Foon 990 (Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

(Q19

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.lrs.gov/Fonn990 for instructions and the latest Information.

Openjp Inspection

ot.1sNo.154s-0041

A	For the	2019 calen	dar year, or tax year beginning Janary 1, 2019, and ending	Decem		, 20 19	
В	ChACkf	applicable:	c Name of organization Africa Development Promise		DEmplo	oyer identification	number
D	Address	cnanga	Doing business as			38-3909756	
0	Name or	nange	Nullber and street (or P.O. box if mail is not delivered to street ackhas) Roo	m/suite	ETeleph	one number	
0	Initial ret	um	1931 33rd Street St	174		303-877-6199	
0	Final retu	ımllenninated	Oily or town, state or province, country, and ZJP or foreign postal code				
0	Amende	d retoo.	Denver, CO An205		GGross	receipts\$	
		ion peoding	F Name and address of principal officer: Monica Labiche Brown	Ha) blis ag		rSICOTHES? O Y	s ONb
•	• •		1412 9 Kittredoe Street, Aurora, CO 80017-4008			s iocluded? O Ye	
ŀ	Taxexe	n pt status:	0 501(c)(3) 0 501(c) () ∢ (insert no.) 0 2947(8)(1) or 0 327	, ,		st (see instructions	
			ricadevelopmentpromise.org	H(c) Group e			
			Corporation O Trust O Association O Other ILy offormation			of legal domicile:	<u> </u>
	1.00	Summa		. 2013	WOOLE	a legal darilate.	
-	1			alamana D		oniros to bo	
0	1.8		scribe the organization's mission or most significant activities: Africa Dev		********		
Activities & Governance			9ances <u>rural women's entre11reneurship bypromoting cooperatives.</u>	***********			
Ĕ		. ,-	n.!! PII!'. !!rial women to advance sustainable business and economic inde	pendence.			
8	2	Check this	s box► O if the organization discontinued its operations or disposed of	more than		its net assets.	
Ğ	3	Number of	f voting members of the governing body (Part VI, line 1a)		3 1		9
S	4	Number o	f independent voting members of the governing body (Part VI, line 1b)		4 1		9
Œ.	5		ber of individuals employed in calendar year 2019 (Part V, line 2a) .		5		6
춫	6		ber of volunteers (estimate if necessary)		6		2
ĕ	7a		elated business revenue from Part VIII, column (C), line 12		7a		NA
_	b	Net unrela	ated business taxable income from Form 990-T, line 39		7b		NA
				PriorYN	r	Current Ye	ar
.77	8	Contributi	ons and grants (Part VIII, line 1h).		248,66-4		160,244
:PC	9	Program s	service revenue (Part VIII, line 2g)		5,680		15,875
Ĭ	10	Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d)				
а	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11 e)		68,842		
	12		enue-add lines 8 through 11 (must eaual Part VIII, column (Al, line 12)		323186		176119
	13		d similar amounts paid (Part IX, column (A), lines 1-3)		024,100		17 0,1 13
	14		paid to or for members (Part IX, column (A). line 4)				
	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		79,228		80,075
S	16a		nal fundraising fees (Part IX, column (A), line 11 e)		19,220		00,075
8.	b		Iraising expenses (Part IX, column (D), line 25) ▶	William Co.			11
0.			enses (Part IX, column (A), lines 11a-11d, 11f-24e)				100
	17	_			212,389		
	18		enses. Add lines 13-17 (must equal Part IX, columfJ (A), line 25)		291 ,617		
-	19	Revenue	less expenses. Subtract line 18 from line 12		31,569	= 1 434	
!B		40.0		ginning of Cur	_	End of Ye	
79)	20		ets (Part X, line 16)		123.695		78,948
,,,	21		lities (Part X, line 26) . J		12 611		24 035
Ţ	22		s or fund balan time time 21 from line 20		111 ,084		54,913
	ШЦ		ure Blocly" / XV				
U	nder pen	alties of perjury	y, I declare that Je y,liff. e<1 lihis if un, iocluding accompanying schedules and statement	ents. and to the	best of n	ny knowledge and	belief, t is
n	ie, co,rec	ct, and comple	He. Declaration $f_{ m er}$ Jfher than officer) is based on all information of which preparer h	es any knowed	gs.		
					I/a'	lec2,'l	
Si	gn	Signa	furej / "'-	Date			
Не	ere		-9.9 55				
		Туре	Oprint name and lilie			T	
		Print/Typ	e preparer's name Preperer's signature Date		Check () F PIN	
	aid				selfemp		
	epar			- r		=	-
US	se Un	ly #Firm sna			s <u>EN</u> ▶		_
Ma	av the I		this return with the preparer shown above? (see instructions)	TIIM	3 H	. DYes	Пы
				112021/			∐No
ΓU	ı raper	WUIN NEUUC	ction Act Notice, Me the wparate Instnictions. cat. No.	11282Y		roon 9	9 0 (2019)

					•••••
c (C	_	penses \$ including	grants of §	(Revenue \$ ••••	•)
1000	-# 5.47			<u></u> -	
- 1					
		,			
		s (Describe on Schedule 0.) including grants of \$) (Revenue\$)	
	otal program service				

Part I	Checklist of Required Schedules	- 1	V-#	27-
	6 1 1 20 16 B/c 4	_	Ye\$	No
1	Is the organization described in section 501 (c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,#	1	300	
	complete Schedule A	2		
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		_00
	candidates for public office? If "Yes," complete Schedule C, Part I	3	_	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If MYes," complete Schedule C, Part II.	4		
5	Is the organization a section 501 (c)(4), 501 (c)(5). or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1.5
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		a.
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		100
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? /f"Yes," complete Schedule D Part III	8		4
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		de
10	Did the organization, directly or through a related organization, hold assets in donor-restrict d endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		
11	If the organization's answer to any of the following questions is MYes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			B
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X line 16? If "Yes." complete Schedule D, Part VII	11b		
C	Did the organization report an amount fr 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		pal.
d		11d		a
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax yeat include a footnote that addresses the organization's liability for uncertain tax positions under RN 48 (ASC 740)? If "Yes, complete Schedule D, Part X	11f		-
12a	Did the organization obtain separate, Independent audited financial statements for the tax year? If "Yes, complete Schedule D. Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered MND to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ggt.	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	146		
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	14b		
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.			
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 11 e? If "Yes," complete Schedule G, Part I (see instructions)	16		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and Ba? If "Yes," complete Schedule G, Part II.	17		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
20a	If "Yes," complete Schedule G, Part III	19	1	
20a b		20a 20b	1	Pall
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	1	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		- 17

	Checklist of Required Schedules (continued)	1	Yes	No
2 2	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, n complete Schedule I, Parts I and III	22	. 23	
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? ff "Yes," complete Schedule J.	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		a
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		101
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? ff "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, truste, 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 files.	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employe thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part V instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.	28a		
	A family member of any individual described in line 28a? If "Yes, n complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If *Yes," complete Schedule N, Part I			
3 2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, n complete Schedule N, Part II	32		15
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		
34	Was the organization related to any tax-exempt or taxable entity? If *Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 b and 19. Note: All Form 990 filers are required to complete Schedule 0.			
-	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			, r
ir-			Ye	s No
1a	+ ia +	1	8	13
b	TID I	20	W Jan	4 13
	reportable gaming (gambling) winnings to prize winners?	10	0	

	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	1 1	M.	Yes	No
2a				38
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	100	HUS	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	in autor
0.000	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fi/e (see instructions)	BOALL		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		111
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account or other financial account)?	4a	2	
b	If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1.
C	If "Yes" to line Sa or Sb, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		3
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6h		
7	gifts were not tax deductible?	6b	ir mini	-
7	Organizations that may receive deductible contributions under section 170(c).		5	100
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	EARIN	-
	and services provided to the payor?	7a		100
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	7.		
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7c	ALC: UNK	170
d		70	Contract of the last	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	78		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7a		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, old the organization file a Form 1098C?	7h	to House	Min.
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	I March	50057	
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
а	Did the sponsoring organization make any t% able distributions under section 4966? . Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
_ b	Section 501 (c)(7) organizations. Enter:	90	e annu	-140
10			-	7119
a	Once 11 1 1 1 5 000 Dat MI For 40 for multiple one of old for 1985 and 10 1			- 37
, b		1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	63		
a		San Co		733
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	Sec.	D. Salar	
40	against amounts due or received from them.)	120		1000
12a		12a	- 46	17000
_ b		8/5	33	3 13
13	Section 501(c)(29) qualified nonprofit health insurance is suers.	120	1	OLG
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	l rivin	107
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			
C	Enter the amount of reserves on hand	Table 1	أبذب	4
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 0.	14b	1	
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		10
	If 'Yes,* see Instructions and file Form 4720, Schedule N		1/190	
16	Is the organization an educational institution subject to the s d o n 4968 excise tax on net investment income?	16		1_
	If 'Yes.' complete Form 4720. Schedule ().	4.00	(width	1994

i@t				
	response to Ime Ba, 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			ions.
Secti	on A. GoverninQ Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a !		100	1
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent1b			
2	Did any officer, director, trustee, or key employe have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		118
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		ď
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5 6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		18
b	Are any governance decisions of the organization reserv ⁶ d to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	6a		
b	Each committee with authority to at on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes, provide the names and addresses on Schedule 0	9		1
Secti	ion B. Policies (This Section B requests Information about colicies not required by the nternal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yest 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 Fonn 990 to all members of its governing body before filing the form?	11a		
b		The same of		
12a	Did the organization have a written conflict of inter's t policy? If "No, " go to line 13"	12a		
b		12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, n	12c		
13	describe in Schedule O how this was done Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	, pir.	
15	Did the process for detennining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	1Sa	-0.0	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		
18a	with a taxable entity during the year?	16a		J
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			-1141
18	Section 6104 requires an organization to make its Forms '1023 (1024 or 1024·A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website D Another's website D Upon request D Other (explain on Schedule 0)	T (Sec	ction	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict and financial statements available to the public during the tax year.			olicy
20	State the name, address, and telephone number of the person who possesses the organization's books and re E Dean Brown Jr. Treasurer, Africa Development Promise 1031 33rd St #1741 Denver, CO 80205	cords	>	

	(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 . • . . . • . . • . . • . D

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, t'u stee, 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.

O Check this box if neither the organization no		Г		_	CI					
W Name and title	(8) Average hours	box.	unles	heck s pe	erson	t than o	nan	(DJ Repo,table compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	io,gatilization•	PLIP:		i	3		į	o,ganization (W•2/1099•MISC)	O9111IZations (W·2/1099·MISC)	from the orgw1ization and related organizations
,(1) Jean Nicholson *Board Chair · · · · · · ·	500	1		1				NA.	0.IIC)	0.00
_(2) . Nina Miller, PHO Board Vice Chair	5.00	1		1				NJ	0.00	0.00
. (3) Monca Labiche Brown - Executive Director	40.00	1		1	1	1		\$44808	0.00	0.00
(4) E Dean Brown, JrTreasurer	 30.00	1		1				, <i>u</i>	0.00	
_(5)Bjorn van.Euler * Board Member:-•••	500	1						NA.	0.00)	0.0
(8). Dennis Karamuzi -•Board Member······-	1.00	1						NA.	0.00	0.00
. <u>M</u> ,Loren La.bovitch • Board Member •	100	yf.						NA	0.00	
(8) . Alexan lea. Kennedy Board Member	•• <u>100</u>	1						NA.	0.00	
. (9) Nkechi Aie>eru - Board Member - · · · · · · · · ·	1000.0	6					İ			
\$1. }										
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(14)			\dashv	7	\exists		\top			

Part	VII Section A. Officers, Directors,	rustees,	Key	Emp	olo	yee	s, ar	ıd F	lighest Compe	nsated Emplo	yees <i>(continued)</i>
	(A) Name and title	(8) Average hours per week Qistany hourstor related organization below dotted ne)	box, office	unles er M d	Pos eck s pe l a d	r,ion lirect	e than is both or/trus	tee)	IDI Reportable compensation from the organization (1-2)/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the 0 <ganization and="" organizations<="" related="" th=""></ganization>
(15)											
(161											
(17)						_		_			
(18J			-		_	_		_			
(19)								_			
(20)					_			-			
(21)											
(22),		77 71			~		-				
(23)			-								
(24)	······································										
(25)											
1b c d	Subtotal	VII, Section	n A	*				> > >	\$44,808 \$44,808		
2	Total number of individuals (including but reportable compensation from the organ	t not limited) W			of
3	Did the organization list any fonner employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the organization and related organizations individual	officer, dire Schedule J sum of re greater tha	for so portab an \$1	uch 1 ole 0 150,0	<i>indi</i> com 0001	<i>vidu</i> per ? [<i>al</i> satio ∫ "Ye	n a s,"	nd other compen	sation from the	3
5	Did any person listed on line 1a receive of for services rendered to the organization?									on or individual	5
Secti	on B. Independent Contractors										1, 1, 1,
1	Complete this table for your five high compensation from the organization. Repo										
	(A) Name and business add	ress							(B) De!la1pllon of 9ef\	/ioes	(C) Compensation
N/A								j_			
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed above	e) who	

			Total revenue	ID) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2.2	1a	Federated campaigns 1a	N-10 - 10 - 10	CIV COLUMN 115		PETRI PROPERTY
	b	Membership dues 1b				1
in E	\mathbf{C}	Fundraising events 1c				
	d	Related organizations 1d				
	е	Government grants (contributions) 1e	- Rich			1
₹1 ;E %	f	All other contributions, gifts, grants,	65			1
0 .		and similar amounts not included above 1f 160,24	4			
	g	Noncash contributions included in lines 1a-1f	MANTHE STI			
C	h	Total. Add lines 1a-1 f	160,244			
- 111		Business Code	100,244	Visianing	ya fallalida	
D	2a	Progr _{a.m.} income and other	15,875			
1 a	b					
an oav	C					
9	, d					
	X:e					
L LONG CONG CONG CONG CONG CONG CONG CONG C	f	All other program service revenue		202 1000 1000		die sier ve
	g	Total. Add lines 2a-2f ▶	15,875	HILLY E. LAND TON		The state of the s
	3	Investment income (including dividends, interest, and				
	4	other similar amounts)				
	5	Royalties				
		(i) Real (ii) P''TM'' < 1	8011: T. T. T. T. T. T. T.			
	6a	Gross rents 6a				2
	b	Less: rental expenses 6b	60			
	С	Rental income or toss) 6c	With the Sunday	Part of S	The same of the	
	d	Net rental income or Ooss)				
	7a	Gross amount from (i) Securities (1)Other	The state of the s	Str. British William		THE PERSON NAMED IN
		sales of assets				1 8
		other than inventory 7a	B.C.			
2	b	Less cost a other basis and sales expenses . 7b				1
	C	Gain or (loss) 7c	FOR THE STATE OF	EVERTONIA SE	NAME OF TAXABLE PARTY.	Side or warmen to
æ	d	Net gain or (loss)			2011	
her P.	Ва	Gross income from fundraising		IN TOTAL STREET	TOTAL STATE	
₽		events (not including \$				
		of contributions reported on line	8	1-		
		1c). See Part IV, line 18 Ba		1		
	b	Less: direct expenses 8b	OLTAPANA.		DENTE POR	
	C	Net income or (loss) from fundraisir a events	SER STAN			
	9a	Gross income from gaming	A STATE OF THE PARTY OF THE PAR			AND STREET, ST
		activities. See Part IV, line 19	This wild to	Colonia supply sold	Act and other land	and the same of
		Less: direct expenses	describe and only		More than the same	
		Gross sales of inventory, less		A DULL WELL WALL	With the state of the	
	iud	returns and allowances 10a	Part Mills Had	and the same of the same of	The state of the state of	
	b	Less: cost of goods sold 10b	BURE TO STATE AND	A SERVICE AND A		Mar market
	C_	Net income or (loss) from sales of inventory				
<u></u>		Business Code				A CONTRACTOR
	11a					
	b					
>	C					
<u>.</u>	는 d	All other revenue				
_		Total. Add lines 11 a-11 d	+	MANAGE THE	1	
	10	Total revenue. See Instructions	176119	1	1	1

(a) • (C) Statement of Functional Expenses

Sectio	in SO 1(c)(3) and 501 (c)(4) organizations must compl				
	Check if Schedule O contains a response	or note to any line	in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	Total expenses	(B) Program service expenses	(CI Management and general expenses	(DI Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				NOVE - PERMIT
2	Grants and other assistance to domestic individuals. See Part IV, line 22			54. 86.	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				01
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	80,075	70,367	4854	4854
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 0nclude section 401 (kl and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll t8l <es< td=""><td></td><td></td><td></td><td></td></es<>				
11	Fees for services (nonemployees):		200	Į.	
a	Management	3,090	3nGI'		
b	legal	5000		F000	
۲ C	Accounting	5000		5,000	
d	Lobbying	-	Marine State Control		
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				-
12	Advertising and promotion	1,556			1,556
13	Office expenses	30200	19,277	10923	2,000
14	Information technology	3042	2,271	3042	
15	Royalties				
16	Occupancy	5,897	2,605	3,292	
17	Travel	26567	26567	3,22	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	19507			
19	Conferences, conventions, and meetings	7,574	7,574		
20	Interest	1,325		1,325	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,246		2,246	
23	Insurance	342		342	
24	Other expenses. Itemize expenses not coverct		The Edward Co.		
	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 0.)		harijes kalika i - 4		Name of the last
а	Infrastructure support	26,494	26,494		
b		11,050			11,050
C		10,145	3,120	7025	
d	00 1 1 1	9184	9184		
е		8503	8,503		
25	Total functional expenses. Add lines 1 through 24e	232,290	176,781	38,049	17,460
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraisin solicitation. Check here ► O if following OP 98-2 (ASC 958-720)				

@f:j Balance Sheet

		Beginning of year		(B) End of year
1	Cash-non-interest-bearing	57,213	1	3,125
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	10,000
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,		THE S	
	trustee, key employee, creator or founder, substantial contributor, or 35%		1400	AND OF THE PARTY.
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified perb ns (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	F Way Suffer 18	6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	6,286	9	8,873
108	Land, buildings, and equipment: cost or other		1107 10	
100	basis. Complete Part VI of Schedule D 108 61,443			
b	Less: accumulated depreciation 10b 4493	60,196	10c	56,950
11	Investments-publicly traded securities		11	
12	Investments-other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part V, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	123,695	16	78,948
17	Accounts payable and accrued expenses	6,903		3,828
18	Grants payable	,	18	
19	Deferred revenue		19	
20	Tax-e)(empt txmd liabilities		20	
21	Escrow or custodial account liability. Complete Part V of Schedule D .		21	
2.2	Loans and other payables to any current or former officer, director,		5.0	No. of the latest
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	12,550
2.5	Other liabilities (including federal income tax, payables to related third			
23	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	5,708	25	7657
26	Total liabilities. Add lines 17 through 25	12,611	26	24,035
	Organizations that follow FASB ASC 958, check here O	- The state of the state of	13.70	
	and complete lines 27, 28, 32, and 33.	A STATE OF THE PARTY OF THE PAR		
27	Net assets without donor restrictions	60,084	27	44,913
28	Net assets with donor restrictions	51,000	28	10,000
	Organizations that do not follow FASS ASC 958, check here D and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated Income, or other funds		31	
32	Total net assets or fund balances .	111,084	32	54,913
33	Total liabilities and net assets/fund balances	123,695		78,948

Page	1	

@1	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI			D
1	Total revenue (must equal Part VIII, column (A), line 12)		17	6119
2	Total expenses (must equal Part IX, column (A), line 25)	232,290		
3	Revenue less expenses. Subtract line 2 from line 1	{56,171)		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	111,084		
5	Net unrealized gains cosses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule 0)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		ŧ	54,913
TE	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		Unuç	<u>D</u>
			Yes	No
1	Accounting method used to prepare the Form 990: O Cash @Accrual Other	110	Seat I	1500
	If the organization changed its method of accounting from a prior year or checked "other," explain in Schedule 0.		Freak	
2 a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?			r _
	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:			
	O Separate basis O Consolidated basis D Both consolidated and separate basis			
D	b 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 audited on a separate basis, consolidated basis, or both: O Separate basis O Consolidated basis O Both consolidated and separate basis			
C	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 0.			
3 a	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 0MB Circular A-133?	3a		
b	If uYes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
		For	n 990	(2019)