habitat	·	ervation of a certified his	•	
Preservation	of open space				
_	a through 2d if the organization held a qualified conser	vation contribution	on in the form of a conse	rvation	
	last day of the tax year				eld at the End of the Tax Year
a Total number of	conservation easements			2a	
	stricted by conservation easements			2b	
	ervation easements on a certified historic structure incli	uded in (a)		2c	
	ervation easements included in (c) acquired after 7/25/0	• •			
	listed in the National Register			2d	
	ervation easements modified, transferred, released, ext	inquished, or ter	minated by the organizat		he
tax year ▶		<b>3</b>			
•	s where property subject to conservation easement is lo	ocated >			
	ation have a written policy regarding the periodic moni		n, handling of		
<del>-</del>	nforcement of the conservation easements it holds?	<b>.</b> .	. •		☐ Yes ☐ No
6 Staff and volunte	er hours devoted to monitoring, inspecting, handling of	f violations, and e	enforcing conservation ea	asements d	luring the year
<b>&gt;</b>		·	•		<b></b>
7 Amount of expen	ses incurred in monitoring, inspecting, handling of viola	ations, and enfor	cing conservation easem	nents during	the year
▶ \$	• • • •		· ·		, ,
8 Does each conse	ervation easement reported on line 2(d) above satisfy the	he requirements	of section 170(h)(4)(B)(i)	)	
and section 170(			, , , , , , , , , , , , , , , , , , , ,		Yes No
	ribe how the organization reports conservation easeme	ents in its revenu	e and expense statemen	nt and	
	nd include, if applicable, the text of the footnote to the				e
	counting for conservation easements				
	nizations Maintaining Collections of Art, I plete if the organization answered "Yes" on F			Similar A	ssets.
		<del></del>	<del></del>		
	n elected, as permitted under FASB ASC 958, not to re reasures, or other similar assets held for public exhibiti				rks
	n Part XIII the text of the footnote to its financial staten			or public	
					,
	n elected, as permitted under FASB ASC 958, to repor				
	sures, or other similar assets held for public exhibition	, education, or re	search in furtherance of	public serv	ice,
	ving amounts relating to these items				
• •	luded on Form 990, Part VIII, line 1				\$
	led in Form 990, Part X				\$
	n received or held works of art, historical treasures, or		ets for financial gain, pro	vide the	
•	s required to be reported under FASB ASC 958 relating	g to these items			
<ul> <li>a Revenue include:</li> </ul>	d on Form 990, Part VIII, line 1			•	\$

\$\text{\$\frac{\text{\$\colored{\co	Sche				RVISORY			3654			Page	2
collection items (check all that apply) all Public exhibition   d   Loan or exchange program   b   Scholarly research   e   Other	Pa	art III Organizations Maintain	ing Collecti	ons of	Art, Historic	al Treasu	res, or Othe	r Simil	ar Assets	(contin	ued)	
b   Scholarly research   e   Other	3		ssion, and othe	er records	s, check any of t	he following	that make signi	ficant use	e of its			
to   Preservation for future generations	а	Public exhibition		d 🗌 L	oan or exchang	je program						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  5 During the year, did the organization soloct or receive donations of art, historical treasures, or other similar assets to be sold to use funds rather than to be maintained as part of the organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  1a is the organization an agent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 and 11 feet 12 and 12 and 13 and 14 and 14 and 15	b	Scholarly research		е 🗌 (	Other							
S During the year, did the organization solicit or receive donations of art, instancial treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?    Part   Secrow and Custodial Arrangements	С	Preservation for future generations		_								
assets to be sold to raise funds rather than to be maintained as part of the organization?	4		collections an	d explain	how they furthe	r the organiz	ation's exempt	purpose	ın Part			
assets to be sold to raise funds rather than to be maintained as part of the organization?	5	During the year, did the organization solic	it or receive do	nations o	f art, historical ti	reasures, or	other similar					
Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  1a is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X   Image    1b   "Yes," explain the arrangement in Part XIII and complete the following table  1c   Beginning balance   Amount    1d		• •								Y∈	es 🗍 No	0
990. Part X, line 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following Table  c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Pa										<del></del> .	
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Included on Form 990, Part X?   Yes   No   If "Yes," explain the arrangement in Part XIII and complete the following table   Amount   It   Amount   It   It   It   It   It   It   It	1a		odian or other i	ıntermedi	ary for contribut	ons or other	assets not					_
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C Beginning balance d Additions during the year e Distributions during the year 1 to 1.1 1 t	b	If "Yes," explain the arrangement in Part >	(III and comple	te the foll	lowing table							
d Additions during the year  E Distributions during the year  E Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10  Easily Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10  E Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  P Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds on the possession of the organization that are held and administered for the organizations b if "Yes" on line 3a(ii), are the related organizations is listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organizations endowment funds  E Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Describer of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated separation is separation of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated separation is separation of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated separation is separation of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated separation is separation in the possession of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated separation is separation in the possession of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated separation is separation in the possession of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated separation in the possession of property (a) Cost or other		· · · · · · · · · · · · · · · · · · ·	•		-			ſ		Amoun	it	
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f Ending balance 2a Dut the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part XIII Check here if the explanation has been provided on Part XIII  Part XIII Check here if the explanation has been provided on Part XIII  Part XIII Check here if the explanation has been provided on Part XIII  Part XIII Check here if the explanation has been provided on Part XIII  Part XIII Check here if the explanation has been provided on Part XIII  Part XIII Check here if the explanation has been provided on Part XIII  Part XIII Check here if the explanation has been provided on Part XIII  Part XIII Check here if the explanation has been provided on Part XIII  Part XIII Check here if the explanation has been provided on Part XIII  Part XIII Check here if the explanation has been provided on Part XIII the intended uses of the organizations is endowment funds  In the precentages on Intended uses of the organizations is listed as required on Schedule R?  A Describe in Part XIII the intended uses of the organizations is endowment funds  In Land  Buildings  C Leasehold improvements  In Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Describing for property  In Land  Buildings  C Leasehold improvements  In Land  Buildings  C Leasehold improvements  In Land  C Other  C Describing for property  In Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  C Describing for property  C Describing f	d	Additions during the year							1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No   No   No   No   No   No   No   N	е	Distributions during the year						[	1e			
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII    Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10    Table Beginning of year balance   (a) Current year   (b) Pror year   (c) Two years back   (d) Three years back   (e) Four years back	f	Ending balance						[	1f			
Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	2a	Did the organization include an amount or	n Form 990, Pa	ırt X, line	21, for escrow of	or custodial a	ccount liability?	•		Ye	es No	o
Complete if the organization answered "Yes" on Form 990, Part IV, line 10  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment    b Permanent endowment    c Term endowment    changes on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations  (i) Unrelated organizations  (ii) Related organizations  iii "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds    Complete   The Organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10    Description of property	b	If "Yes," explain the arrangement in Part X	III Check here	of the ex	planation has be	een provided	on Part XIII					
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c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  1 Describe in Part XIII the intended uses of the organization's endowment funds    Part VIII   Land, Buildings, and Equipment.	1a	Beginning of year balance										
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Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VIII Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other	f											_
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other  325,000 20,635 304,365	g	•										_
b Permanent endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Person on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VII  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment e Other  Other  325,000 20,635 304,365					(line 1g, colum	n (a)) held a	5					
Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Resorribe in Part XIII the intended uses of the organization's endowment funds  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (other)  Buildings  C Leasehold improvements  d Equipment  C Other  Other  325,000  20,635  304,365		· .		%								
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(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment e Other  3a(ii) 3b  3b  4 Describe in Part XIII the intended uses of the organization's endowment funds  (d) Book value  (investment)  (other)  325,000  20,635  304,365	Ja		session of the	organizat	non mat are neit	and admin	stered for the			1	V N-	_
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  (investment)  (investment)  (investment)  (b) Cost or other basis (other)  (other)  (other)  Description of property  (a) Book value  (d) Book value  (d) Book value  (a) Equipment  (b) Equipment  (other)		_								2-(1)	Yes No	_
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4 Describe in Part XIII the intended uses of the organization's endowment funds  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other  325,000 20,635 304,365	h	• • • • • • • • • • • • • • • • • • • •	uzatione lietod	ac roquir	od on Sahadula	D2						_
Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other  1325,000  20,635  304,365	4					K'				30	<u> </u>	_
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (investment)  (other)  Land  b Buildings  c Leasehold improvements  d Equipment  e Other  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  (d) Book value  (d) Book value  20, 635  304, 365	I Pa	Military		ii s endov	willent fullus							_
Description of property  (a) Cost or other basis (other)  (investment)  (investment)  (other)  (other)  (other)  (c) Accumulated depreciation  depreciation  Land  b Buildings  c Leasehold improvements  d Equipment  e Other  325,000  20,635  304,365		13-13-15-16-16-16-16-16-16-16-16-16-16-16-16-16-		d "Yes"	on Form ago	) Part IV	line 11a Soc	Form	000 Par	Y line 1	Λ	
(investment) (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other  (investment) (other) depreciation  325,000 20,635 304,365												_
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c Leasehold improvements         d Equipment         e Other       325,000       20,635       304,365					<del></del>		THEODET APPRICA	5.00 GPU 45.10	Say Partie .			
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e Other 325,000 20,635 304,365		·	-		<del>-  </del>							-
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			st equal Form 9	90. Part	X. column (B) II				333			

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	Complete if the organization answered "Yes" on I		line 11b See Form 990, Part X, line	12
	(a) Description of security or category  (including name of security)	(b) Book value	(c) Method of valuation  Cost or end-of-year market value	
(1) Financial o	<del></del>	· · · · · · · · · · · · · · · · · · ·	Cost of and of your market value	· <del></del> ·
• •	Id equity interests		· <del>-  </del>	
(2) Olosely lie (3) Other	id equity interests			
(A)				
(A) (B)		·· · · -	<del></del>	
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(H)				<del></del>
	n (b) must equal Form 990, Part X, col (B) line 12)		· · · · · · · · · · · · · · · · · · ·	
Part VIII	Investments – Program Related.		Ling (Astistrigisterious Tito in Berkill Peril Birtim as Appropriator Virginia Paril Frabri	174 <u>1 - Rin Marine (1</u> 978)
	Complete if the organization answered "Yes" on I	Form 990 Part IV	line 11c See Form 990 Part X line	13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	., .	, ,	Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				<del></del>
(5)			-	
(6)	* '			
(7)				
(8)				
(9)				-
Total. (Columi	(b) must equal Form 990, Part X, col (B) line 13)		$=\frac{12^{n}_{1,2}}{12^{n}_{1,2}}\frac{\sqrt{n}}{n}\frac{2n}{n}2n$	
Total. (Column Part IX	Other Assets.  Complete if the organization answered "Yes" on I (a) Description	Form 990, Part IV,	line 11d See Form 990, Part X, line	27 2 13 13 1
Total. (Column Part IX	Other Assets.  Complete if the organization answered "Yes" on I	Form 990, Part IV,	line 11d See Form 990, Part X, line	15
Part IX  (1) (2)	Other Assets.  Complete if the organization answered "Yes" on I	Form 990, Part IV,	line 11d See Form 990, Part X, line	15
Part IX. (1) (2) (3)	Other Assets.  Complete if the organization answered "Yes" on I	Form 990, Part IV,	line 11d See Form 990, Part X, line	15
(1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" on I	Form 990, Part IV, I	line 11d See Form 990, Part X, line	15
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" on I	Form 990, Part IV,	line 11d See Form 990, Part X, line	15
(1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes" on I	Form 990, Part IV,	line 11d See Form 990, Part X, line	15
(1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" on I	Form 990, Part IV,	line 11d See Form 990, Part X, line	15
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" on I	Form 990, Part IV,	line 11d See Form 990, Part X, line	15
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" on I  (a) Description	Form 990, Part IV,	line 11d See Form 990, Part X, line	15
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets.  Complete if the organization answered "Yes" on I  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)	Form 990, Part IV,	line 11d See Form 990, Part X, line	15
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets.  Complete if the organization answered "Yes" on I  (a) Description		line 11d See Form 990, Part X, line (b) Bo	e 15 lok value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets.  Complete if the organization answered "Yes" on I  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on I		line 11d See Form 990, Part X, line (b) Bo	e 15 lok value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets.  Complete if the organization answered "Yes" on I (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on I line 25		line 11d See Form 990, Part X, line (b) Bo	15 nok value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets.  Complete if the organization answered "Yes" on Island (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Island 25  (a) Description of liability		line 11d See Form 990, Part X, line (b) Bo	15 nok value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets.  Complete if the organization answered "Yes" on Island (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Island 25  (a) Description of liability		line 11d See Form 990, Part X, line (b) Bo	15 nok value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets.  Complete if the organization answered "Yes" on Island (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Island 25  (a) Description of liability		line 11d See Form 990, Part X, line (b) Bo	15 nok value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets.  Complete if the organization answered "Yes" on I (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on I line 25  (a) Description of liability		line 11d See Form 990, Part X, line (b) Bo	15 nok value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" on I (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on I line 25  (a) Description of liability		line 11d See Form 990, Part X, line (b) Bo	15 nok value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes" on I (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on I line 25  (a) Description of liability		line 11d See Form 990, Part X, line (b) Bo	15 nok value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" on I (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on I line 25  (a) Description of liability		line 11d See Form 990, Part X, line (b) Bo	15 nok value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes" on I (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on I line 25  (a) Description of liability		line 11d See Form 990, Part X, line (b) Bo	15 nok value

Sche	dule D (Form 990) 2019 ADMINISTRATIVE SUPERVISO	RY PROF 86-	0365459	Page 4
Pa	Reconciliation of Revenue per Audited Financial	Statements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)	5	
Pa	rtXII Reconciliation of Expenses per Audited Financial	Statements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		الروم (من بيان) الروم (من الروم الروم الروم (من الروم ال الروم الروم ال	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c	197 25-6 - 6-5 - 197 1- 25-7 - 197 1- 25-7 - 197 1- 25-7 - 197 1- 25-7	١
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		_2e	
3	Subtract line 2e from line 1		3	_
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	位度"主持" 特別 (2011)	
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

5

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990

OMB No 1545-0047

Open To Public Inspection ....

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number ADMINISTRATIVE SUPERVISORY PROF 86-0365459

ete - m	C C A			<u>.                                  </u>				
<u>MP</u>	Types of Property	(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(c Method of c	determining		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contrit	oution amounts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests		TO WARD MET CAME TO BE TO BE		<del>-</del>			
4	Books and publications		100mmの   100mmo   100mmo					
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation contribution — Other							
15	Real estate — Residential						-	
16	Real estate — Commercial							-
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(	X	1	31,846				
26	Other ►(							
27	Other ►(		·					
28	Other ►(							
29	Number of Forms 8283 received by	the organi	zation during the tax yea	for contributions for				
	which the organization completed Fe	orm 8283,	Part IV, Donee Acknowle	edgement	29			
							Yes	No
30a	During the year, did the organization	receive b	y contribution any proper	ty reported in Part I, lines 1	1 through	二百円 2011 年 2 11 11 11 11 11 11 11 11 11 11 11 11 1		445
	28, that it must hold for at least three	e years fro	m the date of the initial c	ontribution, and which isn't	t required			
	to be used for exempt purposes for	the entire I	holding period?			30a		X
b	If "Yes," describe the arrangement in	n Part II				107t.j- 53 p		1015
31	Does the organization have a gift ac	ceptance	policy that requires the re	view of any nonstandard			Fil	Ħ
	contributions?					31		X
32a	Does the organization hire or use the contributions?	ird parties	or related organizations t	o solicit, process, or sell n	oncash	32a		х
b	If "Yes," describe in Part II					JAIS!	掘透	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

Schedule M (Form 990) 2019 ADMINISTRATIVE SUPERVISORY PROF

86-0365459

Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**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.

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

## ADMINISTRATIVE SUPERVISORY PROF

Employer identification number

86-0365459

Form 990, Part III, Line 4d - All Other Accomplishments SCHOLARSHIP AND COMMUNITY SERVICES FOR CHARITABLE AND EDUCATIONAL PURPOSES.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Book / Tax Depreciation Difference \$ -10,318