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For	99	90	Return of Or	ganization Exe	npt From I	income	Tax	OMB No. 1545-0047
			Under section 501(c), 527, or	4947(a)(1) of the Internal	Revenue Code (c	excopt private	foundations	2019
(HeV	. Januar	y 2020)	1	al security numbers on t	•	• •	<i>a</i> `	
		of the Ireasury		gov/Form990 for instruct	-	- •	·VKIII/	Open to Public Inspection
A			dar year, or tax year beginnin		, 2019, and end		ne (30	,20,29
=		applicable:	C Name of organization	 		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	7	yer identification number
		change	Doing business as	iens Dymp		checla	57 58	-1481695
H	Name c		Number and street (or P.O. box			Room/suite		one number
님	Initial re	_	PO BOY 5	540	acciosp)	, noonsale (۲ کرکرا ^۱	-338~ 0916
H		um/terminated	City pr town, state or provyniçe,	country and 7IP or foreign po	stal code	L	130	0004 0110
H		ed return	Athens G	A 30%04-	3244		G Gross	receipts \$
H		tion pending	F Name and address of principal of			O H(a) is th		r subordinates? Yes No
ب	, delinear	aon ponamy	Thilip Ret	fendort	个	/ 11		s included? Yes No
<u> </u>	Тах-ехе	mpt status:	∑(501(c)(3)		947(a)(1) or 527			t. (see instructions)
J	Website	G1W < ×		nonony, o	A -	H(c) Gro	oup exemption i	number > NA
K	Form of	organization:	Corporation Trust Assoc	iation ☐ Other ►	L Year of for	mation: 197	M State	of legal domicile:
Р	art I	Summá	rỳ '		1			, , , , , , , , , , , , , , , , , , ,
	1	Briefly des	cribe the organization's mis	sion or most significant	activities:		· · · · · · · · · · · · · · · · · · ·	
8		$\Psi \nu$	oude flee.	corceit.	O the	Dulil	ic	
Ē								
Governance	2		box ▶ 🔲 if the organization			ed of more t	han 25% of	its net assets.
	3		voting members of the gov		•		. 3	
Activities &	4		independent voting member		• •	1b)	. 4	16
흝	5		per of individuals employed	•	Part V, line 2a)	·····	. 5	
.ફે	6	Total numb	per of volunteers (estimate i	necessary)	- CEIV	ED -	. 6	<u> </u>
Ř	7a	Total unrel	ated business revenue from	Part VIII, column (©), li	ne 12-CCIVI	- 751	. 7a	
	Ь	Net unrela	ted business taxable incom	e from Form 990-1, line	-39	الأثا تمني	. 7b	
		0-4-1-4	one and much (Dark\/III line	33/	NOV 2	CUCO (pho	Year	Current Year
9	8		ons and grants (Part VIII, line	نسا ا	· · · · · · · · · · · · · · · · · · ·	- SE	000	200,996
Revenue	10	_	ervice revenue (Part VIII, lind t income (Part VIII, column (· ·	OGDEN	1, U 1, 1, 1	202	15/1007
æ	11		nue (Part VIII, column (A), lir			16	767	3/308
	12		ue—add lines 8 through 11 (-	1/2	1755	2181303
	13		similar amounts paid (Part			/	1100	910,911
	14		aid to or for members (Part	• •				
	15	•	ther compensation, employee	• • • • • • • • • • • • • • • • • • • •	n (A). lines 5-10)			
ě	16a		al fundraising fees (Part IX,	=				.,
Expens	Ь		raising expenses (Part IX, co					
ű	17		enses (Part IX, column (A), li			94	856	23,488
	18	Total expe	nses. Add lines 13–17 (mus	t equal Part IX, column	(A), line 25) .			1446
	19	Revenue le	ess expenses. Subtract line	18 from line 12		-2	549	744.809
5 63						Beginning of	Current Year	End of Year
# E	20	Total asset	ts (Part X, line 16)			299	, ble	444 \$70
Net Assets Fund Balanc	21		ities (Part X, line 26)				<u>'</u>	
			or fund balances. Subtract	line 21 from line 20	· · · · · · · · · · · · · · · · · · ·	T \$300	1,661	444,010
	art II		re Block				'	
Un	der pena e. correc	alties of perjury	, I declare that I have examined this 3. Declaration of preparer (other tha	return, including accompanyi n officer) is based on all inform	ng schedules and st nation of which prep	tatements, and t arer has any kn	to the best of m owledge	y knowledge and belief, it is
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_		- ' 	preparer's name	Preparer's signature		Date		T # PTIN
Pa			- historian a ramina				Check _ self-empl	┙ " ∤
	epare	Fi	me ▶	<u> </u>		<u> </u>	Firm's EIN ▶	-
Us	e On	Firm's nar					Phone no.	
Ma	v the II		this return with the preparer	shown above? (see ins	tructions)	!'	. WIN IN.	. Yes No
			ion Act Notice, see the separ			t. No. 11282Y	· · · · ·	Form 990 (2019)
FOF	r-apen	MOIN MODUCE	uon Act Nouce, see ure separ	uto dibu ucuvilo.	Ca	L NO. 112021		FOIRT 239 (2013)

Part					complishments onse or note to		e Part III				- M
1	Briefly de	scribe the o	rganization'	s mission:		Α .	uxtee		<u> </u>	· · · · · · · · · · · · · · · · · · ·	- 24
	aum	phonu		Lyon h	oded 1	**************************************	coil)	OXX	mall	<u>U</u>	
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2					ant program serv					□ v oo λ	7No
		m 990 or 990 describe the			 hedule O.				• • •	☐ Yes Ì	\$ IAO
3		organization		_	or make signific					Yes [] No
	If "Yes,"	describe the	se changes	on Schedu	ile O.					,-	
4	expenses	s. Section 50	01(c)(3) and	501(c)(4) o	e accomplishme rganizations are each program se	required to re	port the am	rgest progra ount of gran	m services, its and alloo	as measur cations to o	red by others,
4a	(Code:) (E	Expenses \$		including g	rants of \$		_) (Revenue	\$)	• • • • • • • • • • • • • • • • • • • •
	3	econ	cert	b	the ou	lilia	cont	Sole	188	gue	oto
									••••••	••••••	

	(O - d - :				:		······································) (Day tamping	<u>.</u>		
4b	(Code:) (E	Expenses \$		including g			_) (Neverlue		<i>)</i>	
4c	(Code:) (F	Expenses \$		including g	rants of \$) (Revenue	\$)	
4d		ogram servic									
4e	(Expense	es \$ gram service		uding gran	ts of \$) (Rever	nue\$)			



Part IV 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	X	Ī.
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	W
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	X
Ь	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		¥,
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form **990** (2019)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
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		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	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		X
þ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	ļ, ,	<u> </u>	
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	├	X
ь	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
	5-1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		,	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	* *****	1
•	reportable gaming (gambling) winnings to prize winners?	1c	*	لــــــا

rait	Statements negaring other mornings and rax compilates (continued)		Yes	No
0-	Enter the number of ampleyees reported on Form W.S. Transmittel of Wage and Tax	· · · · · ·	163	1.00
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	•	a a	1 1
- Ь	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		Ż
ь	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,			1
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			V
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		\triangle
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ł		
	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>		لنزيدا
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C,	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			X
	required to file Form 8282?	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7e		\
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		♦
=	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		$\langle \cdot \rangle$
g 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		,	
Ū	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	-		1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			(
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	,	er **	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	100		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	<u>.</u>	1
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u></u>
a	Note: See the instructions for additional information the organization must report on Schedule O.	- 		1
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		42	4
C	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			<u> </u>
16 ′	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	"		
		For	n 990	(2019)

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. Check if Schedule O contains a response or note to any line in this Part VI	and See in	for a struc	"No" tions.				
Section	on A. Governing Body and Management							
	. 17		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year La //o			(
	If there are material differences in voting rights among members of the governing body, or	1 1		1				
	if the governing body delegated broad authority to an executive committee or similar							
-	committee, explain on Schedule O.			. 1				
	Enter the number of voting members included on line 1a, above, who are independent . 1b		*					
b		١.		~ .				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X				
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	•	X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5,	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?							
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X				
•	Did the organization contemporaneously document the meetings held or written actions undertaken during							
8	the year by the following:	_	-\-/-					
а	The governing body?	8a	A,					
Ь	Each committee with authority to act on behalf of the governing body?	8b	\mathcal{X}					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1		λ				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	لبب					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>						
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		\mathbf{X}				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	,		, ,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		\boldsymbol{X}				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X				
Ь	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	$\overline{}$	Y				
14	Did the organization have a written document retention and destruction policy?	14		♦				
	· · ·			Δ				
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?	1						
а	The organization's CEO, Executive Director, or top management official	15a						
b	Other officers or key employees of the organization	15b						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1 1	, ł					
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	لنسر	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1 1		` {				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		اـــــا					
	organization's exempt status with respect to such arrangements?	16b						
Secti	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ ✓ 🗸 🗸 🗸 🗸 🗸							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(Sec	tion (01(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•		• •				
	Own website Another's website Dupon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inter	est n	olicy.				
	and financial statements available to the public during the tax year.		P	J., J,				
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	corde						
	Sallyanne (Barrow, 275 Dearing Street, Hthens,	(/ /	45	<u>30%</u> (
	1 706-338-0916	Form	1990	(2019)				

Page	•

Form 990 (2019)

Part VII	Compe	ensation o	of Officers,	Directors,	Trustees,	Key Employees	s, Highest	Compensated	Employees,	and
	Indepe	endent Co	ntractors							

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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) **Position** (D) æ Æ (B) (do not check more than one Reportable Name and title Average Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) No employeex from related compensation per week from the ₹ • Individual trustee Institutional trustee (list any organization organizations from the director ployee (W-2/1099-MISC) (W-2/1099-MISC) hours for organization and employee related related organizations compensated uanization below dotted line) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)

Part	VII Section A. Officers, Directors, 1	rustees,	Key	Em	plo	yee	s, an	d H	lighest Compe	nsated	Emplo	yees (con	tinued)
	(A) Name and title	(B) Average hours	(C) Position (do not check more than or box, unless person is both officer and a director/truste		an tee)	Reportable compensation		able sation lated	(F) Estimated of oth compens	er			
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099	enoute	from t organizati related orga	he on and
(15)). 	
(16)													
(17)						-		-					
(18)						 					·············		
(19)										-			
(20)													
(21)													
(22)						-					•	- " '	
(23)										_ -			
(24)													
(25)			-			-							·
1b c d	Subtotal	=		•	•	•		> > >			<u> </u>	2	
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received more	e than \$1	00,000	of 💍	
3	Did the organization list any former of employee on line 1a? If "Yes," complete:						-	mpl	oyee, or highes	t compe	ensated	3 Ye	s No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	npe	nsatio						
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or inc	dividual		X
Secti	on B. Independent Contractors												7
1	Complete this table for your five high compensation from the organization. Report												
	(A) Name and business add	iress							(B) Description of serv	rices	((C) Compensation	n
	Doro												
										-			
2	Total number of independent contractor received more than \$100,000 of compens							上 (ose listed abov	e) who	ļ		

Form **990** (2019)

Part	VIII	Statement of Revenue Check if Schedule O contains a respon	so or note to ar	w line in this Pa	ort V/III		
		Check if Schedule O Contains a respon	Se of flote to al	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ध ध	1a	Federated campaigns 1a					
ran Lin	Ь	Membership dues 1b			,		
ଦ୍ ହି	С	Fundraising events 1c				:	ļ
Contributions, Gifts, Grants and Other Similar Amounts	đ	Related organizations 1d					
	е	Government grants (contributions) 1e					
8 S	f	All other contributions, gifts, grants,	124001				
		and similar amounts not included above 1f	auu446			,	
훈형	g	Noncash contributions included in					
E B		lines 1a-1f 1g		~~~~~			
O B	h	Total. Add lines 1a-1f	<u>, , , , </u>	200,446	,		u 1 • 1
			Business Code	•			
Program Service Revenue	2a						
E 9	þ				<u> </u>		
gram Ser Revenue	C						
₩ ₩	d						
6	e			L			
₫	1	All other program service revenue					
	g	Total. Add lines 2a-2f			ļ		
	3	Investment income (including dividends other similar amounts)		5091			
	4	Income from investment of tax-exempt bo		1010			
	5		_				
	3	Royalties	(ii) Personal		 		
	6a	Gross rents 6a	(4) 7 61651				
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c			1		
	d	Net rental income or (loss)					
		Gross amount from (i) Securities	(ii) Other			3	
	7a	sales of assets		!			
		other than inventory 7a					
0	ь	Less: cost or other basis					
evenue		and sales expenses . 7b				,	
8	С	Gain or (loss) 7c	-		}		
Œ	d	Net gain or (loss)	🕨				
Other R	8a	Gross income from fundraising					
δ		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, tine 18 8a					
	b	Less: direct expenses 8b					
	C	Net income or (loss) from fundraising eve	nts ▶				
i	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activitie	s				
	10a	Gross sales of inventory, less		j		,	
		returns and allowances 10a					
		Less: cost of goods sold 10b	L				
	C	Net income or (loss) from sales of invento	Business Code	<u> </u>	 		
SDC	44-	Qualizate legist	Susiness Code	2205			
<u>₹</u>	11a	Keolifed Laix	PLEAC	4805	-		
	b	<u> </u>		•	 		
Miscellaneous Revenue	C م	All other revenue					
Ξ̈́	đ	All other revenue					
	<u>е</u> 12	Total. Add lines 11a-11d		2/8 700	 		
	12	roudi revenue. See mondedono		410071	1	L	

	0 (2019)				Page 10
Pari			,.		(4)
Section	on 501(c)(3) and 501(c)(4) organizations must comp				
-	Check if Schedule O contains a response	(A)	B) (B)	(c) T	
	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .		:		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				,
4 5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	· · · · · · · · · · · · · · · · · · ·			
11	Fees for services (nonemployees):		<u> </u>		· · · · · · · · · · · · · · · · · · ·
а	Management	9,000	9,000		
b	Legal [7	1		
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	1100	1105		·
f	Investment management fees	4693	4,643		
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	2461	9.761		
13	Office expenses	·/·			
14	Information technology	 			
15	Royalties	all nan	2/100		
16	Occupancy	24,289	24,289		
17	Travel	· · · · · · · · · · · · · · · · · · ·	'		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depresiation depletion and emertization		ı 1		

23

24

ď

25

Insurance

All other expenses

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.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) . . .

Р	art X			·		
		Check if Schedule O contains a response of	r note to any line in this Pa		. !	<u>:</u>
				(A) . Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		5:263	1	23006
	2.	Savings and temporary cash investments		1	2	8
	3	Pledges and grants receivable, net			3	
	4	•			4	
	5	Loans and other receivables from any current	or former officer, director.	F		the as Secretary
		trustee, key employee, creator or founder, subst		Late Late	1,	Marie a de la companya de la company
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disquaunder section 4958(f)(1)), and persons described		المادة وميزي يوريو الحوي و يها المادة وميزي يوريو المادة المادة والمادة والمادة	6	and the state of t
a	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ass	9				9	
1	_	Land, buildings, and equipment: cost or other	1 1		<u> </u>	
	IVa	basis. Complete Part VI of Schedule D		'		٦
	ь	Less: accumulated depreciation			10c	
	11				11	
	12	Investments—other securities. See Part IV, line			12	i . A
	13	Investments—program-related. See Part IV, line		294 398	13	467 467
	14	Intangible assets		1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14	- 1 M 19; 1 W SA
	15	Other assets. See Part IV, line 11		.)	15	
	16	Total assets. Add lines 1 through 15 (must equ		299 66	16	444 AN
	17	Accounts payable and accrued expenses		9 11 8.	17	
	18	Grants payable		18	 	
	19	Deferred revenue		19	· · · · · · · · · · · · · · · · · · ·	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete			21	
9	22	Loans and other payables to any current or		Re du la fair de la la	1.5	- 02
Liabiliti≫	—	trustee, key employee, creator or founder, subs	lantial contributor, or 35%		, ,,	The stands are and
<u></u>	.	controlled entity or family member of any of the	se persons		22	<u> </u>
=======================================	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on line]	
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25			26	
8		Organizations that follow FASB ASC 958, che]	
ğ		and complete lines 27, 28, 32, and 33.			<u> </u>	
	27	Net assets without donor restrictions			27	
ã	28	Net assets with donor restrictions			28	
Ĕ		Organizations that do not follow FASB ASC 9)58, check here ▶ 🗌			
Ē	l	and complete lines 29 through 33.			<u> </u>	
ō	29	Capital stock or trust principal, or current funds			29	
ĕ	30	Paid-in or capital surplus, or land, building, or e			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			31	HHA HAA
ğ	32	Total net assets or fund balances		277,661	32	477.
Ž	33	Total liabilities and net assets/fund balances .	<u> </u>	244.11	33	1 444' (4 70)
				11/4/		Form 990 (2019)

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Page		7

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	٠, ٠		
1	Total revenue (must equal Part VIII, column (A), line 12)	2/8.	25	
2	Total expenses (must equal Part IX, column (A), line 25)	¥)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	गर	\ \(\frac{1}{2} \)
3	Revenue less expenses. Subtract line 2 from line 1	44		ŠĞ
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	199	. 24	
5	Net unrealized gains (losses) on investments	1	<u> </u>	
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	LILL	11	100
	32, column (B))	77	1.	11
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: Accounting method 1990: Accoun	•	-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in]		
	Schedule O.		-\-/-	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	_Х	
	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:	1 1		
	Separate basis			
þ	Were the organization's financial statements audited by an independent accountant?	<u>2b</u>		A_{-}
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:]]		
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	V	
	·	20	A	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
2-				
За	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		Y
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	34		∠ _
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3ь		
	roquired about or additio, explain with on contentio of and according any steps taken to dilucing such addits.	استنتسا	.000	(2019)
		LOU	・フラリ	(ZU 19)

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 charitable trust.

• Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	TUGIO OLIMPIOL		VESTION-F	\mathcal{NC}_i			1640	
Par				•			ons.	
The o	organization is not a private founda		•		-	•	α	
1	A church, convention of church						77	
2	A school described in section		•			• •	V	
3	A hospital or a cooperative hospital or a co	•				,, ,, ,	613 E-A	
4	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	oitai desc	ndea in s	section 170(b)(1)(A)	(III). Enter the	
5	An organization operated for		college or university	owned o	r operate	ed by a governmen	tal unit describe	d ir
·	section 170(b)(1)(A)(iv). (Com		conces of differences	Owniou C	operati	ca by a governmen	tai anni accondo	U 11
6	☐ A federal, state, or local govern	-	mental unit described	in sectio	on 170(b)	(1)(A)(v).		
7	☐ An organization that normally	-				, , , , , ,	n the general pu	ıblic
	described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)	•	_		,	
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	☐ An agricultural research organ							j o
	or university or a non-land-gra university:		·	,		•	•	
10	An organization that normally receipts from activities related	receives: (1) mor	e than 331/3% of its su	apport fro	om contri	butions, membershi	p fees, and gros	S
	support from gross investment	t income and un	related business taxal	ble incon	ne (less s	ection 511 tax) from	businesses	
	acquired by the organization a		-		-			
11	An organization organized and	•	•	-				
12	An organization organized and of one or more publicly support							
	Check the box in lines 12a thro							
a	☐ Type I. A supporting organ	_	• • • • • • • • • • • • • • • • • • • •		-	•		-
_	the supported organization	•	· ·	-				•9
	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B	•			
b	☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having	
	control or management of				persons	that control or man	age the support	ed
	organization(s). You must	-						
C	Type III functionally integ its supported organization(ally integrated w	ıth,
4			•		-		artad arganizatio	·n(a)
d	that is not functionally integ							
	requirement (see instruction							
е	☐ Check this box if the organ	ization received	a written determination	on from t	ne IRS th	at it is a Type I. Typ	e II. Type III	
	functionally integrated, or 1							
f	Enter the number of supported of						· · · [0]	
<u>g</u>	Provide the following information		orted organization(s).					
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (se	ю.
			above (see instructions))		ment?	instructions)	instructions)	
				Yes	No	ļ	ı	
				133				
(A)					ł			
(B)						<i>'</i> .	-	
(5)								
(C)							,	
								
(D)								
					 	<u> </u>		
(E)					Ì]		
Total								_

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						any under
Secti	on A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	\					
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						
	on B. Total Support		1			· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			<u> </u>	<u></u>		
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.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	ne organization	i's first, secon	d, third, fourth	or fifth tax y	12 ear as a section	on 501(c)(3)
Cook	organization, check this box and stop he		· · · · ·	• • • • •	· ·/· · ·		· · · P U
<u>Secti</u>	on C. Computation of Public Suppor Public support percentage for 2018 (line			1 00(1000 60)	\-	14	
15 16a	Public support percentage from 2017 Sci 331/3% support test—2018. If the organibox and stop here. The organization qua	nedule A, Part ization did not	II, line 14 . check the box	c on line 13, ar	nd line 14 is 3:	15	%
þ	331/3% support test—2017. If the organithis box and stop here. The organization					is 331/3% or m	nore, check
17a	10% faots and-circumstances test 20 10% or more, and if the organization meets the "organization".	ets the "facts	-and-circumst	ances" test, ch	neck this box	and stop here	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ition meets th	e "facts-and-	circumstances	test, check	this box and	stop here.
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	See

20

Schedu	le A (Form 990 or 990-EZ) 2018						Page 3
Part							
	(Complete only if you checked the						ider Part II.
	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	omplete Part	II.) -	
	on A. Public Support	<u> </u>					
_	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39442	71,900	98,599	92,592	81.556	YAYASO
2	Gross receipts from admissions, merchandise	27,12	11, 10	10,5.1	10,570	81,336	101,001
_	sold or services performed, or facilities furnished in any activity that is related to the 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 or expended on its behalf					•	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						1
6	Total. Add lines 1 through 5	<9442	71.900	98.599	9259a	X155%	-404 08 9
-	Amounts included on lines 1, 2, and 3 received from disqualified persons .				1040 100		
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		:				
с 8	Add lines 7a and 7b		i			,	• •
•	line 6.)			1	بام جهولو مو خوا		404 050
Secti	on B. Total Support	<u> </u>				, ,	107,00
	dar year (or fiscal year beginning in)	(a) 2014,	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f), Total
9	Amounts from line 6	39442	51900	98.599	92.592	81550	40408
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	1,620	1,740	4,220	14,062	/6,39	37,43
b	Unrelated business taxable income (less section 511 taxes) from businesses	-					
	acquired after June 30, 1975	1030	1 72/0	4 220	14.062	<u> // 393</u>	- 311/4 <
11	Add lines 10a and 10b	7,000	7, 7, 10	1, exec	11,000	14,010	<u> </u>
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				9		
13	Total support. (Add lines 9, 10c, 11, and 12.)	60,462	23,640	102,819	104,654	97,949	441,524
14	First five years. If the Form 990 is for the	•	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re		<u> </u>			▶ □
Secti	on C. Computation of Public Suppor						
15 16	Public support percentage for 2018 (line 8 Public support percentage from 2017 Sch		•				9,46 %
	on D. Computation of Investment In					_ 	
17	Investment income percentage for 2018 (y line 13, colu	mn (f))	17	8,47 %
18	Investment income percentage from 2017			-		18	5,21 %
19a	331/3% support tests-2018. If the organi						
	17 is not more than 331/2%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organizati	on . ► 🛱

b 331/3% support tests-2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supporting Organizations**

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

Section :	A. All	Suppo	rting C	organizations
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ect	on A. All Supporting Organizations		124				
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No			
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1					
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	-					
	organization was described in section 509(a)(1) or (2).						
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a					
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.						
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b					
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		ļ			
4a	"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.						
_	Did the organization support any foreign supported organization that does not have an IRS determination	4b		-			
С	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.	4c					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).						
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		 			
	designated in the organization's organizing document?	5b					
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c					
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.						
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	6					
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7					
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).	8					
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	°					
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a					
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which						
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9Ь					
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit						
10a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c					
.va	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a					

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

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)		132	
		<u>г</u> -	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
a	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?	440	 -	
	A family member of a person described in (a) above?	11a 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		
	on B. Type I Supporting Organizations	1110		<u>. </u>
	on or type i supporting of garrierons		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	}		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	l		
	controlled the organization's activities. If the organization had more than one supported organization,	1)
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<u> </u>		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			·
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	 		
	supervised, or controlled the supporting organization.	2		L
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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	1	,	
	the supported organization(s).	1		<u> </u>
Secti	on D. All Type III Supporting Organizations			L
	on or the type in outper and 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			1
	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		ļ
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	1		
	supported organizations played in this regard.	-		
Coati	on E. Type III Functionally Integrated Supporting Organizations	3	L	Ц
<u> </u>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e)
' a	The organization satisfied the Activities Test. Complete line 2 below.		J	<i>.</i>
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			į
	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		L
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			} ;
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
_	-	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		<u> </u>
p		34		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	at the supplier of a supplier of the supplier			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functional Part V	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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	1.		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	T		
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 int	egrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continued)	,		
Secti	ection D—Distributions					
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive			
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2018					
a	From 2013					
b	From 2014					
С	From 2015			-		
d	From 2016					
е	From 2017			<u> </u>		
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2018 distributable amount		 	· · · · · · · · · · · · · · · · · · ·		
i	Carryover from 2013 not applied (see instructions)					
<u>_i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			-		
4	Distributions for 2018 from Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2018 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			,		
8	Breakdown of line 7:					
а	Excess from 2014					
	Excess from 2015					
	Excess from 2016					
d						
e	Excess from 2018					

Part VI	Supplemental Information. Provide the explanations required by Part II, line III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section B, line 1e; Part V, Section D, lines 5 lines 2, 5, and 6. Also complete this part for any additional information. (See i	11b, and 11c art IV, Sectior , 6, and 8; and	; Part IV, Section a E, lines 1c, 2a, 2b,
-	-		
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SCHEDULE D (Form 990)

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.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	the organization Sumphony Orchestra. Inc. 58-1481695
Par	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.
	(a) Donor advised funds (b) Funds and other accounts
1	Total number at end of year
2	Aggregate value of contributions to (during year) .
3	Aggregate value of grants from (during year)
4	Aggregate value at end of year
_	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose
	conferring impermissible private benefit?
Par	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).
-	Preservation of land for public use (for example, recreation 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 held a qualified conservation 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	Total number of conservation easements
b	Total acreage restricted by conservation easements
C	Number of conservation easements on a certified historic structure included in (a) 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a
	historic structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the
	tax year ▶
4	Number of states where property subject to conservation easement is located ▶
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
	violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
_	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year >\$
_	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9	and section 170(h)(4)(B)(ii)?
3	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easements.
Part	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
144	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
_	art, historical treasures, or other similar assets hold for public exhibition, education, or research in furtherance of public service,
	provide the following amounts relating to these items:
	(i) Revenue included on Form 990, Part VIII, line 1
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

Part	III Organizations Maintaining Co	ollections of Art, I	Historical T	reasures,	or Oth	er Similar Ass	ets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and other re	ecords, check	k any of the	followi	ng that make sig	nificant use of its
а	Public exhibition		d 🗆 Loan o	or exchange	progra	m	
b	☐ Scholarly research		e 🗌 Other				
C	☐ Preservation for future generations						
4	Provide a description of the organization XIII.	n's collections and e	xplain how th	ney further t	the orga	inization's exemp	ot purpose in Part
·5	During the year, did the organization so assets to be sold to raise funds rather that						☐ Yes ☐ No
Part	·		`		,		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.						
18	Is the organization an agent, trustee, coincluded on Form 990, Part X?					other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part	XIII and complete th	e following ta	ıble:			
					<u> </u>	Am	ount
C	Beginning balance				16	<u> </u>	
đ	Additions during the year				1d	 	
e	Distributions during the year				1e		
т 2а	Ending balance					account liability?	□ Yes □ No
	If "Yes," explain the arrangement in Part						
Pari		,					
	Complete if the organization ar	nswered "Yes" on I	Form 990, F	Part IV, line	10.	12382	
		(a) Current year (b) Prior year	(c) Two years	back (d) Three years back	(e) Four years back
1a	Beginning of year balance	247.3481 6	1221168	200	561	1 7681	
b	Contributions	1/0,003	, 9_1,			1 01440	71314
С	Net investment earnings, gains, and losses	22,259	14,945	25	564	24,248	1,008
d	Grants or scholarships		1		'_		•
e	Other expenditures for facilities and]			1		
_	programs	. U/.03	4200	41	19	- 3383	
f	Administrative expenses	11-74/121 0	777 300	7 0	121A	MATERI	270 70
g	End of year balance	921, 404 &		column (a)	(bold d	" dad da	20 60
ຸ2	Board designated or quasi-endowment		ance (inte 19	, coluitiii (a)	, neiu a	.	12,382
a h	Permanent endowment ►	%					•
c	Term endowment ▶ %	.,~					
	The percentages on lines 2a, 2b, and 2c	should equal 100%.					
3a	Are there endowment funds not in the p	· · · · · · · · · · · · · · · · · · ·		at are held a	and adn	ninistered for the	
	organization by:	_					Yes No
	(i) Unrelated organizations						3a() X
	(-)						3a(i)
b	If "Yes" on line 3a(ii), are the related orga		-				3b
4	Describe in Part XIII the intended uses of		endowment fu	inds.	<u> </u>		
Pari	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
	Description of property	(a) Cost or other ba		r other basis		ccumulated	(d) Book value
	Description of property	(investment)	1	ther)		preciation	(4) 2001 1220
1a	Land						
b	Buildings						
C	Leasehold improvements						
d	Equipment						
e Total	Other	et equal Form 000 D	art Y column	(R) line 10	<u> </u>		

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" on	Form 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) Method of valuation: Cost or end-of-year market value
(1) Financia	derivatives		
	neld equity interests		
(3) Other	• •		
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
<u>(H)</u>	***************************************		<u> </u>
		<u> </u>	
Part VIII	Investments — Program Related. Complete if the organization answered "Yes" on I	Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Q DA	Heating is through		
(2)			
(3)	thous Cup Comminut	71	
(4)		A January	0 1 . 1 . 611 .
(5)	Lourantion	421,464	CNO of Lear MRT.
(6)	3 3 30 - 33 3		
(7)			Colue
(8)			<u> </u>
(9)			
	(-)	<u> </u>	
Part IX	Other Assets.	Form OOO Dort IV lin	a 11d Can Farm 000 Bort V line 15
	Complete if the organization answered "Yes" on I	romi 990, Fartiv, im	(b) Book value
(1)	(a) Description		(b) book value
(1) (2)			
(3)			
(4)			
(5)		···	
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.) . Other Liabilities.		
	Complete if the organization answered "Yes" on I line 25.	Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability		(b) Book value
(1) Federal in	come taxes	 -	
(2)		**************************************	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.) .		
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the for	otnote to the organization	's financial statements that reports the
	s liability for uncertain tax positions under FASB ASC 740. Ch		

Part			er Return.
	Complete if the organization answered "Yes" on Form 990	*****	
1	Total revenue, gains, and other support per audited financial statements	5	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	1 1
а	Net unrealized gains (losses) on investments	2a	_
b	Donated services and use of facilities		_
C	Recoveries of prior year grants		_
d	Other (Describe in Part XIII.)	2d	_
e	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	1 1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
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		
Part	XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.	• •
1	Total expenses and losses per audited financial statements		1.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
ь	Prior year adjustments	2b	□
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	·	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II	ine 18.)	5
Part	XIII Supplemental Information.	,	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par		
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chedule D (Form 990) 2019 Page 5			
Part XIII	Supplemental Information (continued)		

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Hampfolthe organization Symphony Orchestra, Inc.	Employer identification number 58 - 148 695
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Part III, Question 3! Ile Symphony temporarily carcel reheasab an and Propo Corcerts due to the cok pardenic.	Lod to
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and from Cornerts due to the cox	raines
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Part VI, Question IIB: Our board of meets love times assually are the 1990 after it is filed buy the volunteer treasures.	diector
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Part VI Question 19: Our governing	obcurrents
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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
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