Form	990

2949006 2949311 Return of Organization Exempt From Income Tax

(Rev. January 2020) Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)									
Department of the Treasury Do not enter social security numbers on this form as it may be made publication Open to Publication								Open to Public	
Inte	Internal Revenue Service Solution Service Solution Soluti							Inspection	
<u>A</u>	For th	e 2019 calen	dar year, or tax year beginning	g Jun 1	, 2019, and end	ling Må	y 31	, 20 20	
В	Check ı	f applicable [.]	C Name of organization LADIES	S OF THE DUKES			D Emplo	yer identification number	
	Address	s change	25-1455726						
	Name o	hange	E Teleph	one number					
	Initial re	turn	1114 CROTON AVENU	JE			(724)	658-9258	
	Final ret	urn/terminated	City or town, state or province, o	country, and ZIP or foreign post	al code				
	Amende	ed return	NEW CASTLE, PA 16	101			G Gross	receipts \$ 472,002.	
	Applica	tion pending	F Name and address of principal of	ficer		H(a) Is this a gr	oup retum for	subordinates? 🗌 Yes 🔀 No	
			BEVERLEY HEASLEY, 111	4 CROTON AVE, NEW C	ASTLE, PA 1	6101 H(b) Are all si	ubordinate	s included? 🗌 Yes 🔲 No	
<u></u>	Tax-exe	empt status:	501(c)(3) X 501(c) (7) ◀ (insert no) ☐ 494	7(a)(1) or 527) (if "No," a	ittach a lis	t. (see instructions)	
J	Website	e: ► N/A				H(c) Group e	kemption r	number ►	
K	Form of	organization 🗵	Corporation Trust Associa	ation ☐ Other ►	L Year of form	mation 1963	M State of	of legal domicile: PA	
P	art I	Summai	ry						
	1	Briefly desc	cribe the organization's miss	sion or most significant a	ctivities: CREA	ATE AN ORGA	NIZATI	ON FOR SOCIAL	
8	İ		S FOR MEMBERS AND C						
Governance	1								
/eri	2	Check this	box ► ☐ if the organization	discontinued its operat	ons or dispose	ed of more than	25% of i	its net assets.	
် ဗ	3	Number of	voting members of the gove	erning body (Part VI, line	1a)		3	9	
	4	Number of	independent voting membe	rs of the governing body	(Part VI, line 1	b)	4	9	
ties	5	Total numb	per of individuals employed i	n calendar year 2019 (Pa	art V, (ine 2a)		5	48	
Activities &	6	Total numb	per of volunteers (estimate if	necessary)			6	15	
Ą	7a	Total unrela	ated business revenue from	Part VIII, column (C), line	e 12		7a	324,100.	
	b		ted business taxable income				7b	0.	
	ĺ	·-				Prior Year		Current Year	
a)	8	Contributio	ons and grants (Part VIII, line	1h)					
Revenue	9		ervice revenue (Part VIII, line			1,	932.	1,478.	
eve	10	-	income (Part VIII, column (A	-	·	327.	41.		
Œ	11		nue (Part VIII, column (A), line			272.	442.	324,100	
	12		ue-add lines 8 through 11 (r			701.	325,619.		
. ––	13		similar amounts paid (Part I					0207 022	
1	14		aid to or for members (Part I)						
J ~	15	-	her compensation, employee			157.	,226. 186,93		
Expenses (16a		al fundraising fees (Part IX, c	· · · · · · · · · · · · · · · · · · ·					
<u>5</u>	b		• •			TEXT TO SEE		MATERIAL STREET	
₹	17	Other expe	aising expenses (Part IX, col enses (Part IX, column (A), lin		D _	142,		150,461.	
-	18	Total exper	nses. Add lines 13-17 (must	ed @Part IX. column (A), line (25)	299,		339,392.	
⊣	19		ss expenses. Subtract line 1				868.	-13,773.	
2 8	1			1	<u> </u>	Beginning of Curre		End of Year	
Net Assets or Fund Balances	20	Total assets	s (Part X, line 16)	OGDEN, I	IT.	387,		374,282.	
7 ន្ត 🗟	21		ties (Part X, line 26)	000614			610.	2,239.	
Į į į	22		or fund balances. Subtract I	ine 21 from line 20		385,		372,043.	
	art II		re Block		 		0 2 0 0 1	3.27013.	
_	_		I declare that I have examined this i	return, including accompanying	schedules and sta	atements, and to the	best of m	v knowledge and belief, it is	
			Declaration of preparer (other than					, was was go and bollon, it is	
'		11/	SOLKADIO HOLA	Vou			7-17	-20	
Sig	ın	Signatu	re of officer	~~~		Date			
He	-	11		r D E N I II					
. 10	16		CRLEY HEASLEY, PRESI	LDUNI					
			preparer's name	Preparer's signature		Date	Charle F	7 of PTIN	
Pa		TOCEDU	· ·	' -	10 CD7		Check _ self-emple	- ".l	
Pr	epare	I	D DOSTILIO CPA	JOSEPH D DOSTIL	LO CPA	07/15/2020		1200013020	
Us	e Onl	y Firm's nam			DN 16105			7-4016583	
NA	, the In		ress ► 2305 Wilmington			Phone	110. (72	4) 652-0611 V Yos D No	
ivia	y uie iH	เอ นเรนนรร โท	his return with the preparer s	SHOWIT SHOVE! (SEE INSU	uctions)			. ⊠Yes 🔲 No	

	330 (2013)			Page 2
Part		e Accomplishments a response or note to any line in this Pa	d 111	
	Briefly describe the organization's mis			<u>- · · · · L</u>
ľ		COCTAT		
	CREATE AN ORGANIZATION FOR		·····································	
	FURFUSES FOR MEMBERS AND C	CHARITABLE PURPOSES FOR THE	COMMUNITI.	
2		gnificant program services during the yea		
	If "Yes," describe these new services			☐ fes ☑ NO
3		ing, or make significant changes in ho	w it conducts, any progra	m
		. 		
4	,	service accomplishments for each of its t	hree largest program servic	es. as measured by
		c)(4) organizations are required to report		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		S SOCIAL PURPOSES FOR MEMBER		
_		IE COMMUNITY.		
7,1	·	·		

	-			
	•			-
4b	(Code \(\(\) \(\) Expenses \$	including grants of \$) /Povenue \$	
40				
•				
	••			·
				·
	^			
	(O-d-)	including space of the	\	
4c	(Code:) (Expenses \$	including grants of \$) (Heveline à	/
4d	Other program services (Describe on S	·	`	
4e	(Expenses \$ including Total program service expenses ▶	grants of \$) (Revenue \$		
	. otal program control expenses	REV 06/02/20 PRO		Form 990 (2019)



Form 9	90 (2019)		1	Page (
Part	IV Checklist of Required Schedules			
	To the constitution described to see the first order of the first of t		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? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	. 9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? 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, VIII, IX, or X as applicable.	1		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
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		×
đ	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	-	×
e	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		×
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		X
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	441		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>×</u>
16	for any foreign organization? If "Yes," complete Schedule F, Parts II 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		×
	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? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .

Par	Checklist of Required Schedules (continued)		, 	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	240		
b		24a 24b	 	×
c		2.40	\vdash	1
Ū	to defease any tax-exempt bonds?	24c		
d		24d		
25a	(// // // // // // // // // // // // //			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	
, b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	,	×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	×
¢	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	00		×
31	conservation contributions? If "Yes," complete Schedule M	30	 	×
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	 		<u> </u>
00	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,		[
250	or IV, and Part V, line 1	34 35a	 	×
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If: "Yes," complete Schedule R, Part V, line 2	36		
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				
	Check if Schedule O contains a response or note to any line in this Part V	···		
	5-1	السندون	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
C		100	P	J.
C	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	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 48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u>×</u> _	<u> </u>
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b	×	—
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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	ļ	×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		
d	required to file Form 8282?	7c		×
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	لــــا	<u>.</u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	***	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			ļ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] 0.			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
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			
С	Enter the amount of reserves on hand			
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	Ī		
	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			

Pari	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in:	struct	tions.
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 9			
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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		_×_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>×</u>
6	Did the organization have members or stockholders?	6		<u>×</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<u>×</u>
8	Did the organization contemporaneously document the meetings hold or written actions undertaken during the year by the following:			
a	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 reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven			
100	Did the erganization have local chapters, branches, or effiliates?	10a	Yes	No ×
10a	Did the organization have local chapters, branches, or affiliates?	IUa		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			e
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 arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	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), 990, and 990-7 (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)	(Secti	ion 5(J1(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f intere	st po	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords)	>	

VICKI FRANCIS, 1114 CROTON AVE, NEW_CASTLE, PA 16101 (724)658-9258

Earm	aan	(2019)	

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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 employees."
- 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 nor any related organization compensated any current officer, director, or trustee.

,						C)				,		
(A) Name and title	•	(B) Average hours	box,	unles	Position ot check more than unless person is both or and a director/trus		e than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
•		per week (list any hours for related organizations below dotted line)	Incividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) CAROL BETHLE		1.00										
TRUSTEE			×						0.	0.	0.	
(2) MARY LEE MICCHIONE TRUSTEE		1.00	×				,		0	0.	, 0.	
(3) NANCY MARINO		1.00			×				0.	0.	; 0.	
(4) PATTY VITALE FINANCIAL SEC.		1.00			×				0	0.	0.	
(5) BEVERLEY HEASLEY PRESIDENT		1.00			×				0.	0.	0.	
(6) SHERI ORRICO VICE-PRESIDENT		1.00			×				0.	0.	_ 0.	
(7) VICKI FRANCIS TREASURER		1.00			×				5,022.	0.	0.	
(8) CYNDI SALZANO SECRETARY		1.00			×				7,244.	0.	0.	
(9) CARMIE GARGASZ TRUSTEE		1.00			×	ı			0.	0.	0.	
(10)												
(11)									!			
(12)												
(13)						-						
(14)											-	

Par	t VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, ar	nd F	lighest Compe	nsated	Emplo	yees (con	tinued)
- "	(A) Name and title	(B) Average hours per week	box,	(C) Posit (do not check r box, unless pers officer and a dii			e than i is both	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	table isation	(F) Estimated of oth	er
	•	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compens from t organizati related orga	he on and
(15)													
(16)				-									
(17)				_		_		_					
1111													
(18)	· ···	 	-										
(19)				١		-		·	<u> </u>	,			
(20)	, · · · · · · · · · · · · · · · · · · ·	, ,						-	<u>. </u>				
(21)													
										•			
(23)													
(24)											_		
(25)													
1b	Subtotal			<u> </u>		Ш 		<u> </u>	12,266.	· · ·	0.		0.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			-				▶	12,266.		0.		0.
2	Total number of individuals (including but reportable compensation from the organic	not limited						e) w		e than \$1		of	
												Ye	s No
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mpl: 	oyee, or highes	t compe	ensated 	3	×
4	For any individual listed on line 1a, is the organization and related organizations individual												X
5	Did any person listed on line 1a receive of for services rendered to the organization?									ion or inc		Laboration Date St. Tays	
Secti	on B. Independent Contractors	, .	<u></u>		00,,								
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business addr		Sation	1 101	uic	Car	Crida	ye	(B) Description of serv	_		(C) Compensation	
											 		
2	Total number of independent contractor							the	ose listed above	e) who			

Pal	t VIII	Statement of Revenue Check if Schedule O contains a response	onse or note to a	nv line in this Pa	art VIII		
	,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Grants mounts	1a	Federated campaigns 1a	3				
ons, Gifts, Grants Similar Amounts	b	Membership dues 11	0				
S, E	С	Fundraising events 10					
Contributions, Gifts, and Other Similar An	d	Related organizations 10	1				
nii.G	е	Government grants (contributions) 16	•				
Si Si	f	All other contributions, gifts, grants,					
ĔĘ.		and similar amounts not included above 11	f				
흔	g	Noncash contributions included in					
F P) \$				
<u>0</u> 6	h	Total. Add lines 1a-1f	.				
			Business Code				
Program Service Revenue	2a	MEMBERSHIP DUES	900099	660.	0.	0.	660.
<u>e</u> e	b	RAFFLE(50/50)	900099	484.	0.	0.	484.
Sign	C	FUNDRAISER :		, - 334.	0.	۰,0	334.
gram Ser Revenue	d	St. March. N. N. N. St. St. St.		4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Pg &	⊪e	A CONTRACT OF THE STATE OF THE		No an area		. ;	4.
<u>g</u> .	f'	All other program service revenue		142 (4 2 mg _			-
	g	Total. Add lines 2a-2f		1,47,8.			
	3	Investment income (including dividend	ds, interest, and				
		other similar amounts)	🕨	41.	.0.	0.	. 41.
	4	Income from investment of tax-exempt b	ond proceeds >	-	,		7
	5	Royalties				·	- ,
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 100					
	b	Less rental expenses 6b				苏州大学	
	С	Rental income or (loss) 6c 100					
	d	Net rental income or (loss)		100.	. 0.	100.	0.
	7a	Gross amount from (i) Securities	(II) Other				
	"	sales of assets	. (
	' -	other than inventory 7a	7 7				
ā	ь.	Less, cost or other basis					
evenue		and sales expenses . 7b	1				
Š	C	Gain or (loss) 7c					
Œ		Net gain or (loss)	>		200 200 200 200 200 200 200 200 200 200		
Other R		Gross income from fundraising					
ō	-	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	C	Net income or (loss) from fundraising ev		MET WITH THE PROPERTY OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF		CANDONIAN MERINANCIALISM AND	TO THE PARTY OF TH
	9a	Gross income from gaming			Track to the same		
	Ju	activities. See Part IV, fine 19 . 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activit		DESCRIPTION AND THE PROPERTY OF THE PARTY OF	Lawrence and the state of the s	IZBIDANZO TA GETSENINE ACSUMMUNIONE	ACOMIC OF MICHIGARY CONTRACTOR MICHORITE
			100		WALTER STREET		
	iva	Gross sales of inventory, less returns and allowances 10a	470,383.				
	b	Less: cost of goods sold 10th					
	0			334 000	0.	324,000.	LO .
_ _	<u> </u>	Net income or (loss) from sales of invent	Business Code	324,000.		DZ4, UUU.	
Sign	44.		Dusiness Code	冰岛以前是他的大学的	北京市公司公司	CENTRAL TERMENT TO THE PARTY OF	用的原始的现在分词形式的
ie ie	11a			 -			
lar en	b						
Miscellaneous Revenue	C						
₹	d	All other revenue	L		STORES VIEW CHARACTER	STEER THE BURNING WALLES	可以表现的图片的图片的
	е	Total. Add lines 11a-11d	<u> </u>			州四月	
	12	Total revenue See instructions	.	325.619.	0 1	324.100.1	1.519.

Form 990 (2019) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ındividuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 170,105 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Payroll taxes 10 18,826. 11 Fees for services (nonemployees). Legal Accounting 3,000. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 1,200. 12 9,472. 13 Office expenses 14 Information technology . . . 15 16 52,435. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 2,731. 20 21 Payments to affiliates 22,803. Depreciation, depletion, and amortization . 22 11,510. 23 Other expenses. Itemize expenses not covered 24 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.) 3,025. CONTRIBUTIONS OUTSIDE SERVICES 19,904. 14,399. d CREDIT CARD FEES 9,213. e All other expenses 769. Total functional expenses. Add lines 1 through 24e 339,392. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here ▶ □ if

following SOP 98-2 (ASC 958-720)

ŀ	Part X				
		Check if Schedule O contains a response or note to any line in this Pa	(A)	: :	<u> </u>
			Beginning of year		End of year
	1	Cash—non-interest-bearing	26,193.	1	15,625.
	2	Savings and temporary cash investments	95,386.	2	95,426.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6			6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	4,445.	8	4,445.
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedulc D 10a 828, 225.			
	b	Less: accumulated depreciation 10b	2,61,402.	10c	258,786.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	, , ,	, 12	,
	13	Investments—program-related. See Part IV, line 11	4	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	387,426.	16	374,282.
	17	Accounts payable and accrued expenses	1,610.	17	2,239.
	18	Grants payable ,		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	, ,	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X, of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,610.	26	2,239.
Sapr		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions		27	
ñ	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► ⊠ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	The state of the s
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	385,816.	31	372,043.
X A	32	Total net assets or fund balances	385,816.	32	372,043.
ž	33	Total liabilities and net assets/fund balances	387,426.	33	374,282.

_	-	•
Page		~

Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	325,6	19.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	39 <u>, 3</u>	92.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>-13,7</u>	73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	385 <u>,8</u>	<u> 16.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	32, column (B))	10		372,0	43.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·	1,4	كير
			National States	Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other		_	200	
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xpiain	"		
, 			2a		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Aurora		
-	If "Yes," check a box below to indicate whether the financial statements for the year were, correviewed on a separate basis, consolidated basis, or both:	прпеа	or		
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		X X
D	If "Yes," check a box below to indicate whether the financial statements for the year were aud	tad on	1		
	separate basis, consolidated basis, or both.	tea on	"		
	Separate basis Consolidated basis Both consolidated and separate basis				11.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiaht	of		HARRY.
C	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant? .	2c	.	ı
	If the organization changed either its oversight process or selection process during the tax year, o			Day years	
	Schedule O.	•			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	he		
	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 und	lergo tl	he		i
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	3b		
	DEV 05/02/20 DBO		For	m990	(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

Open to Public Inspection

Name	of the organization		Employer identification number			
LA	ADIES OF THE DUKES		25-1455726			
	rt I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund				
	Complete if the organization answered "					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year) .					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donors	advisors in writing that the assets he	ld in donor advised			
3	funds are the organization's property, subject to the					
6	Did the organization inform all grantees, donors, ar	~				
•	only for charitable purposes and not for the benefit					
	conferring impermissible private benefit?					
Par	t II Conservation Easements.					
	Complete if the organization answered "	Yes" on Form 990 Part IV line 7				
1	Purpose(s) of conservation easements held by the conservation					
-	Preservation of land for public use (for example, recre	-	f a historically important land area			
	<u> </u>	·				
	Protection of natural habitat	Freservation of	f a certified historic structure			
•	Preservation of open space					
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution				
	easement on the last day of the tax year.		Held at the End of the Tax Year			
a	Total number of conservation easements					
ь	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified hi					
d	Number of conservation easements included in (1 1			
	•					
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	inated by the organization during the			
	tax year ▶					
4	Number of states where property subject to conserv					
. 5	Does the organization have a written policy regard	arding the periodic monitoring, insp	ection; handling of			
	violations, and enforcement of the conservation eas	ements it holds?	Yes 🗀 No			
6	Staff and volunteer hours devoted to monitoring, inspec-	ting, handling of violations, and enforcing	conservation easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year			
	▶\$					
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes . No			
9	In Part XIII, describe how the organization reports co		and expense statement and			
	balance sheet, and include, if applicable, the text of					
	organization's accounting for conservation easemer	its.				
Pari	Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.			
	Complete if the organization answered "\					
	If the organization elected, as permitted under FASE		e statement and balance sheet works			
	of art, historical treasures, or other similar assets					
	service, provide in Part XIII the text of the footnote to					
b	If the organization elected, as permitted under FAS					
U	art, historical treasures, or other similar assets held t					
	manufale the full accion amanciate relation to these litera-					
	fit Revenue included on Form 900 Part VIII line 1	. .	> \$			
	(ii) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		· · · · • •			
_	(ii) Assets included in Form 990, Part A		· · · · · · · · · · · · · · · · · · ·			
2	If the organization received or held works of art, I		assets for financial gain, provide the			
	following amounts required to be reported under FA		. •			
a	Revenue included on Form 990, Part VIII, line 1					
<u>b</u> _	Assets included in Form 990, Part X					
For Pa	perwork Reduction Act Notice, see the Instructions for F	Form 990.	Schedule D (Form 990) 2019			

RFV 06/02/20 PRO

Par	t III Organizations Maintaining	Collections of	Art, His	torical 1	reasures	s, or Ot	her Similar	Asse	ts (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply)		ther reco	rds, chec	k any of th	ne follov	ving that mak	e sigr	nificant u	se of its
а	☐ Public exhibition		d	☐ Loan	or exchan	ge progr	am			
b	Scholarly research		е	☐ Other						
С	☐ Preservation for future generations									
4	Provide a description of the organiza XIII.								t purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta							☐ Yes	☐ No
Par	Escrow and Custodial Arr. Complete if the organization 990, Part X, line 21.		" on For	m 990, F	Part IV, lin	e 9, or	reported an	amoi	unt on F	orm
1a	included on Form 990, Part X?								☐ Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing ta	able:					
								Amo	ount	
C	Beginning balance					10				
d	Additions during the year					1d				
, e	Distributions during the year					1e	_ 			
`f	Ending balance					1 <u>f</u>				
2a	Did the organization include an amou If "Yes," explain the arrangement in P									
	V Endowment Funds.	art Alli. Offeck fier	e ii tile e.	Apiariation	Thas Deen	provide	ed Off Fait Alli	<u>· · · · </u>	• • •	 _
	Complete if the organization	answered "Yes"	" on For	m 990 F	Part IV Im	e 10				
	o omploto ii tilo organizatio.	(a) Current year		or year	(c) Two year		(d) Three years b	ack	(e) Four yea	ars back
1a	Beginning of year balance				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Contributions									
С	Net investment earnings, gains, and losses				,					
d	Grants or scholarships									
е	Other expenditures for facilities and programs				•					
f	Administrative expenses								•	
g	End of year balance	,						\neg		
2	Provide the estimated percentage of	he current year en	d balanc	e (line 1g	, column (a	a)) held a	as:			
а	Board designated or quasi-endowme	nt ▶	%							
b	Permanent endowment ▶									
С	Term endowment ► %									
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.							
3a	Are there endowment funds not in the organization by:	e possession of th	e organi	zation tha	at are held	and ad	ministered for	the	Ye	s No
	(i) Unrelated organizations								3a(i)	
	(.,	 .							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o							•	3b	
4	Describe in Part XIII the intended uses		n's endo	wment fu	ınds.					
Part			_							
	Complete if the organization					7		7		
	Description of property	(a) Cost or oth	ent)	(ot	r other basis ther)	de	Accumulated preciation		(d) Book va	
1a	Land		0.			WALK TO		<u> </u>		,104.
b	Buildings			4 9	95,455.		337,322.		158	<u>,133.</u>
C	Leasehold improvements							ļ		
d	Equipment				09,632.		172,737.	ļ		,895.
	Other	·			61,034.	<u></u>	59,380.	<u> </u>		,654.
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	00, Part)	(, column	(B), line 10	Oc.)	<u></u> ▶	<u> </u>	258	<u>,786.</u>

Part VII	Investments—Other Securities.	000 B+ N/ E-	. 111. 0	
	Complete if the organization answered "Yes" on For	T		
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation -of-year market value
• •	I derivatives			
	neld equity interests		<u> </u>	
(3) Other				
(A)				
			ļ -	
		<u> </u>		
				
(C)			 	
(H)				
	mn (b) must equal Form 990, Part X, col (B) line 12.).▶			
Part VIII	Investments - Program Related.	<u> </u>	INTERNAL CONTRACTOR MINISTERS A CONTRACTOR	actual and a series of the ser
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	T	hod of valuation:
, '	,	,	Cost or end	-of-year,market value
7 (1).	* ,			
. (2)				4
(3)				
(4)				
(5)				
_(6)				
(7)				
<u>(8)</u>			<u> </u>	
(9)	(1) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets.		40.00	
Partix	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11d See Form	000 Part Y line 15
	(a) Description	111 000, 1 411 10, 1111	c rra. occ r om	(b) Book value
(1)	(e) escalpite.			(5) 5551 12155
(2)				·
(3)				——————————————————————————————————————
(4)				
(5)				
(6)				
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	<u> ▶</u>	
Part X	Other Liabilities.	000 5 1 1 1 1 1	44 446 6	5 000 D 114
	Complete if the organization answered "Yes" on Fore	m 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)		-		· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> <u>(8)</u>		·····		
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the footnot		n's financial stateme	nts that reports the
	liability for uncertain tax positions under FASB ASC 740. Check			

	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	Page
	Complete if the organization answered "Yes" on Form 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		
С	Recoveries of prior year grants		
ď	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	. <u>.</u>
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part		es per Heturn	i.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		····-
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		'
, b	Prior year adjustments		***
c d	Other (Describe in Part XIII.)		
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
Part			
rovid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b a	nd 2b, Part V, li	ne 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 addition	nal information	•
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Schedule D (Fo			Page 5
Part XIII	Supplemental Information (continued)		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047
2019
Open to Public

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

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

Open to Public Inspection

Name of the organization	Employer identification number				
LADIES OF THE DUKES	25-1455726				
Pt VI, Line 11b: REVIEWED BY THE MEMBERS OF THE GOVERNING BODY AT A BOARD					
Pt VI, Line 11b: MEETING BEFORE THE 990 IS FILED.					
Pt VI, Line 19: DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO THE PU	BLIC				
Pt VI, Line 19: UNLESS REQUESTED.					
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