		_	29	4932	260	3204	1
_	99	ค	Return of Organization Exempt From Incom	me Tax	7	OMB No 154	5-0047
Forn	, 3 3	,0				201	9
·			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except public forms as it was a transfer or the control of the Internal Revenue Code (except public forms as it was a transfer or the control of the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it was a transfer or the Internal Revenue Code (except public forms as it wa				
		the Treasury	 Do not enter social security numbers on this form as it may be may Go to www.irs.gov/Form990 for instructions and the latest info 	•	KID	Open to P	
		ue Service			709	, 20 ₂₀	.OII
	_		C Name of organization New Covenant COmmunity Development Corporation	Jun		yer identification	number
	Address	applicable	Doing business as	_	D Employ	13-4167577	number
=	Name ch	_	Number and street (or P O box if mail is not delivered to street address) Room/	suite	E Telepho	one number	
=	Initial ret	•		718-328-6072			
H		m/terminated	1175 Boston Road City or town, state or province, country, and ZIP or foreign postal code				
П	Amende		Bronx, NY 10456		G Gross r	receipts \$	899,430
	Applicati	on pending		H(a) Is this a gro	up return for	subordinates? Ye	s 🗌 No
			Joseph Alexander, 1175 Boston Road, Bronx, NY 10456	H(b) Are all su	bordinate	s ıncluded? 🔲 Ye	s 🗌 No
	Tax-exe	npt status	✓ 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 557	If "No," a	ttach a list	t (see instructions))
			, , , , , , , , , , , , , , , , , , ,	H(c) Group ex	emption n	number ►	
		organization 🔽	Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	2000	M State o	of legal domicile	NY
P	art I	Summa					
	1	-	cribe the organization's mission or most significant activities: Our most si				
ПСе			Our mission is to reduce unemployment, poverty, illiteracy, and homelessr				ng thos
Ē			is low income through non traditional community based education and social				
ove	2		box ► ☐ if the organization discontinued its operations or disposed of n	nore man a	ا ان 3% و25 ا	is her assers.	-
Activities & Governance	3	Number of	i voting members of the governing body (Part VI, line 1a) independent voting members of the governing body (Part VI, line to).	IVED	 		5
se S	4 5	Total pumi	per of individuals employed in calendar year 2019 (Part Vitine 2a)		16 1 		<u>3</u> 3
Viti	6		[6]		188		21
Act	7a		per of volunteers (estimate if necessary)	7021	<i>77</i> a		<u></u> _0
	b		ted business tayable income from Form 000 T line 20		1_7h		0
	=		led business taxable income from Form 990-1, line 39 OGDE	Prior Year		Current Ye	ar
ø.	8	Contribution	ons and grants (Part VIII, line 1h)		34,149		899,430
Revenue	9	Program s	ervice revenue (Part VIII, line 2g)		0		0
eve	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)		0		_0
•	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	!	34,149		899,430
	13		d similar amounts paid (Part IX, column (A), lines 1-3)		10500		10,500
	14		aid to or for members (Part IX, column (A), line 4)		0		0
es	15		ther compensation, employee benefits (Part IX, column (A), lines 5–10)		23,497		32,039
Expense	16a		nal fundraising fees (Part IX, column (A), line 11e)				0
Ř	_b						
	17	•	enses (Part IX, column (A), lines 11a–11d, 11f–24e)		500,152		829,479
	18	•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		195,202	-	872,018
	19	rievenue le	ess expenses. Subtract line 18 from line 12	nning of Curr	4,950 ent Year	End of Yea	<u>27,412</u> ar
t Assets or designation	20	Total acco	ts (Part X, line 16)	g or our	76,781	2110 01 161	120,184
Asse Bala	21		ities (Part X, line 26)		70,781		15,991
Net A Fund	22		s or fund balances. Subtract line 21 from line 20		76,781		104,193
	art II		re Block		, 0,, 01		101,100
			/, I declare that I have examined this return, including accompanying schedules and statemen	ts, and to the	best of m	y knowledge and	belief, it is
tru	e, correc	t, and comple	te, Declaration of preparer (other than officer) is based on all information of which preparer has	any knowled	lge		•

Sign Vice Chairman Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check ____ if self-employed **Paid Preparer** Firm's name ► Fırm's EiN ▶ **Use Only** Firm's address ▶ Phone no. ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2019)





Form 990 (2019)

MARODRI Page 3

สูญป	Checklist of Required Schedules			
_			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	\ <u>\</u>	
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? <i>If "Yes," complete Schedule C, Part II</i>	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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
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? <i>If "Yes," complete Schedule D, Part V</i>	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	>	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	√	
	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		√
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		-
b	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b 21	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	21	l	I 🗸

Part	Checklist of Required Schedules (continued)		, '.a	
			Yes	Νο
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
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		\
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	\	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	✓
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		 V	<u></u>
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	ή		
•	reportable gaming (gambling) winnings to prize winners?	1c		

Form 99	O (2019).		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	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 returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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)?	<u>4a</u>	<u> </u>	✓
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)	<u> </u>		
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
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		1
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	<u> </u>		
	and services provided to the payor?	7a		√
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	√
9	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	8	 	7
0	sponsoring organization have excess business holdings at any time during the year?	-		<u> </u>
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	1
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 -	7
10	Section 501(c)(7) organizations. Enter:	55	-	Ť
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
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	1	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1	İ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		l
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		√
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans	┨		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 -	1
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	 	1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.45	 	╆ ╌
13	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.	·•		T^-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
-	If "Yes," complete Form 4720, Schedule O.			Γ-

Part	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. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			V
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or	1		
	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 .			
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?		_	
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		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			1
	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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	L
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	_		١.
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	/ - 1	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
	D1111	10-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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	>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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	>	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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		1
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	401		<u></u>
<u> </u>	organization's exempt status with respect to such arrangements?	16b	1	V
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► New York	 T /O		E011
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(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)	i (Sec	tion	501(0
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest p	oolicy
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	
	Levi Cleare, Jr. 1175 Boston Road, Bronx, NY 10456			

_			
Form	aan	(2019)	

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

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

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

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

Check this box if neither the organization nor	r any relate	a orga	anız	atio	n c	ompe	nsa	ited any current i	onicer, director,	or trustee.
				((C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average hours	box,	(do not check more than one box, unless person is both an			an	Reportable compensation	Reportable compensation	Estimated amount of other	
	per week			_	_	or/trust	<u> </u>	from the	from related	compensation
	(list any hours for	호호	nstii	Officer	Key employee	혈호	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	ec d	utio	ė.	<u>#</u>	est	ΙĒΓ	(44-2/1099-14113C)	(44-2/1099-141130)	related organizations
	organizations	9 5	nal		Ì	<u> </u>				
	below dotted line)	Individual trustee or director	Institutional trustee		ď	pens				
	,	"	99			Highest compensated employee		ļ		
(1) Joseph Alexander	1									
Board Chairman	39							0	0	
(2) Levi Cleare, Jr.	1									
Board Vice Chairman	39							0	45,839	
(3) Rachel Macarthy	3									
Board Secretary	37		_			ļ		0	5 <u>5,436</u>	
(4) Jim Kusi	11				İ		l	1		
Member	0						_	0	0	
(5) Garth Allen	11									
Member	39			_			ldash	0	0	
(6) Juan Santana	38	l								
Pantry Director	2					<u> </u>		0	16,687	
(7)										!
(8)										-
(9)										
(10)		-				-			-	
(11)										
(12)					Ι.					_
(13)	<u> </u>	-								
(14)										

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Emį	plo	yee	s, an	d H	lighest Compe	nsated E	mplo	yees (co	ntınued)
	(A) (I Name and title Ave			Position (do not check more the box, unless person is officer and a director/				an	(D) Reportable compensation	(E) Reportable compensation	ation	(F Estimated of ot	l amount her
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organiza (W-2/1099	tions	comper from organiza related org	the tion and
(15)												•	
(16)													
(17)					_								
(18)													
(19)													
(20)													
(21)													
(22)										·			
(23)										i	·		
(24)													
(25)						!							
1b c d	Subtotal	VII, Section	n A					→ →		1	17,962 '		
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w	ho received mor	e than \$1	00,000	of	_
3	Did the organization list any former of employee on line 1a? If "Yes," complete	officer, dire Schedule J	ector,	tru uch	iste	e, k ividi	key e ual	mpl	loyee, or highes	st compe	nsated		'es No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150	,000)? /	f "Ye	s,"	complete Schee	dule J fo			
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m any	un un	related organiza	tion or inc		5	
	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Rep	hest comport comper	ensat satio	ed n fo	ınd r th	epe e ca	ndent lenda	r ye	ontractors that i ear ending with oi	received r within the	more e orgar	than \$10 nization's	0,000 of tax year.
	(A) Name and business add	dress							(B) Description of ser	vices		(C) Compensati	ion
		-											
			•										
2	Total number of independent contractor							th	nose listed abov	ve) who		1	¥
	received more than \$100,000 of compens	sation from	the o	rgar	ııza	tion	<u> </u>						

Part	,VIII	Statement of Rec Check if Schedule			espon	se or note to ar	ny line in this Pa	rt VIII,,,		\sqcap
					•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts s	1a	Federated campaig	ns .		1a					
E	ь	Membership dues			1b					
عَ ق	C	Fundraising events			1c					
ifts	d	Related organization	ns .		1d	75,491				
o, ≅	е	Government grants	(conf	tributions)	1e	823,939				
Sir	f	All other contribution								
ij. je		and similar amounts no	ot incl	uded above	1f			1 1 11		ļ
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution			١.					
<u>a</u>		lines 1a–1f			1g					
9 0	h	Total. Add lines 1a-	-1f .			▶	899,430			
a	0-					Business Code				
Program Service Revenue	2a				-					
ie e	b									
E è	c d							 .		
gram Ser Revenue										
ğ	e f	All other program se				· · · · · · · · · · · · · · · · · · ·		<u> </u>		
<u>-</u>	g	Total. Add lines 2a-				▶			·-·	
$\overline{}$	3	Investment income								
		other similar amoun								
	4	Income from investr								
	5	Royalties			•	-		-		
		•		(i) Rea		(ii) Personal				
	6a	Gross rents	คิล				,			
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с							
	d	Net rental income o	r (los	s)		<u> </u>				
	7a	Gross amount from		(i) Securi	ties	(ii) Other				,
		sales of assets								
		other than inventory	7a							
Revenue	b	Less: cost or other basis								
ve.		and sales expenses Gain or (loss)	7b 7c	<u> </u>						
- R	9	Net gain or (loss)	76	<u> </u>		<u> </u>				
ē	d	Gross income fro			<u>. </u>	<u>-</u>				- -
Othe	8a	events (not including		inuraising						1
		of contributions re		d on line						
		1c). See Part IV, line			8a					
	b	Less: direct expens	es .		8b	-		, .		
	С	Net income or (loss			ng eve	nts >				
	9a	Gross income								
		activities. See Part	IV, lın	e 19 .	9a					1
	b	Less; direct expens			9b					
	С	Net income or (loss) fron	n gaming a	<u>ctiviti</u>	es >				
	10a	Gross sales of in		ory, less						1
	_	returns and allowar			10a					1
		Less: cost of goods			10b					
	С	Net income or (loss) fron	n sales of i	nvent		-			
Sno						Business Code			<u> </u>	ļ · · · · · · · · · · · · · · · · · · ·
Miscellaneous Revenue	11a						-			-
scellaneo Revenue	b					ļ				
Sce Re	d	All other revenue							-	
ž	"	All other revenue Total. Add lines 11	 2_11	٠					 	
	12	Total revenue Sec			• •	· · · · -			 	

4	₹,		λŕ
		- 4	_
(A).			
			-
	'A).	(A).	

	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	10,500	10,500	· ·	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	28,887	28,887		İ
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	3,152	3,152		
11	Fees for services (nonemployees)	,			
а	Management				
b	Legal				
С	Accounting	3,000	3,000		
d	Lobbying	0,000	0,000		
e	Professional fundraising services See Part IV, line 17				_
f	Investment management fees				··· · · · · · · · · · · · · · · · · ·
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	200	200		
13	Office expenses	2,551	2,551		
14	Information technology				
15	Royalties				
16	Occupancy	39,071	39,071		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		-		
19	Conferences, conventions, and meetings .	179	179		
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	9,068	9,068		
23	Insurance	4,231	4,231		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		ļ		
а	Food Pantry	770,029	770,029		<u> </u>
b	Volunteer Stipends	1,150	1,150	<u> </u>	
c		1,150	1,:100		
ď					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	872,018	872,018		
26	Joint costs. Complete this line only if the	012,018	012,010		
	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)	<u> </u>			- 000 (case)

2 Savings and temporary cash investments	P	art X				
1	<u>`</u>		Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
2 Savings and temporary cash investments						
3 Pledges and grants receivable, net 4 Accounts receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Loss accumulated depreciation 10b 32,703 59,851 10c 93,21 11 Investments—publicly traded securities 12 Investments—bre securities. See Part IV, line 11 12 Investments—bre securities. See Part IV, line 11 13 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 76,781 16 120,11 17 Accounts payable and accrued expenses 10 Tax -exempt bond liabilities 10 Deferred revenue 11 Escrow or custocial account liability. Complete Part IV of Schedule D 12 Escrow or custocial account liability. Complete Part IV of Schedule D 12 Escrow or custocial account liability. Complete Part IV of Schedule D 12 Canas and other payables to any current or former officer, director, trustee, key employee, creator on founder, substantial contribution, or 35% controlled entity or family member of any of these persons 20 Secured mortgages and notes payable to unrelated third parties. 21 Unsecured notes and loans payable to unrelated third parties. 22 Cother 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 21 Tax -exempt bond liabilities on tincluded on lines 17–24. Complete Part X of Schedule D 22 Tax -exempt bond liabilities on tincluded on lines 17–24. Complete Part X of Schedule D 23 Secured mortgages and notes payable to unrelated third parties. 24 Other		1	Cash—non-interest-bearing	16,930	1	26,926
4 Accounts receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), and persons described in section 4958(o)(5)(8) 6 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 125,981 10c 32,703 10c 33,273 11 Investments—publicy traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—bublicy traded securities 11 Investments—bublicy traded securities 12 Investments—bublicy traded securities 13 Investments—program-related. See Part IV, line 11 14 Intragible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Organizations that follow FASB ASC 958, check here □ 25 Other liabilities (notluding federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Organizations that do not follow FASB ASC 958, check here □ 26 Organizations that follow FASB ASC 958, check here □ 27 Total liabilities, not restrictions 28 Organizations that do not follow FASB ASC 958, check here □ 29 Organizations that do not restrictions 30 Paid-in or capital surplus, or land, building, or equip		2	Savings and temporary cash investments		2	
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 5 6 6 7 7 7 7 7 7 7 7		3	Pledges and grants receivable, net		3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 7 Notes and loans receivable, end to the disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 7 Notes and loans receivable, end to the disqualified persons (as defined under section 4958(c)(3)(B) . 8 Inventories for sale or use		4	Accounts receivable, net		4	-
under section 4958(h(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepad expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—orgoram-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 76,781 16 17 Accounts payable and accrued expenses 19 19 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributur, or 35% controlled entity or family member of any of these persons 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Net assets without donor restrictions 28 Net assets without donor restrictions 76,781 32 104,19 29 Total net assets or fund balances 76,781 32 104,19 30 Total net assets or fund balances 76,781 32 104,19 31 Total net assets or fund balances 76,781 32 104,19 32 Total net assets or fund balances 76,781 32 104,19		5	trustee, key employee, creator or founder, substantial contributor, or 35%		5	
8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 10a 125,961 10b 32,703 59,851 10c 93,21 11 Investments — publicity traded securities 111 122 112 113 Investments — program-related. See Part IV, line 11 12 13 Investments — program-related. See Part IV, line 11 14 15 15 15 15 15 15		6			6	
10a	ß	7	Notes and loans receivable, net		7	
10a	Se	8	Inventories for sale or use		8	·
10a	As	9	Prepaid expenses and deferred charges		9	·
b Less: accumulated depreciation		10a				
11 Investments – publicly traded securities 11 12 10 12 10 10 12 10 12 10 12 10 12 10 13 10 12 13 10 14 15 15 14 16 16 16 16 16 16 16		b			10c	93,258
12 Investments – other securities. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 13 Intangible assets 14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 15 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 76,781 16 120,18 17 Accounts payable and accrued expenses 0 17 15,98 18 Grants payable and accrued expenses 0 17 15,98 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 25 26 Total liabilities. Add lines 17 through 25 0 26 15,99 27 28 Net assets with donor restrictions 76,781 27 104,19 28 29 29 Capital stock or trust principal, or current funds 29 29 Capital stock or trust principal, or current funds 30 Pard-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 104,19 32 104,19 32 104,19 33 104,19 32 104,19 33 104,19 33 104,19 30 30 30 30 30 30 30 3				00,001		
13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 15 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 76,781 16 120,18 17 Accounts payable and accrued expenses 0 17 15,99 18 19 Deferred revenue 19 19 19 19 19 19 19 1			, , ,		_	
14 Intangible assets 14 15 15 15 15 15 15 15			· · · · · · · · · · · · · · · · · · ·		13	
15 Other assets. See Part IV, line 11 15 15 16 120,18 16 120,18 17 Accounts payable and accrued expenses 0 17 15,98 18 19 Deferred revenue 19 19 20 20 21 Escrow or custodial account liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 23 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 25 Control liabilities. Add lines 17 through 25 0 26 15,98 25 26 27 27 27 27 28 28 28 29 29 29 29 29			•			
16 Total assets. Add lines 1 through 15 (must equal line 33)					15	
17				76.781	16	120,184
18 Grants payable		17			17	15,991
19 Deferred revenue		18	• •		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		19	· ·		19	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	Tax-exempt bond liabilities		20	
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		21	•		21	
Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 76,781 32 104,19	lities	22	Loans and other payables to any current or former officer, director,			
Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ Organizations that follow FASB ASC 958, check here ▶ Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ Organizations that do not follow FASB ASC 958, check here ▶ Organizations that do not follow FASB ASC 958, check here ▶ And complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total net assets or fund balances 124 24 25 Capital through 25 25 15,99 104,19 27 104,19 28 104,19 104,19 105 106 107 107 107 107 107 107 107	abi		controlled entity or family member of any of these persons			
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. 26 Total liabilities. Add lines 17 through 25	Ξ	23	Secured mortgages and notes payable to unrelated third parties			
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
Total liabilities. Add lines 17 through 25		25	parties, and other liabilities not included on lines 17-24). Complete Part X		25	
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Organizations that follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Substitute of the complete lines 29 through 33. Total net assets or fund balances Total net assets or fund balances Total net assets or fund balances Total net assets or fund balances		26		<u> </u>		15,991
Net assets without donor restrictions	ces		Organizations that follow FASB ASC 958, check here ▶ □			
28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	<u>la</u>	27		76 781	27	104,193
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	Ba			70,101		101,100
Capital stock or trust principal, or current funds	Fund		Organizations that do not follow FASB ASC 958, check here ▶ □			
Paid-in or capital surplus, or land, building, or equipment fund	ō	20		·	29	
31 Retained earnings, endowment, accumulated income, or other funds	ţ	I		_		
32 Total net assets or fund balances	SSe	1	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Z 33 Total liabilities and net assets/fund balances 76.781 33 120.19	Ę	l		76 701		104 103
	Š	33	Total liabilities and net assets/fund balances			120.184

Form 9	90 (2019)		• Pa	ge 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			7
1	Total revenue (must equal Part VIII, column (A), line 12)		89	9,430
2	Total expenses (must equal Part IX, column (A), line 25)		87	2,018
3	Revenue less expenses. Subtract line 2 from line 1		2	7,412
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		7	6,781
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		10	<u>14,193</u>
Part	XII 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 Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
_	Schedule O.			الب
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	1		
	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 the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	y	
	·	20	-	1
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			i
20		-		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja	-	_ -
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	inganies and or active, emplain my or concede o and accombe any crope tailor to undergo each addition		n 99 0	(2019)
		. 5.,		,,

SCHEDULÈ A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Insp

Employer identification number

OMB No 1545-0047

Open to Public Inspection

		ant Community Development					13-416	
Pa		Reason for Public Char						ns.
	_	ation is not a private founda				-		. 🗸
1 2		church, convention of church school described in section						カロ
3		nospital or a cooperative hos)
4		nedical research organization						(iii). Enter the
-	_	spital's name, city, and state						
5		organization operated for totion 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit described in
6		ederal, state, or local govern						
7	_	organization that normally scribed in section 170(b)(1)			port from	a govern	nmental unit or from	the general public
8	✓Ac	community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:							
10	An organization that normally receives: (1) more than 33 ¹ / ₃ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 ¹ / ₃ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11		organization organized and		-		-	•	
12		organization organized and	•	•	-			ry out the purposes
		one or more publicly suppo						
	Ch	eck the box in lines 12a thro	ugh 12d that des	cribes the type of sup	porting o	rganizatıd	on and complete line	s 12e, 12f, and 12g.
а		Type I. A supporting organ						
		the supported organization supporting organization. Ye					he directors or trust	ees of the
				•			adad araanisati	an(a) by baying
b	' Ш	Type II. A supporting organization(s). You must o	he supporting o	rganization vested in	the same			
c		Type III functionally integrated organization(ally integrated with,
d		Type III non-functionally i	ntegrated. A su	pporting organization	operated	in conne	ection with its suppo	orted organization(s)
		that is not functionally integrequirement (see instruction	rated. The orgai	nization generally mus	st satisfy	a distribu	ition requirement an	
e	. 🗆	Check this box if the organ functionally integrated, or T						e II, Type III
f		er the number of supported o						
g		ride the following information			r			
	(ı) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)							_	
(E)								
Tota	 al							

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
_	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	227875	382485	447755	823,939	1882054
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,			0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	227875	38248	447755	923939	1882054
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1058115
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	0	227875	382485	447755	823939	1882054
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	333334					
11	Total support. Add lines 7 through 10						1882054
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
0	organization, check this box and stop he			· · · · ·			– 📙
	on C. Computation of Public Suppor			4 1 (6)			0/
14 15	Public support percentage for 2019 (line Public support percentage from 2018 Sci		-			14 15	100 % 100 %
16a	331/3% support test—2019. If the organ						
	box and stop here. The organization qua						
b	331/3% support test—2018. If the organithis box and stop here. The organization	ızatıon dıd not ı qualifıes as a	check a box o publicly suppo	n line 13 or 16 rted organizati	a, and line 15	is 33 ¹ /3% or m	ore, check ▶ □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization meats the organization meets the organization.	eets the "facts	-and-circumst	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization.	ation meets th	e "facts-and-	circumstances' stances" test.	" test, check	this box and s	stop here.
18	Private foundation. If the organization d	id not check a			a, or 17b, chec	k this box and	see

Schedule A (Form 990 or 990-EZ) 2019

Part							
•	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.)	
	ion A. Public Support	(-) 0045	(h) 0040	(-) 0047	(-1) 0040	T (-) 0010	/ / / / / / / / / / / / / / / / / / /
Caler 1	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2015	(b) 2016	(c) 2017	(d) 201 <u>8</u>	(e) 2019	(f) Tótal
•	received. (Do not include any "unusual grants.")						/
2	Gross receipts from admissions, merchandise		 				
	sold or services performed, or facilities furnished in any activity that is related to the						<i>/</i>
	organization's tax-exempt purpose					/	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to				1	/	
_	or expended on its behalf		ļ		ļ	/	
5	The value of services or facilities				/		
	furnished by a governmental unit to the organization without charge]	
6	Total. Add lines 1 through 5				 		
	Amounts included on lines 1, 2, and 3				 / 		
	received from disqualified persons .				/		
b	Amounts included on lines 2 and 3		-		,		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			/			
C4	line 6.)				<u> </u>	<u> </u>	
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2015	(b) 20,16	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(a) 2013	(6) 20/10	(6) 2017	(u) 2018	(e) 2019	(i) Total
10a	Gross income from interest, dividends,		/				
	payments received on securities loans, rents,						
	royalties, and income from similar sources .				1		
b	Unrelated business taxable income (less		1				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b		ļ				
11	Net income from unrelated business					-	
	activities not included in line 10b, whether or not the business is regularly carried on						
40				-			
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)				ļ		
13	Total support. (Add lines 9, 10c,/11,						
	and 12.)						
14	First five years. If the Form 990 is for the		n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he		<u> </u>	· · · · ·			▶ <u>□</u>
	ion C. Computation of Public Suppor			10 1 (0)		145	
15	Public support percentage for 2019 (line					15	<u>%</u>
16 Sect	Public support percentage from 2018 Sci			· · · · ·	· · · · · ·	101	
17	Investment income percentage for 2019 (by line 13, colu	umn (fl)	17	%
18	Investment income percentage from 2018						%
19a	331/3% support/tests-2019. If the organ	ization did no	t check the bo	x on line 14, a	ind line 15 is n	nore than 331/3	
	17 is not more than 331/3%, check this box	-	-				
b	331/3% support tests - 2018. If the organiz						
	line 18 is not more than 331/3%, check this		-	•	· · · · · · · ·		
20	Private foundation If the organization d	ia not chack s	nov on line 14	1 102 or 10h	Chack this hav	and see inetri	ictions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Saati	on A. All Supporting Organizations	art v	·/	
Secu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain		res	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	1 2	_	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		_	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c 5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5с		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	90		

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

10b

Part I	V Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	 _		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations	1	26	•
		_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		_	
^		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated supported suppor			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Section	on C. Type II Supporting Organizations			
Secur	on C. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 63	.110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			_
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_	ļ.——	<u> </u>
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	├
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	<u> </u>	 -
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard.	. 30	ı	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B—Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	:		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

Part:	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continuea)			
Secti	Section D—Distributions					
1	Amounts paid to supported organizations to accomplish e	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted				
3	Administrative expenses paid to accomplish exempt purp	nızations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.	<u></u>				
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	ponsive			
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6	1				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			ı		
3	Excess distributions carryover, if any, to 2019	u lui .				
а	From <u>2</u> 014	1				
b	From 2015			. !		
С	From 2016			entre 1		
d	From 2017					
е	From 2018]		
f	Total of lines 3a through e			,		
g	Applied to underdistributions of prior years			1		
h	Applied to 2019 distributable amount		<u> </u>			
i	Carryover from 2014 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			1		
4	Distributions for 2019 from					
	Section D, line 7:					
	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
c	Remainder. Subtract lines 4a and 4b from 4.			, ,		
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			ره (
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a	Excess from 2015			-		
b	Excess from 2016					
С	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019					

D	 Я

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

	•
•••••	
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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

Marile O	the organization			Employer identification flumber
	ovenant Community Development Corporation			13-4167577
Par				s or Accounts.
	Complete if the organization answered "	Yes" on Form 990), Part IV, line 6.	
		(a) Donor a	dvised 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 donor funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, ai	nd donor advisors i	n writing that grant	funds can be used
_	only for charitable purposes and not for the benefit			
	conferring impermissible private benefit?			
Par	I Conservation Easements.			
rait	Complete if the organization answered "	Ves" on Form 996) Part IV line 7	
1	Purpose(s) of conservation easements held by the o			
	Preservation of land for public use (for example, recre	ation or education)		· · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat		□ Preservation of	a certified historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization he	ld a qualified conse	rvation contribution	in the form of a conservation
	easement on the last day of the tax year.	•		Held at the End of the Tax Year
а				
_				
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified h		• •	
d	Number of conservation easements included in (c) acquired after 7	7/25/06, and not or	na
	historic structure listed in the National Register .			· 2d
3	Number of conservation easements modified, trans	sferred, released, ex	ktinguished, or term	inated by the organization during the
	tax year ▶		-	
4	Number of states where property subject to conser	vation easement is	located ►	
5	Does the organization have a written policy reg			ection handling of
3	violations, and enforcement of the conservation eas	sements it holds?		Yes 🗆 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of viol	ations, and enforcing	conservation easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violati	ons, and enforcing c	onservation easements during the yea
	▶ \$			
8	Does each conservation easement reported on line	2(d) above satisfy th	ne requirements of s	ection 170(b)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?			
^	In Part XIII, describe how the organization reports of			
9	In Part XIII, describe now the organization reports of	onservation easem	ents in its revenue a	mo expense statement and
	balance sheet, and include, if applicable, the text of		organization's finar	ncial statements that describes the
	organization's accounting for conservation easeme			
Part				Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 99	J, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to	report in its revenue	e statement and balance sheet work
	of art, historical treasures, or other similar assets			
	service, provide in Part XIII the text of the footnote			
	•			
b	If the organization elected, as permitted under FAS			
	art, historical treasures, or other similar assets held	•	n, education, or rese	earon in furtherance of public service
	provide the following amounts relating to these item			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X			• \$
2	If the organization received or held works of art,			
_	following amounts required to be reported under F			and the second second provides the
_				> \$
a	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X			· · · · •
D	ASSERS INCIDURED IN FORM SYU, PARLA			- D

D	
Page	-

Part		Organizations Maintaining	Collections o	f Art, His	torical 1	Treasures,	or Ot	her Similar As	sets (con	tinuęd)
3		the organization's acquisition, ition items (check all that apply):		other reco	rds, chec	k any of the	follow	ring that make s	ignificant i	use of its
а	☐ Pu	blic exhibition				or exchange				
b	☐ Sc	holarly research		e	Other					
С	☐ Pr	eservation for future generations	;							
4	Provid	de a description of the organiza	tion's collections	and expl	ain how t	hey further t	he org	anization's exer	npt purpos	e in Part
5		g the year, did the organization s to be sold to raise funds rather								☐ No
Part	IV	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.		s" on For	m 990, l	Part IV, line	9, or	reported an ar	nount on I	-orm
1a		organization an agent, trustee	, custodian or o		_					
b		s," explain the arrangement in P							mount	
С	Regin	ning balance					1c	+		
d	-	ons during the year					1d			
e		outions during the year					1e	_		
f		g balance					1f			
2a	Did th	e organization include an amoui	nt on Form 990	 Part X line	 21. for e	scrow or cu			? ☐ Yes	□ No
		s," explain the arrangement in P								
Par		Endowment Funds.			4					
		Complete if the organization	answered "Ye	s" on For	m 990. l	Part IV. line	10.			
			(a) Current year		or year	(c) Two years		(d) Three years bac	k (e) Four y	ears back
1a	Beain	ning of year balance		1						
b		ibutions								
С	Net in	vestment earnings, gains, and								
d		s or scholarships								
e		expenditures for facilities and				·				
f	progr	ams								
		f year balance			_					
9 2		de the estimated percentage of t		end baland	e (line 1c	r column (a)	held a	98.		
a		I designated or quasi-endowment		%) 1g	g, 00/a//// (u))	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b		anent endowment	%							
c		endowment ▶ %								
•		ercentages on lines 2a, 2b, and		100%.						
За	Are th	nere endowment funds not in th	· · · · · · · · · · · · · · · · · · ·		zation th	at are held a	ınd ad	ministered for tl		
	_	ization by.							-	es No
		nrelated organizations							3a(i)	
									3a(ii)	
b		s" on line 3a(ii), are the related of						'	3b	
4		ribe in Part XIII the intended use		tion's end	owment t	unas.				
Par	VI	Land, Buildings, and Equip		-» - -	000	D4 N (1):	44.	0 000	Dark V. III	10
		Complete if the organization			7					
		Description of property		other basis tment)	1 ' '	or other basis other)		Accumulated epreciation	(d) Book	value
1a	Land				ļ					
b		ings		 						_
С	Leas	ehold improvements			<u> </u>	105,904		23,416		82488
d		oment			ļ	20,057		9287		10770
e	Othe									
Total.	Add li	nes 1a through 1e. (Column (d) i	must equal Form	990, Part	X, colum	n (B), line 10	c.) . ¯	▶		93258

	Complete in the organization answered incomment	n 990, Part IV. lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meti	nod of valuation of-year market value
Financial	derivatives			
2) Closely h	neld equity interests \ldots [
3) Other				
(B)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)	my (b) must say of Form 000. Port V and (P) line 10.)	 		
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII	Investments – Program Related. Complete if the organization answered "Yes" on Forr	n 000 Part IV lin	o 11a Saa Farm	000 Part V line 13
	(a) Description of investment			
	(a) Description of investment	(b) Book value		nod of valuation of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) . Dther Assets.			
Partix	Complete if the organization answered "Yes" on Form	n 990 Part IV lin	e 11d. See Form	990 Part X line 15
	(a) Description	11 000, 1 411 14, 1111	114. 000 1 0111	(b) Book value
(1)	(-)			
(2)		-		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Colu Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	· · · · · · · · · · · · · · · · · · ·	<u> ▶</u>	
	Complete if the organization answered "Yes" on Formula 25.	m 990, Part IV, lir	ne 11e or 11f. See	e Form 990, Part X,
				(b) Book value
1.	(a) Description of liability			
	ncome taxes			
(1) Federal II				
(1) Federal II				
(1) Federal II				
(1) Federal II (2) (3)				
(1) Federal II (2) (3) (4)				
(1) Federal II (2) (3) (4) (5)				
(1) Federal III (2) (3) (4) (5) (6)				
(1) Federal III (2) (3) (4) (5) (6) (7) (8) (9)	ncome taxes			
(1) Federal III (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu				

	le D (Form 990) 2019		•	Page 4
Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990,	· · · · · · · · · · · · · · · · · · ·	Return.	
1	Total revenue, gains, and other support per audited financial statements		1	899,430
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 (5	
C	Recoveries of prior year grants	2c (<u> </u>	
d	Other (Describe in Part XIII.)	2d (o	
е	Add lines 2a through 2d		2e	(
3	Subtract line 2e from line 1		3	899,430
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 (<u></u>	
b	Other (Describe in Part XIII.)	4b (<u> </u>	
C	Add lines 4a and 4b		4c	(
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	899,430
Part	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		er Return.	
1	Total expenses and losses per audited financial statements		1	872,018
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			,
а	Donated services and use of facilities	2a (
b	Prior year adjustments	2b (o	
С	Other losses	2c (o	
d	Other (Describe in Part XIII)	2d (o	
е	Add lines 2a through 2d		2e	(
3	Subtract line 2e from line 1	, , , , , , , , , ,	3	872,018
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 (<u>o</u> l .	
b	Other (Describe in Part XIII.)	4b (<u> </u>	
C			4c	(
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.) <u></u>	5	872,018
Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	14.5.484.5.46.5.40	D. 137 Lee	4 D- 4 V P
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
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Schedule D (For	n 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
• •		
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	•••••••••••••••••••••••••••••••••••••••	
	x	
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		•

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

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OMB No. 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, ° □ (h) Purpose of grant or assistance Employer identification number ✓ Yes 13-4167577 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section the selection criteria used to award the grants or assistance? (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (P) EIN New Covenant Community Development Corporation 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Parti Part II <u>N</u> ල € (12) 2 9 8 6 Ξ E <u>(</u>

Schedule I (Form 990) (2019)

Cat No 50055P

(f) Description of noncash assistance temporary physical shelter Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated If additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) 10,500 fair market value (d) Amount of noncash assistance 0 (c) Amount of cash grant (b) Number of recipients ~ (a) Type of grant or assistance 1 Emergency Shelter Part IV Q ო ß 9

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

New Covenant Community Development Corporation 13-4167577 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Method of determining Number of contributions or amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1q 1 Art-Works of art 2 Art - Historical treasures . . 3 Art-Fractional interests . . . 4 Books and publications . . . 5 Clothing and household goods Cars and other vehicles . . 6 7 Boats and planes A Intellectual property 9 Securities-Publicly traded . . 10 Securities-Closely held stock . 11 Securities—Partnership, LLC, or trust interests Securities-Miscellaneous . . 12 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution - Other . Real estate-Residential . . . 15 Real estate-Commercial . . 16 17 Real estate—Other 18 Collectibles Food inventory 19 75,104 762,089 market value; donors invoice 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts . . . 25 Other ► (_____) 26 Other ► (_____) 27 Other ► (_____) 28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required ✓ 30a **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. 33 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 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

Open to Public

13-4167577

Department of the Treasury Internal Revenue Service Name of the organization

New Covenant Community Development Corporation

▶ Attach to Form 990 or 990-EZ. Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Employer identification number

Form 990, Part VI, Section B, Line 11b-The completed forms and schedules were given to the board members for review at the next board meet
Line 12c- Officers and directors are required to annually disclose any activity that would pose a conflict to their leadership in NCCDC
Line 15a- We do not have a paid CEO, Executive Director, or top management official
Line 19- The governing documents, conflict of interest polocy, and financial statements are available to the public upon request. A sign stating
posted in the lobby of our facility
Section A, Line 2- Joseph Alexander is related to Rachel Macarthy
Line 8b- There are no other committees authorized to act on the board's behalf.

SCHEDULE R (Form 990)

Part I

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(2)

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Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

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(S)
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OMB No 1545-0047

Open to Public Inspection **Employer identification number**

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 13-4167577 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity New Covenant Community Development Corporation

Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ations. Complete if the tax year.	ne organization an	swered "Yes" on	Form 990, Part IV	, line 34, becau	se it had	_
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed ?
							Yes	S N
(1)New Co	(1)New Covenant Faith and Miracle Arena, Inc.							
1175 Bostor	9	church	NY	50103	onon	. ،		
(2)								
(3)								
(4)								
(2)								
(9)								!
(2)	(7)							

Schedule R (Form 990) 2019

Cat No 50135Y

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

The Direct controlling fraction of the control of t			,			because it has one of interestings and a second of gamma and a partition of the second	- mac (vm :		-		L	;	-
Table	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity				(g) share of end-of year assets				(I) Seneral o nanaging partner?	
										9	<u> ~ </u>		
Interest Interest	()												
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990 line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Primary activity Description De	(2												
International Pelated Organization Staxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990	(8												
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990 line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Description of related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" on Form 990 line 34, because it had one or more related organization answered "Yes" or well answered "Yes" or well answered "Yes" or well answered "Yes" or well answered "Yes" or well answered "Yes" or well answered "Yes" or well answered "Yes" or well answered "Yes" or well answered "Yes" or well answered "Yes" or well answered "Yes" or well answered "Yes" or well answered "Yes" or well answered "Yes	(t												
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990 line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (a) (b) (c)	(6												
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990 line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EN of related Organization Primary activity (corp. Scop. or fixed) (corp. Sc	((
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990 line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and ElN of related organization (b) Legal domcle prints) and the organization answered "Yes" on Form 990 line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (b) Legal domcle prints the organization answered "Yes" on Form 990 line 34, because of the tax year. (c) Corp. Scop. or tust) Share of total organization answered "Yes" on Form 990 line 34, because of the tax year. (c) Corp. Scop. or tust) Income end-of-year assets of the tax year. (c) Corp. Scop. or tust) Income end-of-year assets of the tax year. (c) Corp. Scop. or tust) Income end-of-year assets on exercise the tax year. (c) Corp. Scop. or tust) Income end-of-year assets on exercise the tax year. (c) Corp. Scop. or tust) Income end-of-year assets on exercise the tax year. (c) Corp. Scop. or tust) Income end-of-year assets on exercise the tax year. (c) Corp. Scop. or tust) Income end-of-year assets on exercise the tax year. (c) Corp. Scop. or tust) Income end-of-year assets on exercise the tax year. (c) Corp. Scop. or tust) Income end-of-year assets on exercise the tax year. (d) Corp. Scop. or tust) Income end-of-year assets on exercise the tax year. (e) Franch Scope end or tust of the tax year. (e) Franch Scope end or tust of the tax year. (f) Corp. Scop. or tust of the tax year. (g) Corp. Scop. or tust of the tax year. (g) Corp. Scop. or tust of the tax year. (g) Corp. Scop. or tust of the tax year. (g) Corp. Scop. or tust of the tax year. (g) Corp. Scop. or tust of the tax year. (g) Corp. Scop. or tust of the tax year. (g) Corp. Scop. or tust of the tax year. (g) Corp. Scop. or tust of the tax year. (g) Corp. Scop. or tust of the tax year. (g) Corp. Scop. or tust of the tax year. (g) Corp. Scop. or tust of	6												
Name, address, and ElN of related organization Primary activity Legal domicile (state or floregin country) Direct (cop, S cop, or trust) Type of entity (C cop, S cop, or trust) Share of total income Percentage (print)		Related Organizat t had one or more	ions Taxable elated organi	as a Corpora zations treated	ition or Tr as a corp	ust. Comporation or 1	lete if the trust durin	organizatik g the tax y	on answ rear.	ered "Yes" on	Form	, 990,	Part IV,
	(a) Name, address, and EIN of relate	ed organization	(b) Primary activity			(d) ect controlling entity	(e) Type of e (C corp, S con		(f) are of total ncome	(g) Share of end-of-year assets			(i) section 512(b) controlled entity?
													Yes
	(1					İ							•
1)	2)	2											
	(8												
	(-									
	(5												
u	(6												
	4												

Schedule R (Form 990) 2019				•	Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes"	answered "Yes" on Form	on Form 990, Part IV, line 34,	4, 35b, or 36.		•
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	N _o
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ith one or more related organ	izations listed in Parts] II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		٠		1a	>
				1b	>
c Gift, grant, or capital contribution from related organization(s)				ر >	
				1d	>
				1e	>
f Dividends from related organization(s)				=	>
g Sale of assets to related organization(s)				1g	>
h Purchase of assets from related organization(s)				무	>
i Exchange of assets with related organization(s)				ij	>
j Lease of facilities, equipment, or other assets to related organization(s)				-	>
				 -	
k Lease of facilities, equipment, or other assets from related organization(s)				۲ ۲	
I Performance of services or membership or fundraising solicitations for related organization(s)	ation(s)			=	>
 m Performance of services or membership or fundraising solicitations by related organization(s) 	ation(s)			ᄪ	>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	· · · · · · · · · (s			1n /	
				10,	
p Reimbursement paid to related organization(s) for expenses				1p	>
q Reimbursement paid by related organization(s) for expenses				1q <	
r Other transfer of cash or property to related organization(s)				11	>
s Other transfer of cash or property from related organization(s)				15	>
2 If the answer to any of the above is "Yes," see the instructions for information on who must	must complete this line, including covered relationships and transaction thresholds.	uding covered relation	ships and transactic	on threshol	ds.
(6)	3	(3)	P		
Name of related organization	Transaction type (a – s)	Amount involved	Method of determining amount involved	g amount invo	lved
(1)					
(2)					
					ļ.
(3)					
(4)					
į					
(c)					
(9)					
			Schedule R	Schedule R (Form 990) 2019) 2019

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c)	(d) Predominant	(e)	(f) Share of		(h) Disproportionate	(i) Code V—UBI	(I) General or	(k) Percentage
	`		income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	5	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
		-	sections 512-514)	Yes No			Yes No		Yes No	
(1)			,							
(2)	.,			,						
(6)				_						
(4)									•	
(5)		-								
(9)										
(7)				_						
(8)										
(6)										
(10)									_	
(11)										
(12)										
(13)										
(14)										
(15)										
(16)	-									
								Sche	Schedule R (Form 990) 2019	n 990) 2019