OMB No. 1545:0047 2019

Open to Public .Inspection

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47-5260006

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			receipts \$ 218,325							
this a gn	his a group return for subgrdinates? [] Yes [] No									
e all s	all subordinates included? 🔲 Yea 🛄 No									
	No, ' attach a list. (see instructions)									
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Check [] if self-employed

JUN 1 4 2021.

Farm 990 (2019)

Form **990** (2019)

Part	M Checklist of Required Schedules	<del>), , , , , , , , , , , , , , , , , , , </del>	<del>-20, -241</del> (	<del></del>
<b>deline (cons</b>	the second of the second district course town a contraction of about a description of the second of		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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	
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	<del> </del>	<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		1
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		<b>✓</b>
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic atructures? If "Yes," complete Schedule D. Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar essets? If "Yes," complete Schedule D. Part III	8	****	✓
Ŕ	Old 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 gradit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D. Part V	10		<b>/</b>
14	if the organization's answer to any of the following questions is "Yaş," then complete Schedule D. Parts VI., VIII, IX, or X as applicable.			
Ø	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes " complete Schedule D, Part VI	118	in Alighandra de la companya de la c	*
β	Old 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 "Yas," complete Schedule D, Part VII	11b	-	1
Ċ	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 167 if "Yes," complete Schedule D, Part VIII	11c	de action	4
ď	Did the organization report an amount for other easets in Part X. Ilne 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Fart IX	11d		1
ě	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
ĩ	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 (A&C 740)? If "Yes," complete Schedule D, Part X	11f	-	1
12a	Did the organization obtain separate, independent audited finencial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII.	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 18s, then completing Schedule D, Parts XI and XII is optional	12b		1
19	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	*****	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	- SUPPLE CZ	
₽	fundralsing, 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. Perts II and IV	15		*
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Old the organization report a total of more than \$16,000 of expenses for professional functioning services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I (see Instructions)	47		1
18	Did the organization report mure than \$15,000 total of fundralant group income and contributions on Part VIII. lines 1¢ and 80? If "Yes," complete Schadule Q. Port II	18	hwan	1
19	Did the organization report more than \$15,000 of grass moderne from gallning activities on Part VIII, line 84? If "You," complete Sahagule Q. Part III	19	William SW	1
200	Did the erganization operate one or more heacital facilities? If "Yes," complete Schedule H	200	THE SECOND	THE STATE OF
4 1	If "Yee" to line 20a, did the organization stigotic sopy of its audited financial statements to this return?  Old the organization report more than \$2,000 of grants or other sasistance to any domestic organization or docestic grounds on Sart IX add in the organization of specials and the company of the Sart IX add in the same same same same same same same sam	20b	20 90 90°,	3/2

Part	V Checklist of Required Schedules (continued)			
	A STATE OF THE PARTY OF THE PAR		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		4
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		<b>√</b>
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			19 E.S.
	through 24d and complete Schedule K. If "No." go to line 25s	24a	<del>د رسار بل را</del>	<b>/</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		74.00°C
Q	Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt benda?	24c	TO LEC	<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? , .	24d	<del></del>	· · · · · · · · · · · · · · · · · · ·
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>/</b>
b	Is the organization aware that it engaged in an excess bonefit 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		1
<b>27</b>	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		1
<b>28</b>	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):			
8	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
¢	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
<b>3</b> Q	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.,	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Die the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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 Fi, Part I	33		1
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		1
þ	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, Pert V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule P, Part V, line 2	36		1
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		<b>✓</b>
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		1
Part	M Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<del>, ,</del> , ,	
		(West	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable 1a		<b>100</b>	
þ	Enter the number of Forms W-2G included in line 1s, Enter -0- if not applicable			
Ç	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	22.2	2 ×

Part	Vi Statements Regarding Other IRS Filings and Tax Compliance (continued)		72207 F-1	<del></del>
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			5
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			لشحا
þ	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)	225		لبنيا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<del></del>
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		<u> </u>
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)?	40		1
h	a financial account in a foreign country (such as a bank account, securities account, or other inflancial account)?  If "Yes," enter the name of the foreign country ▶	4a	٤	
Ь	See Instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	-4		1,50
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<del>-</del>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		7
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	سيحيب		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	~		
7	gifts were not tax deductible?	6b		3
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	13	أ سر	1
a	and services provided to the payor?	7a	<u> </u>	1
þ	If "Yes," did the organization notify the denor of the value of the goods or services provided?	7b_		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		
اد	required to file Form 82827 ,		- da	<u> </u>
6 Q	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		اشبت
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	79	••	7
; g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Other man	7
h	If the organization received a contribution of cars, boats, sirpignes, e. other vehicles, did the organization file a Ferm 1098-C?	7'n		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		*	13.7
_	sponsoring organization have excess business heldings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.		1	
0)	Did the sponsoring organization make any taxable distributions under section 4966?	9a	· Carret	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b>V</b>
10	Section 501(c)(7) organizations. Enter:	4.	المكنورة	
а	Initiation fees and capital contributions included on Part VIII, line 12	100	الأ مسي	7. 16
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	3.0		- ::-
11	Section 501(c)(12) organizations. Enter:	200	-	To a
à	Gross income from members or shareholders , ,	Tare of	34	×00 %
þ	Gross income from other sources (Do not not amounts due or paid to other sources against amounts due or received from them.)	7	***	***
12g	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041?	12a	المنتشاوسية	التشبيت
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	135	3 y 2	7.30
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		7 to	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		ب <i>شيئ</i> يندي. ا
·	Note: See the instructions for additional information the organization must report on Schedule Q.		3.	
b	Enter the amount of reserves the organization is required to maintain by the states in which	19	F 4 6 K	湿
	the organization is licensed to issue qualified health plans	医家	22	
Ģ	Enter the amount of reserves on hand	300		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	,	1
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		~~~
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15	500	5,400
10	If "Yes," see instructions and file Form 4720, Schedule N.			क्टा इं
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule Q.	16	- 1	ক্ষুন
	THE LOST ROUNDINGS LATER AS SOLVED THE RESIDENCE OF THE LOST SOLVED THE LOST SOLVED THE		444	(2019)
		1-01		

	VI.	Governance, Management, and Disclosure For each "Yes" response to lines 2 tresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Check if Schedule O contains a response or note to any line in this Part VI	s on	Şchedule O.	See ir	struç	"No" tions.
Section	on A.	Governing Body and Management			-	Yes	No
18	₽ntei	the number of voting members of the governing body at the end of the tax year.	1a	12		105	790
	If the	ire are material differences in voting rights among members of the governing body, or agoverning body delegated broad authority to an executive committee or similar mittee, explain on Schedule Q.					
b		r the number of voting members included on line 13, above, who are independent	16	49			
2	Did a	any officer, director, trustee, or key employee have a family relationship or a business of the officer, director, trustee, or key employee?	ووبالواوور	onship with	2		1
3	Did t	he organization delegate control over management duties customarily performed by er rvision of officers, directors, trustees, or key employees to a management company or e			3		1
4	Dig t	he organization make any significant changes to its governing decuments since the prior For	m 99	0 was filed?	4		
5		ho organization become aware during the year of a significant diversion of the organizati	àu,s	esets? .	5	orienche.	1
6	-	he organization have members or stockholders?	; ;		6	स्टब्स	- X
79	ଡୁମ୍ବଡୁ (	he organization have members, stockholders, or other persons who had the sower to arrange members of the governing body?	٠,	t 3 4	7a	ন অনুক্তক	4
þ		any governance decisions of the organization reserved to lor subject to approve thoughters, or persons other than the soverning backy?	l tôjy)	mentibers,	7b		1
ģ	Did t	the organization contemporaneously document the mostings held or written solicite un ear by the following:	idert	ıken during			
á		governing body?			88	1	10.55
b		committee with authority to set on behalf of the governing body?			8b	7	
8	is the	ere any efficer, director, trustee, er key ampleyes lieted in Pert VII, Section A, who eann prognization's mailing address? It "Yes," provide the names and addresses on Schedule	ot be Q	reguned et	S		1
Secti		Policies (This Section & requests information about policies not required by the		ernal Rever	iue Ç	ode.)	
*****	and the same of	The control of the co	,	Control of the Control	ن مری محصوط دری مرید دری مرید دری دری دری دری دری دری دری دری دری	Yes	No
10a		he organization have local chapters, branches, or affiliates?			10a		1
	affille	es," did the organization have written policies and procedures governing the activities o tos, and branches to ensure their operations are consistent with the organization's exem	iq tqr	uposes?	10b	no vincino.	· ·
11a		he organization provided a complete copy of this Form 990 to all members of its governing body bef		ng the form?	11a	REE	<b>₩</b>
b		cribe in Schedule O the process, if any, used by the organization to review this Form 990	•		100		
12a		he organization have a written conflict of interest policy? If "No," go to line 13 officers, directors, or trustees, and key employees required to displace annually interests that could give	o rico	to conflute?	12a 12b	4	-
ç Ç	Did	the organization regularly and consistently monitor and enterce compliance with the			120	-	
43		ribe in Schedule O how this was dorie	, ,		13	7	-
13 14		he organization have a written decoment retention and destruction believ?	•		14	1	·
16	Rid	the process for dotomining comparation of the following parsons indices a review sendent parsons, comparability data, and sontemporanassus substantiation of the deliberation	gnd (	approvei by diden?			
ş		arganization's CEO, Executive Director, or top management official			153		1
Þ	Oths	ir officers or key employees of the organization	: (		15b	The second	1
	If "Y	es" to line 15a or 15b, deseribe the process in Schedule Q (see instructions).				4	
162		the organization invest in, centribute assets to, or participate in a joint venture or sim a taxable entity during the year?			16a		1
þ	parti	es," did the organization follow a written policy of procedure requiring the organizatio cipation in joint venture arrangerischts under applicable federal tax law, and take steps	to şa	feguerd the			
الم المعالجة	orge	nization's exempt statue with respect to such arrangements?	uere (		16b		
	on C	Disclosure	المراجعتين المراجعة	zar <del>ow</del> nierstockstów	an rangemen	-carred	**************************************
17	Ļist i	the states with which a copy of this Form 930 is required to be filed None ion 9104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable		1455*41.14066*d3&K	0-c4-501	*******	7700077 EM4/-
18	(S)s	only) available for public inspection. Indicate how you made these available. Check all the	it app	įγ.	· (396	aign -	ซูปูก (ซู
40		Own website [] Another's website [] Upon request [] Other (explain on S			- د مد ک	ract -	anlle
49	์ อับผู้	oribe on Schodule O whether (and if so, how) the organization made its governing dos financial statements available to the public during the tax year,					irich
<b>20</b>		the name, address, and talephone number of the person who possesses the organization	ម្ភិក-ទ្វ	GÖRFE SUĞTE	49FQS	<b>*</b>	
BORESCHESS,	TRI	esdership besourers, LLC - PO Box 1440 Gwasso, SK 74063	termedate.	i navis den Labarish den hät	يامُ ئىمىئىشىمى	n 98(	\$ (5018 2 ************************************

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Form 990 (2019)

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

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

### 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 componsated 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 1090-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 no	r any relate	d org	aniz	aţio	n c	ompe	nsa	ted any current	officer, director,	or trustee.
	(C)									
(A)	(≦)	(de B	int ob		ntion	o than d	กกค	(D)	(E)	(F)
Name and title	Average	בין שעטווים וויצאון בי					an	Reportable	Reportable	Estimated amount
	hours per week	THE PERSON NAMED IN	1000			or/trus		gompensation from the	compensation from related	of other compensation
	(ilst any	ខ្មុក្ខ	rıst	Officer	Key	Highest or employee	Forner	organization	organizations	from the
	hours for related	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Į,	競	9	o st	ĕ	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	Indivulvat trustee or disector	Institutional trustee		Key employee	E CCM				Tridigit or gan has not
	detted line)	USte	17.18		e	pen				
	zerido mint	6	Ê	İ		Highest compensated emplayee		1		
(1) Bobby Jon Drinkard	0.2					<u>a</u>				 
Board Chair	6	1		1				0	o	0
(2) Willis McKee	0.2	-		**************************************		-	-		, , , , , , , , , , , , , , , , , , ,	
Director	0	1						0	e e	o
(3) Buffy Murphy	0,2									7
Director	0	1			<u> </u>			0	0	0
(4) Vicki Fussell	0.2									
Director	0	1						0	0	0
(5) Glenda Stanley	02								,	
Finance Chair	0	1		✓				0	0	0
(6) Jon Davies	0.2									
Director	0	1			ļ.,,		ļ.,	0	0	0
(7) SFC Brandon Raybon	0,2							1	,	
Director	C		ļ.,			-		0	0	0
(6) Patricia Jobeles	<u>0.2</u>							ļ		
Director	0	1	ļ,		ļ		ļ.,	0	<u>, , , , , , , , , , , , , , , , , , , </u>	0
(9) George Clark	0.2									Ì
Director	0	/	ļ.,		ļ			0	0	0
(10) Ann Gilmore	0.3									
Director	0	1	-	-			-	0	0	0
(11) Zeke Smith	0,2									
Director	0	1			-		ļ	0	0	0
(12) Craig Collins	5	ļ								
CTE Education Administrator	0	ļ,		1	-		114122	0	0	.,0
(13) Jennifer Himburg	0.2	1.		١.						
Board Secretary	0	1	<del> </del>	1	-			0	0	0
(14) Vicki Fussell	0.2	1	1							
Director	0	1	<u> </u>	_رسيا	برسيا		<u></u>	. 0	0	0

Part	MII Section A. Officers, Directors, 1	rustees,	Key I	Em	plo	yee	s, an	d'l	lighest Compe	nsated	Emplo	yees (continued)
	(A) Name and title	(B) Average hours per week	box,	unles er and	(C) Position ot check more tha unless person is be ir and a director/tri			an lee)	Reportable compensation	(E) Reportab compensa from relat	able sation	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest componsated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/109§		from the organization and related organizations
(15) i	.TC James W. Welch	0.2				-				<del>-(</del>	······································	, , , , , , , , , , , , , , , , , , ,
Directo	)r	0	<b></b>		ļ.,				0		0	0
(16)		**********										
(17)					7							
(18)		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
(19)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,		<del> ,</del>				
(20)	**************************************		•				7					, , , , , , , , , , , , , , , , , , ,
(21)		***********	- - - - -	-			-		The second secon		and the second second	,
(22)	+ <u></u>		1		-		-		The control of the co		***************************************	AND THE RESERVE TO SERVE THE PROPERTY OF THE P
(23)		**********		****				-	- Control of the same of the s	-		
(24)	**************************************		1	-								
(25)	**************************************		i har/methales				******	-			4 4 4 7	
1b		1 1 1 1		•	,	i i	ه دههاری است. مدرد	B	Charles No. Acres in concern	and the section of the	and the software of the softwa	
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)					•		<b>\$</b> ∂ <b>\$</b>	- British - Brit			<u> </u>
2	Total number of individuals (including bu reportable compensation from the organ	t not limited	d to th	1086	lış'	ted	abov	9) W	vho received mor	e than \$1	00,000	
3	Did the organization list any former employee on line 1a? If "Yes," complete							mp	loyeş, or highes	at compe	ensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater th	porța an \$	ble 150	ეტი ემე	np <del>e</del> )? /	nsatio 'f "Ye	on ខ ន,"	and other compe complete School	nsation fi dule J fo	om the	
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or in	dividua	war brose brose
Secti	on B. Independent Contractors	and the second s	recoverance	-24/7-45-11		Service Con-		andraid.		and the second s		
1	Complete this table for your five high compensation from the organization, Rep											
	(A) Name and business add	Iresa	1475 - 14 MICE	·		ر جمالہ	منة معسدات		(B) Description of ser	vices		(C) Compensation
	د در دورون می در	A debicant all have have a debugger to fine	وخصيصة خ	واستحاسم	-2920-1	***	www.man	ļ.,	arak paared ngo caree are are are are	<del></del>		
المارة المسترات المارة المسترات المارة ا	التامة الماركة br>الماركة الماركة	الطافعات المثالية الماسانة ا	مد عاقتها باراند. در اداد در در در اداد در	- METECOLOGY		erene e re	155 8 May 2, 015 14 - 185 8 CARD 10	2011	anne en men kalendersensens en men men men men men en men en en men en e			
superior and the second	والمهود والمرافعة والمرافعة والمستوالة والمعاملة والمعاون والمرافعة والمرافعة والمنافعة والمنافعة والمنافعة والمنافعة	manus apartus estános de just				) Proposition of the second	JOIN OF WHICH	<del> </del>	يستان يستهدي الأسائل فالمسائل المناهدة المناهدة المستعدد المستعد المستعدد المستعدد المستعدد المستعدد المستعدد المستعدد المستعدد ا	Charles and Alberta	THE PERSONS ASSESSED.	والمناسب والمروان المناسبين المناور والمناسب المناورة والمناسبة ول
2	Total number of independent contractor received more than \$100,000 of company							÷ }∤	node listed abov	e) who		

	MM.	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII								
<del></del>	<del>, ,</del>	Check if Schedule	O coi	ntains a re	spon	se or note to a	ny line in this Pa	rt VIII	<del></del>	
			,	,	-		(A) Total revenue	( <u>B)</u> Related or exempt function revenue	prienės i sakauria Prienės i sak	(D) Revenue excluded from tax under sections 512-514
2 2	18	Federated campaign	า้อ .	. ; ' ,	1a					
Contributions, Gifts, Grants and Other Similar Amounts	þ	Membership dues			1b					
S, E	C	Fundraising events		;	1c	and the characteristic periods				
ar t	þ	Related organization			1d					
S, C	9	Government grants	•		1e	anstatte accintence a lob				
SOS	f	All other contribution and similar amounts no			16	60,500				
2 4	g	Noncash contribution			+2.4	30,336				
att.	₽	lings 1a <sub>0</sub> 1f		, , , ,	19	\$				
လို့ န	h	Total. Add lines 1a-	1f .		و مارد مارد		60,500			
and the same	aben'a de	وستتميد ووهده بهدئه يعقده بالمهري بالماءة	den territor	and the state of the same of the same	Acotheches's	Business Code				
Program Service Revenue	2a	Conference Revenue	ייייב כם-יי	******	***>**		155,640	156,640		
8 9 P	Ŕ			) 		والمحتضائة أكساء ألافتحادة	S ST ANT IN AMERICAN AGENCE	to a medicinational horses of some	ئىرىدلەمىلىدى - ئاماردىدىدىلاردىكى بىردىدىلىدى	**************************************
See	€ .	-nicorn's and recondents a country	1276801	eller in skensår o	4058+1	votracuce o Lo phych tura popula v moto	The state of the s	न्यंत्रांदर्गः वनका अस्त्राद्य स्वतः अन्योग्रह्मक	<del>an samana kan</del> dahan biska	piedoministrik epilatione (s.
grac Ser	Ğ	**************************************	c2-43-p	************	5 4 6 <u>E</u> 9 4	no ale arce entre el care		Recordinate in Administrational	are enteriorante attendionante.	and the same of th
ğ	ę	Ali other program se	ererens Annoe	n, anneng vassje raven ne	409 <b>3</b> +5	ليفادي معارست وساهاد حالياء كرح سابه ويهاده	المحاول المراجع والمعالم المحاولة والمعاول المعادلة	productives on an in order factor	en auth lister ans reconstain	The second section of the sect
5L	g	Total, Add lines 2a-		.0.009		Secretary and the second	156,640			
*>	3	Investment income		uding divi	denda	, interest, and	Contraction of the second		AND THE CONTRACTOR OF THE PARTY.	Land to the state of the state
į	,	other similar amoun	ts)			,		V-1000		
	4	Income from investo	nent e	of tax-exem	ipt bg	nd proceeds 🕨	The second secon	AND THE RESIDENCE OF THE PARTY	in the second	,
]	3	Royalties (i) Real			A CONTRACTOR OF THE PARTY OF TH					
	0-	Evene weath	0-	(I) 119a	) Telegraphic	(ii) Batcoud				
	ජිද b	Gross rents . , Less, rental expenses	გ <u>გ</u> 65	وعماها ورعاده المرادات	CATTLE COM					
	G	Rental income or (loss)		and the second of the second o		Creation and a section design				
	d	Net rental income o	The same of	3)	La servezion	programme Control on the Control of	1			
	7a	Gross amount from	المحتدثهما	(i) Securi	168 	(II) Othét				
	- •	sales of assets		Control of the second						
		other than inventory	7a	المحمدة المحمدة	<del></del>					
eg.	þ	Less: cost or other basis	,	,		,				
Reverse		and şales expenses	7b	in any	U-West AND ST	- There was been described				
œ	d	Net gạin ọr (loss)	استشا	<del></del>	ستحدث	Filtrans and a second		-	Contraction of the second	Section 1
Other	88	Gross income from	m fu	ndraising	متحيلاتهما	Tanapanaka ripanakaka				
Ö		events (not including	e	•		,				
	· 	of contributions rel	porte	d on line				all pulse of the second		
	_	1c). See Part IV, line	~		8a					
	b	Less: direct expens Net income or (loss)		e e e e e e e e e e e e e e e e e e e	8b	nts .				
	c 9a	Gross income f			g eve	1110				
	34	activities, See Part			9a					
	þ	Less: direct expens			9b	Andreas and and an				
	Ç	Net income or (loss)	) from	gaming a	etivitie	9	***************************************			
	10a	Gross sales of in		ory, jess		1				
		returns and allowan			10a	annas žasminia a ninia				
	þ	Less; cost of goods			10b	irv . 🔊				
****		Net income or (loss)	, 110111	saisa (A. II	intellit	Business Code				
no a	118			•	•					1
soetlaneo Revenue	b	4064648283586868686-648	******		,-d-25,	and and a section of	A DOSCARY TO WE MODEL AND A	1,100-00-00-00-00-00-00-00-00-00-00-00-00-	The Street Stree	A DESTRUCTION OF THE PROPERTY
Sed to	c	#HEC			-invés:	The second secon	A STATE OF THE PARTY OF THE PAR			
Misoellaneous Revenue	d	All other revenue	• •			1,165	1,185			
<del>ممدة</del> وأ	ę	Total, Add linea 11					1,185	A sea with the second second second second second		
	12	Total revenue. See	រោទ្ធរូវ	uctions	, ,	, 📂	218.325	156,640	l	1

Ì	PartelX	Statement	of Functional Expenses	
ı			· • · · · · · · · · · · · · · · · · · ·	

Section	n 501(c)(3) and 501(c)(4) organizations must comp			must complete colu	ımn (A).					
Check if Schedule O contains a response or note to any line in this Part IX										
	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expanses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and	, i								
	foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members , ,			<b>*</b>						
5	Compensation of current officers, directors, trustees, and key employees									
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	<del></del>	**************************************	And the second s						
11	Fees for services (nonemployees):									
a	Management , ,	,			<del></del>					
b	Legal	503	<del></del>	503	The state of the s					
d	Lobbying		<del></del>	Astronomonia and a service of the se						
ę	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	The second secon	,							
<b>'9</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		,		And the second of the second o					
12	Advertising and promotion	1,600	1,600		~, - · · · · · · · · · · · · · · · · · ·					
13	Office expenses									
14	Information technology									
15	Royalties . ,		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
16	Occupancý , , , ,	<del></del>			<del></del>					
17	Travel		<del></del>	**************************************	<del></del>					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	<del></del>								
19	Conferences, conventions, and meetings .	109,403	109,403	<del></del>						
20	Interest	<del></del>								
21 22	Depregiation, depletion, and amortization		-		man experience - manage					
23 23	Insurance ,	<del>hinaman managan a maka m</del>								
24	Other expenses Itemize expenses not covered									
en i	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24g expenses on Schedule Q.)									
ą	Bad Debt	23,640	<del>,</del>							
b		<del> ,</del>	<del></del>							
d			<del></del>		<del></del>					
d e	All other expenses	the state of the s	<del></del>							
25	Total functional expenses. Add lines 1 through 24e	135,146	111,003	503						
26	Joint costs. Complete this line only if the			THE REAL PROPERTY OF THE PARTY	the state of the s					
	organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation. Chack here P III if									
	following SOP 98-2 (ASC 958-720)	J	l							

	nt X					
		Check if Schedule O contains a response or	note to any line in this Pa	irt X	<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>
				(A) Beginning of year		(B) End of year
-	1	Cash non-interest-bearing		52,154	1	150,557
	2	Savings and temporary cash investments		7,0,00	2	
	3	Pledges and grants receivable, net . ,			3	
	4	Accounts receivable, net	, , , , , , ,	21,525	`4	
	5	Loans and other receivables from any current of	or former officer, director,			
	۴	trustee, key employee, creator or founder, subst controlled entity or family member of any of thes	antial contributor, or 35% se persons	inger and the second se	5	
	6	Loans and other receivables from other disquaunder section 4958(f)(1)), and persons described			6	
ŞţŞ	7	Notes and leans receivable, net	**************************************	7		
Assets	8	Inventories for sale or use	,		8	
\$	9	Prepaid expenses and deterred charges			9	
	10a	Land, buildings, and equipment; gost or other				
		basis. Complete Part VI of Schedule D	10a	A SUPERIOR OF SUPE		
	þ	Less: ¿ccumulated depreciation	106		10c	
	11	Investments—publicly traded securities			11	
	12	Investments-other securities, See Part IV, line 1	The state of the s	12		
	13	Investments-program-related, See Part IV, Ilns	mentaken dan ortott viscotta inneven	13	AND THE SECOND CONTRACTOR SECONDARY	
	14	Intangible assets		Andrews A marine from the anternation	14	Contract and the second
	15	Other assets. See Part IV, line 11		Names and and designation of the second	15	Lessenson or a second or a
·_war-c	16	Total assets. Add lines 1 through 15 (must eque	3i line 33)	73,679		150,557
	17	Accounts payable and accrued expenses .		6,300		
	18	Grants payable	معرفو معدد فرون أسموهم معرف	18	annesty facilitation of the section	
	19	Deferred revenue , ,			19	marrie and and and and are
	80	Tax-exempt cond liabilities		to the state of th	20	
	21	Eserow or eustodial aggeunt liability. Complete l			21	
Liabilities	<b>32</b>	I cans and other payables to any extremt or trustee, key employee, creator or founder, subsi- controlled entity or family member of any of these	antiki contributor, or 35%		22 22	
Ë,	23	Secured mortgages and notes payable to unrela			23	
	24	Unacquired notes and Idans payable to unrelated	third parties		24	
:	<b>25</b>	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D , , , , , , , , , , , , , , , , , ,			25	
	26	Total liabilities. Add lines 17 through 25		6,300	W-201-201-2	ントンのようなないことのなっていますのできませんというないないない
(1)	معتدئوز ييم	Organizations that follow FASB ASC 998, che	ak have by			
Š		and complete lines 27, 28, 32, and 33,	A. 1. 2. 2. 6. 101			
iar	27	Net assets without donor reatrictions	,	67,379	27	150,557
Ü	28	Net assets with donor restrictions		par externation has not consider an extensive an extensive	28	The same of the sa
pu		Organizations that do not follow FASB ASC 9	58. check hare 🗷			
Ų.		and complete lines 29 through 33,				
Š	29	Capital stock or trust principal, or eurrent funds		29		
e e	30	Paid-in or capital surplus, or land, building, or ed			30	
555	31	Retained earnings, andowment, ageumulated in	goma, or other funds 👝 🥫	and the same of th	31	A Total a Salabanatalanan dan
Met Assets or Fund Balances	32	Yotal net assets or fund balances		61,372		160,557
Ž	33	Total liabilities and not assets/fund balances .	and the state of t	73,679	33	150,557
ساولان د	o≃.″æst°≕zz.	مهموري ويماما والصديد المنافض المناهدي والمنصوب في ملاحه مناه والمناهد ومناهده والمتمامين والمناهدة المناهدة المناهدة	tion of references to several transfer to resident to several states that the several several several several	رائي ويوميرون والمهادية والمراقب والمراقب والمراقب والمراقب والمراقب المراقب والمراقب المراقب	- senjace	Herm <b>890</b> (8618)

Page	12

	(2019)	<del>, ,</del>	· / ·	Page 12
Pärt	Reconciliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI ,			F
1	Total revenue (must equal Part VIII, column (A), line 12)	1	· · · · · · · · · · · · · · · · · · ·	218,32
2	Total expenses (must equal Part IX, column (A), line 25)	2	<del> </del>	135,140
3	Revenue less expenses. Subtract line 2 from line 1	3	<del></del>	83,17
4	Net assets or fund palances at beginning of year (must equal Part X, line 32, column (A))	4	<del></del>	67,37
5	Net unrealized gains (losses) on Investments	5		
6	Donated services and use of facilities ,	6		
7	Investment expenses	7	C INVESTOR OF THE	
8	Prior period adjustments	8		and the second
9	Other changes in net assets or fund balances (explain on Schedule O),	9	17025 1921 1110	, 30,440, C. 440
Q	Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line		,	
	32, column (B))	10		150,55
	Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII	, .		[
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other			Yes Ne
•	If the organization changed its method of accounting from a pinor year or checked "Other," a Schedule O.			
2a	If the organization changed its method of accounting from a pinor year or checked "Other," a Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were conferenced on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	, .	. 2	
2a	If the organization changed its method of accounting from a pinor year or checked "Other," a Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were conreviewed on a separate basis, consolidated basis, or both:	 mpiled	or	
2a b	If the organization changed its method of accounting from a prior year or checked "Other," a Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were conversed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:		22 21 21 21 21 21 21 21 21 21 21 21 21 2	
2a b	If the organization changed its method of accounting from a prior year or checked "Other," a Schedule Q.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were concreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:  Separate basis Consolidated basis Beth consolidated and separate basis if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overthe audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, expenditures and selection of an independent accounts.	mpiled ited o ersigh ant? explain	or 21 21 21 21 21 21 21 21 21 21 21 21 21	

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

Alaba	ma CTI	E Leadership Council					47-52	
Par		Reason for Public Char						ns.
The ç	-	ation is not a private founda					·	
1		church, convention of church	-					a
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A modical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
4				ulhuondu Mitu à uoat	)(ජා රම්දර	LIDAÖ ILI 8	Θατιδυί <u>Τ</u> Υἦ(α)(±)(ψ)(	m). Enter the
5	יבע וייקו	spital's name, city, and state organization operated for t	ho honofit of a	######################################	AMDOC 0		d by a government	ol unit decembed in
Ų	Se:	ction 170(b)(1)(A)(iv). (Comp	oleto Part II.)	ehimiğa Al Alusalanı	Cakuzadi 12	Absibes	a al a bòrainneilí	KI KILL GOBBUMBS III
6		ederal, state, or local govern		mental unit described	in sectio	n 170(b)	(4)(A)(v).	
7		organization that normally						the general public
		scribed in section 170(b)(1)				₹		
8	MAG	community trust described in	section 170(b)	(1)(A)(vI). (Complete F	art II.)			
9	☐ An	agricultural research organi	zation described	in section 170(b)(1)(	qo (xi)(A)	erațed In	conjunction with a li	and-grant college
	ÿn	university or a non-land-grailyersity:	1 27 -					
10	☑ An	organization that hormally r	eceives: (1) more	olicus — subject to se	ipport fro	iri cantrit	outlons, membership and (2) no mere that	a 1916, and gross
	su	ceipts from activities related poort from gross investment	income and nut	elated business taxat	ole incom	ie (less se	ection 511 tex) from	businesees
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12		organization organized and one or more publicly suppo						
		leck the box in lines 12a thro						
a	ائسًا ا	Type I. A supporting organ				-	•	•
м	<u></u>	the supported organization						
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				(described on lines 1-10 above (see instructions))	qoch nëteb tu yor	ir governing ment?	support (see instructions)	other support (see instructions)
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Support Schedule for Organizations Described in Sections 170(b)(1)A(iiv) and 170(b)(1)A(iiv) (Complete only if you checked the box on line 5, 7, or 8 of Part 1 or if the organization failed to qualify under Part III. If the organization faile to qualify under the tests listed below, please complete Part III.)  Section A. Public Support  Calendar year (of fiscal year beginning in  > (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2018 (f) Total membership fees received. (Co not include any l'unisual grants.)  1 Gifts, grants, combubutions, and membership fees received. (Co not include any l'unisual grants.)  2 Tax revenues leyled for the enganization's benefit and either paid to or exponded on its behalf.  3 The value of services or fecilities furnished by a governmental unt to the organization without charge.  4 Total, Add lines 1 through 3.  5 The portion of total contributions by each person (other time a governmental unit or publicly supported organization included on line 11, column (f).  6 Public support. Subract line 5 from line 4  Section B. Total Support.  Calendar year (or fiscal year beginning in) > (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Anounce from line 11, column from line 4.  3 Gress noome from interest, dividends, payments received on securities loans, ronts, royaltes, and income from similar sources.  Net income from unrelated business activities, whether or not the business activities, one form membership to the organization of the form of the payment and the first payment and first paym		A (Figrm 990 or 990-EZ) 2019						Page 2
Part III. If the organization falls to qualify under the tests listed below, please complete Part III.)  Section A Public Support  Calender year for fiscal year beginning in) P (e) 2015 (b) 2018 (c) 2017 (d) 2018 (e) 2019 (f) Total membership fees received. (Do not include any "unusual grants.")  Tax revenues evield for the end of the paid to or expended on its behalf in the organization's benefit and either paid to or expended on its behalf in the organization's benefit and either paid to or expended on its behalf in the organization without charge.  The portion of total contributions by each person (other than a governmental unit to the organization without charge in the properties of								
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b 10%-facts-and-circumstances test—2019. If the organization dig not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, eneck this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		· -/	facts-and-circ	pumstances" te	est The organ	zation qualifie	s as a publicly	supported
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Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported prognization	þ							
supported organization		15 is 10% or more, and if the organiza	allon meste ti	ne "facts-and-	oircumstances	" test, eneck	this box and	stop høre.
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	10	, , , , , , , , , , , , , , , , , , , ,	ing fruit Gridenk &		**		•	<b>&gt;</b> [**]
Instructions Schedule A (Form 990 or 990-EZ) 2019	Mark and Section	The state of the s		THE ASSESSMENT OF THE PARTY OF	4. C.	- Carried Street, Stre	Caracacher Service Services Services Services	0 or 930-EZ) 2010

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	in the organization rand to quality	ander the tec	oto notog pon	311, p. 0400 00	mpioto i are i	<del>'''/</del>	
	on A. Public Support		·				
	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")	82351	107410	225133	63,877	60500	539271
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	193450	195326	181513	181,341	156,640	908270
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 or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			, in the second		-	
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.	275801	302736	406646	245218	217140	1447541
þ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
e 8	Add lines 7a and 7b						1447541
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	275801	302736	408646	245218	217140	1447541
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.			4	2		6
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b			4	2		6
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		,				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		And the second s				and the second second second second second second second second second second second second second second seco
13	Total support. (Add lines 9, 10c, 11, and 12.)	275801	302736	406650	245220	217140	1447547
14	First tive years. If the Form 990 is for to organization, check this box and stop he			d, third, fourth			n 501(c)(3) . , ▶ [`]
Secti	on C. Computation of Public Suppo	rt Percentag	9				
15	Public support percentage for 2019 (line	8, column (f), d	lvided by line	13, column (f))	, , , , ,	15	100.00 %
16	Public support percentage from 2018 Sc	,	•			16	100.00 %
	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2019			y line 13, colu	mn (f))	17	0 %
18	Investment income percentage from 201					18	0 %
19a	331/3% support tests-2019. If the organ	nization did not	chook the box	con lina 14, gr	id line 15 is m		6, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as s	publicly supp	orted organizati	on , 🕨 📺
b	331/s% support tests - 2018. If the organi						31/3%, and
	line 18 is not more than 331/2%, check this	box and stop h	ere. The organ	ızatıon qualifles	as a publicly s	upported organ	isation 🕨 🛄
20	Private foundation, If the organization d	id not check a l	box on line 14.	. 19a. or 19b. c	heck this box	and see instruc	ctions 🕨 🖺

Yes No

#### Supporting Organizations

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

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's govern documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of state under section 609(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organizațion waș described în section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a ogtiofied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4e Was any supported organization not organized in the United States ("foreign supported organization") "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b. Did the organization have ultimate control and discretion in deciding whether to make grants to the fore supported organization? If "Yes," describe in Part VI how the organization had such control and discreti despite being controlled or supervised by or in connection with its supported organizations,
- c. Did the organization support any foreign supported organization that does not have an IRS determinate under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye answer (b) and (c) bolow (if applicable). Also, provide detail in Park VI, including (i) the names and fi 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 act was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- 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) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribu (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled en 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 If "Yes," complete Part I of Schedule L (Form 930 or 990-EZ).
- 9a. Was the organization controlled directly or indirectly at any time during the tax year by one or me disqualified persons as defined in section 4946 (other than foundation managers and organizations describ In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in wh the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bening. from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Pert VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of sect 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integral supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 1720) determine whether the organization had excess business holdings.)

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Part	Supporting Organizations (continued)			
		F	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A parson who directly or indirectly controls, either alone or together with persons described in (b) and (c)		2.2	
\$	pelom: the accelulus podd of a anbbuted olasulaanga, salas ar raselus mili balania described in lat and lat V balani Aug allestia de maileath cources artist maile ar raselus mili balania described in lat and lat	11a		لائت
ь	A family inember of a person described in (a) above?	116		चकरम्बद्धाः
Ģ	A 35% controlled entity of a person described in (a) or (b) above? If "Yas" to a, b, or c, provide detail in Part VI.	11c	,-\	aprincipings.
Section	on B. Type I Supporting Organizations		**************************************	namen en
,		Description of the second	Yes	Ne
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or eloot at locat a majority of the organization's directors or trustees at all times during the		W.	
	tax year? If "No," describe in Part VI how the supported organization(s) affectively operated, supervised, or		\$C.	
	controlled the organization's activities. If the organization had more than one supported organization,		, - J	
	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		$\mathcal{J}^{\vee}$	
	organization(a) 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.		7.1	
Section	on C. Type II Supporting Organizations	<del></del>	المسرسي	تثحسمت
3,	The state of the s	1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the 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).	30.00		
Social	on D. All Type III Supporting Organizations	المتحاب		<del>populari ya</del>
OOUT	the property of the property o	•	Yes	ÑQ
4	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		- 41 - 44	
	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		The state of
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			漢影
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	die a	4446
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	1 2	E	
	income or assets at all times during the tax year? If "Yos," describe in Part VI the role the organization's supported organizations played in this regard.			
W. T.		] 3	~~~	عضماند
Section 1	on E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to settlely the Integral Part Test during the year (see	inetruc	tions	2)
, a	The organization satisfied the Activities Test, Complete line 2 below.	is tokes birds	116114	¥.
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
G	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	(see Inst	trugti	ons).
2	Activities Test. Answer (a) and (b) below.	III WARRENT	Yes	Ne
ą	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	學學		
	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,	S.		
	how the erganization was rasponsive to those supported organizations, and how the organization determined	100	i t	
	that these activities constituted substantially all of its activities	2a	e de la composition della comp	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	<i>F</i> 141
	of the organization's supported organization(a) would have been engaged in? If "Yea," explain in Part VI the			多制
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	3		
_		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	PAN.		
ą	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Tales of		
<b></b>	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard.	3b	olini ostora	
	Schedule A (Form	990 or ş	80-E2	) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	ızat	ions must complete Section	ns A through E
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		and the second s
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		4)-23
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	,	A STATE OF THE STA	
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	And the second s	The second secon
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		Carried States and States and States and States
Section B-Minimum Asset Amount	<del></del>	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	And the second s	100 35 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
b Average monthly cash balances	1b	the state of the s	the same of the sa
c Fair market value of other non-exempt-use assets	16		2000-2-C2-4-VE
d Total (add lines 1a, 1b, and 1c)	1d	and the same of th	A de trachement and the second second
e Discount claimed for blockage or other	3.0		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		and the second of the second o
3 Subtract line 2 from line 1d.	3	Control of the Contro	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		Land to the state of the state	and the same of the same of the same
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	ALL THE PROPERTY OF THE PROPER	the same and the same of the s
6 Multiply line 5 by .035.	8	Control on the second s	والمراب والمرابعة والهدائد المرابعة والمرابعة والمرابعة
7 Recoveries of prior-year distributions	7	COLUMN CONTRACTOR DE CONTRACTO	The state of the s
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount	<del>1 - 2 - 4</del>		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		3,000 y 0,1 0,1 0,1 0,1 0,1 0,1 0,1 0,1 0,1 0,1
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	TO THE STATE OF THE STATE OF	the state of the s
8 Distributable Amount. Subtract line 5 from line 4, unless subject to	-		and the second s
emergency temporary reduction (see instructions).	6		
7 Chock here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	organization (see
instructions).	-		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
	Section D—Distributions					
Ì	Amounts paid to supported organizations to accomplish e					
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted			
<del>~~~</del>	organizations, in exceas of income from activity	-	and the chief of t			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	ar de la constitución de la cons		
4	Amounts paid to acquire exempt-use assets	معاملات متحالي متحالة والمتالة والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية	<del></del>			
5	Qualified set-aside amounts (prior IRS approval required)	a restantina de la carte de la calenda de la carte de la carte de la carte de la carte de la carte de la carte	<del>verlight have the transmission of the transmi</del>	assistantin marketing the first transfer		
<u>6</u>	Other distributions (describe in Part VI). See Instructions.	tana managarah Marinda da Santa da Marinda d		***************************************		
7	Total annual distributions, Add lines 1 through 6.	<del>y ramay and an angular partition of the same of the s</del>	the second secon	manage - water barrens		
8	Distributions to attentive supported organizations to which	n the organization is res	ponsive			
9	(provide details in Part VI). See instructions.  Distributable amount for 2019 from Section C, line 9	عمالت والمناهدة والمناهدة والمناهدة والمناهدة والمناهدة والمناهدة والمناهدة والمناهدة والمناهدة والمناهدة والمناهدة	and the same commencers of the same of the same of the same of the same of the same of the same of the same of	and the same of th		
_	Line 8 amount divided by line 9 amount	سمكة ووتونهم وشراه والماء والماء والمواطوم ويستعاد				
10	Citie o attractit dialoga DA time a studdit	CONTRACTOR CONTRACTOR	(II)	(iii)		
Section	on S-Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019		- 7			
	(reasonable cause required - explain in Part VI) See					
<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	instructions .	Participation of the control of the				
3_	Excess distributions carryover, If any, to 2019					
	From 2014					
	From 2015					
<u> </u>	From 2016 . ,					
<u>d</u>	From 2017					
<u>e</u>	From 2018					
f	Total of lines 3a through e  Applied to underdistributions of prior years					
g h	Applied to underdistributions of prior years  Applied to 2019 distributable amount			NAME OF THE PERSON OF THE PERS		
<u>''</u> -	Carryover from 2014 not applied (see instructions)	CA THE REAL PROPERTY OF THE PARTY OF THE PAR				
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	<del></del>				
<del></del>	Distributions for 2019 from		1947.344 P. L. C.			
7	Section D, line 7:					
<del></del> 8	Applied to underdistributions of prior years		Marie and the Control of the Control			
	Applied to 2019 distributable amount			A STATE OF THE PARTY OF THE PAR		
-,; C	Remainder. Subtract lines 4a and 4b from 4			70.10		
5	Remaining underdistributions for years prior to 2019, if		the state of the s			
-	any, Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.			TO SECURE		
B	Remaining underdistributions for 2019, Subtract lines 3h			Contained from State 1 to 1		
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3	South a describer of the second second second				
	and 4c.					
8	Breakdown of line 7:					
8	Excess from 2015		ne the same of the same			
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C	Excess from 2017					
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ę	Excess from 2019	PER PER PER PER PER PER PER PER PER PER	THE RESERVE OF THE PERSON OF T			

	orm 990 or 990-EZ) 2019
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 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

Inspection

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

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

2019 Open to Public

Employer identification number Name of the organization 47-5260006 Alabama CTE Leadership Council Form 990, Part VI, Line 11b - Form 990 Review Process Form 990 Provided to Board of Directors for review Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available Documents are available upon request

Sohedule Q (Form 990 or 990-EZ) (2019)	Page <b>2</b>
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