UNE

E Telephone number

OMB No 1545-0047

2019

Open to Public

Inspection

D Employer identification number

215-223-8180

23-264445

, 20,20

18

19

20

Net Assets

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Name change Instaal return

Address change

A For the 2019 calendar year, or tax year beginning

C Name of organization ?1

Reconstruction, Inc.

		nuter lemi	m/terminated		
	=	Amended	City or town, state or province, country, and ZIP or toreign postal code	oup Exen	nption
	=		on pending Philadelphia,PA 19101 O	mber 🕨	?:
	G A	ccount	ting Method ☐ Cash ☐ Accrual Other (specify) ▶ H Check	▶ 🗌 ıf	the organization is not
	IW	/ebsite	require	d to atta	ch Schedule B
	J Ta	x-exen	npt status (check only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (Form	990, 990	-EZ, or 990-PF).
	KF	orm of	organization: Corporation Trust Association Other		
			s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	,	
	(Par	t II, col	lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	0
	Pa	art l	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions	for Part I) 🖀
			Check if the organization used Schedule O to respond to any question in this Part I	<u></u>	<u> <i>.</i> </u>
	?	1	Contributions, gifts, grants, and similar amounts received	1	18,693.00
	?;	2	Program service revenue including government fees and contracts	2	0
α	.?7	3	Membership dues and assessments	3	120 00
~	?;	4	Investment income	4	0
1/1		5a	Gross amount from sale of assets other than inventory		
ヘマン		ь	Less: cost or other basis and sales expenses][
•		С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0
		6	Gaming and fundraising events:		
		а	Gross income from gaming paragraphe Con Resident than	1 1	
	Revenue		\$15,000)]	
	Ser l	ь	Gross income from fundraising events (not including \$ of contributions] [
-	æ		from fundraising events reported on line to fattact? \$7 dedule G if the sum of such gross income and contributions exceeds \$15,000) 6b		
2			sum of such gross income and contributions exceeds \$15,000) 6b	_	
7		С	Less: direct expenses from gaming and fundraising events 6c]	
0		d	Net income or (loss) from gaming and file this layer is a devents (add lines 6a and 6b and subtract		
3 0 2021			line 6c)	6d	0
>		7a	Gross sales of inventory, less returns and allowances]	
NOV		ь	Less: cost of goods sold		
-		С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0
٦		8	Other revenue (describe in Schedule O)	8	0
ñ		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	18,813.00
SCAMMEL		10	Grants and similar amounts paid (list in Schedule O)	10	. 0
Ť		11	Benefits paid to or for members	111	0
ن ت	e S	12	Salaries, other compensation, and employee benefits 2	12	0
ς.	218	13	Professional fees and other payments to independent contractors.	13	0
	Expenses	14	Occupancy, rent, utilities, and maintenance	14	3,285 00
	W	15	Printing, publications, postage, and shipping	15	3,084 74
		16	Other expenses (describe in Schedule O) 22	16	0
		17	Total expenses Add lines 10 through 16	17	A 369 74

end-of-year figure reported on prior year's return)

For Paperwork Reduction Act Notice, see the separate instructions.

Number and street (or P O box if mail is not delivered to street address)

Short Form

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form, as it may be made public (

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

2019, and ending

Room/suite

3 120 00 4 0 5c 0 ract 0 6d n 7c 0 8 18,813.00 9 10 0 0 11 12 0 13 0 3,285 00 14 15 3,084 74 16 O 17 6,369 74 Excess or (deficit) for the year (subtract line 17 from line 9) 18 12,443.26 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 2,345.68 Other changes in net assets or fund balances (explain in Schedule O) . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 12,443 26 Form **990-EZ** (2019) Cat No. 106421





Check if the organization used Schedule O to respond to any question in this Part III Required for section Strick) Required for stricks and strick) Required for stricks and strick) Required for strick) Required for stricks and strick) Required for stricks and strick) Required for stricks and strick, check here Required for stricks and strick, check here Required for stricks and strick, check here Required for stricks and stricks and strick and stricks	Check if the organization used Schedule O to respond to any question in this Part II	of year
Check if the organization used Schedule O to respond to any question in this Part II	Check if the organization used Schedule O to respond to any question in this Part II	of year
(A) Beginning of year (B) End of year (B)	Cash, savings, and investments	of year
23 Land and buildings.	23 Land and buildings	12,443 2
23 Land and buildings.	23 Land and buildings	12,443 2
24 Other assets (describe in Schedule O)	24 Other assets (describe in Schedule O)	12,443 2
Total labilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's pringram service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of others of the organization is program service accomplishments for each of its three largest program services of the services provided, the number of others of the services provided, the number of services provided, the number of others of the services provided, the number of services provided, the number of services provided, and other relevant information for each program services. (Grants \$) If this amount includes foreign grants, check here	25 Total assets	12,443 2
Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? Secribes the organization's primary exempt purpose? Sa measured by expenses. In a clear and concise manner, describe the services provided, the number of othersons benefited, and other relevant information for each program title. 28 (Grants \$ 10,000.00) If this amount includes foreign grants, check here	26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Experiment of the organization of the program of the pr	12,443 2
Net assets or fund balances (line 27 of column (B) must agree with line 21) 2,345.68 27 12,443.2	Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Experiment of Program Service Accomplishments (see the instructions for Part III) Experiment of the organization used Schedule O to respond to any question in this Part III Experiment of the organization of	
Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? Possible the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. If this amount includes foreign grants, check here 28a 10,000 0	Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III	
Check if the organization used Schedule O to respond to any question in this Part III Responses Required for section 501(a)(3) and 501(c)(4) organization's program service accomplishments for each of its three largest program services. Disconding the program services are measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28	Check if the organization used Schedule O to respond to any question in this Part III	12,443.2
What is the organization's primary exempt purpose? Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 29 (Grants \$ 10,000.00) If this amount includes foreign grants, check here	What is the exceptation's primary exampt number 2	
What is the organization's primary exempt purpose? Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 (Grants \$ 10,000.00) If this amount includes foreign grants, check here		
organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of others) 28 28 29 (Grants \$ 10,000.00) If this amount includes foreign grants, check here	TYTIAL IS the organization's primary exempt purpose:	
as measured by expenses, in a clear and concise manner, describe the services provided, the number of bersons benefited, and other relevant information for each program tittle. 28 (Grants \$ 10,000.00) If this amount includes foreign grants, check here		
Carants \$ 10,000.00 If this amount includes foreign grants, check here 28a 10,000 0	as measured by expenses. In a clear and concise manner, describe the services provided, the number of others)	
Carants \$ 10,000.00 If this amount includes foreign grants, check here 28a 10,000.00		
Grants \$ 10,000.00) If this amount includes foreign grants, check here	00	
Grants \$) If this amount includes foreign grants, check here		
Grants \$) If this amount includes foreign grants, check here		
Grants \$) If this amount includes foreign grants, check here	Consta \$ 10,000,00). If this amount includes favoign arount shock here.	10 000 0
Grants \$) If this amount includes foreign grants, check here . ▶ □ 29a Grants \$) If this amount includes foreign grants, check here . ▶ □ 30a Grants \$) If this amount includes foreign grants, check here . ▶ □ 31a Other program services (describe in Schedule O)		10,000 0
Grants \$ If this amount includes foreign grants, check here 30a	29	
Grants \$ If this amount includes foreign grants, check here 30a		
Grants \$ If this amount includes foreign grants, check here 30a		
(Grants \$) If this amount includes foreign grants, check here	(Grants \$) If this amount includes foreign grants, check here ▶ ☐ 29a	
Grants \$ If this amount includes foreign grants, check here 30a	30	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here		
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here		
Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	(Grants \$) If this amount includes foreign grants, check here	
Grants If this amount includes foreign grants, check here		
Total program service expenses (add lines 28a through 31a)		
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) Clara Williams President Rachel Ehrgood-Wood Secretary William T. Bradley		10 000 0
Check if the organization used Schedule O to respond to any question in this Part IV		
(b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (fir not paid, enter -0-) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Reportable 7 (c) Reportabl		
Clara Williams President Rachel Ehrgood-Wood William T. Bradley (a) Name and title (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) (if not paid, ent		<u> </u>
Clara Williams President Rachel Ehrgood-Wood Secretary William T. Bradley	(b) Average compensation contributions to employee (e) Estimate	
President Rachel Ehrgood-Wood Secretary William T. Bradley	regit (d) Hallie and title House M-0/1000_M(SC\) honofit plane and other cor	riperisation
President Rachel Ehrgood-Wood Secretary William T. Bradley	denoted to position [(Forms W-2/1099-WISC)] Denetic plans, and Other Cor	
Rachel Ehrgood-Wood Secretary William T. Bradley	devoted to position (front paid, enter -0-) deferred compensation	1.1
Secretary William T. Bradley	devoted to position (front paid, enter -0-) deferred compensation deferred compensation	
William T. Bradley	devoted to position (roms w-2 1093-1015C) (finot paid, enter -0-) deferred compensation	
	Clara Williams President Rachel Ehrgood-Wood	
Treasurer	Clara Williams President Rachel Ehrgood-Wood Secretary	
	Clara Williams President Rachel Ehrgood-Wood	
	Clara Williams President Rachel Ehrgood-Wood Secretary William T. Bradley	
	Clara Williams President Rachel Ehrgood-Wood Secretary	
	Clara Williams President Rachel Ehrgood-Wood Secretary William T. Bradley	
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	Clara Williams President Rachel Ehrgood-Wood Secretary William T. Bradley	
	Clara Williams President Rachel Ehrgood-Wood Secretary William T. Bradley	



Form 990-EZ (2019)

Page 3

Part VI Other Information (Note the Schedule A and personal benefit contract statement requirements in the

ı aı ı	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi			. 🗆	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes		
~	detailed description of each activity in Schedule O	33		1	07
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			~	?;
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		,	
ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<u> </u>		•
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\dots \dots \dots \dots \dots \dots \dots$	36		/	.21
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a				i —
b	Did the organization file Form 1120-POL for this year?	37b	ļ	~	í
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		ار ا	?1
ь	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	304			
39	Section 501(c)(7) organizations. Enter:	1			İ
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities	4			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			12
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<u> </u>	
41	List the states with which a copy of this return is filed ▶				
42a	The organization's books are in care of ▶ Telephone no. ▶				
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		V	NI-	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	Yes	NO	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			i	
	Financial Accounts (FBAR).				
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		~	
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🗹	
	and enter the amount of tax-exempt interest received or accrued during the tax year				
44-	Did the executation reported any depart advised funds during the year? If 19/40 7 Form 000 report has		Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		7	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~	
C	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	~	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	-		لب	
AE-	explanation in Schedule O	44d 45a		<u> </u>	
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	438	 	1	
•	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h	_	لِـا	

Form 99	90-EZ (2019)						F	age 4	ļ
							Yes	No	•
46	Did the organization engage, directly or					n			İ
	to candidates for public office? If "Yes,"		, Parti			46		~	
art '					•				•
	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	d 52, and co	mplete the t	ables f	or lin	es	
	50 and 51.								
	Check if the organization used So	chedule O to respond	d to any question in	this Part VI					
							Yes	No	•
47	Did the organization engage in lobbying	activities or have a	section 501(h) elect	ion in effect o	during the tax	x			•
	year? If "Yes," complete Schedule C, Pa					47		/	
48	Is the organization a school as described	in section 170(b)(1)(A)(ii)? If "Yes " complete	e Schedule F		48	-	1	•
	Did the organization make any transfers					49a	 	7	•
	If "Yes," was the related organization a s		•			49b		7	•
50	Complete this table for the organization'						es an	d ke	
	employees) who each received more tha	n \$100 000 of compe	nsation from the ord	anization if the	ere is none	enter "N	lone "	u ne	
		1	1	(d) Health					•
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions) Estimate	d amoi	unt of	
	(a) Name and title or each employee	devoted to position	(Forms W-2/1099-MISC	benefit plans,		other com	pensal	ıon	
		· · · · · · · · · · · · · · · · · · ·	<u> ` </u>	comper	sation				
		_							
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		.							
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				.1.					
	<u> </u>								
		1		ŀ					
51	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen	anization. If there is no				mpensatio		tnar	
		•							
			-		· · · · · · · · · · · · · · · · · · ·				
						· ·			
	Total ausebon of other and and a second of		***************************************						
	Total number of other independent contr	•	•	. •					
52	Did the organization complete Sched	ule A7 Note: All se	ection 501(c)(3) org	anizations m					
	completed Schedule A	<u> </u>		· · · · ·		☐ Yes			
	penaities of perjury, I declare that I have examined this rrect, and complete Declaration of preparer (other the					ledge and	belief,	ıt ış	
	The state of the s		· ·		2-14-20				
ign	Signature of officer	7		Date	rya	1		••	
ere	Hakim Ali. Office Manager			Jake					
J. J	Type or print name and title								
		Preparer's signature		Date	T	PTIN			
aid	Print/Type preparer's name	r eparer s signature	'	-a1 0	Check I if	1			
repa	arer				self-employed				
se (Only Firm's name			Firm	's EIN ▶				
	Firm's address ▶	· · · · · · · · · · · · · · · · · · ·		Pho	ne no.				
ay th	he IRS discuss this return with the prepare	er shown above? See i	instructions	<u></u>	<u> ▶</u>	☐ Yes		lo	

SCHEDULE A · (Form 990 or 990-EZ)

Public Charity Status and Public Support

23-2644453

OMB No. 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection Employer identification number

RECO	RECONSTRUCTION INCORPPRATED 23-2644453							
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The c	_	zation is not a private founda				-		<i>A</i>
1		church, convention of churc						/
2		school described in section						7)
3		hospital or a cooperative hos						
4		medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(ili). Enter the
_	hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
5		n organization operated for a action 170(b)(1)(A)(iv). (Com		college or university	owned d	or operate	ed by a government	al unit described in
6		federal, state, or local govern						
7		n organization that normally			port from	n a gover	nmental unit or from	the general public
		escribed in section 170(b)(1)		•				
8		community trust described a	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	o: ui	n agricultural research organ r university or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10		n organization that normally						
	re Si	eceipts from activities related apport from gross investmen	to its exempt full income and uni	nctions—subject to c related business taxal	ertain ext ble incon	cepuons, ne (less s	and (2) no more that ection 511 tax) from	businesses
		cquired by the organization a						`
11		n organization organized and	•		•			
12		n organization organized and						
		f one or more publicly support	•		•		1	, ,, ,
		heck the box in lines 12a thro	•	-, ,		•	•	•
a	L	Type I. A supporting organ						
		the supported organization		• • • •			ne directors or trust	ees of the
		supporting organization. Y	•	-				
b	L	Type II. A supporting organ	•					, , , ,
		control or management of organization(s). You must		•		persons	that control or man	age the supported
	_	• ''	•	•			a with and functions	the integrated with
С	<u>L</u>	Type III functionally integ its supported organization(my integrated with,
d		Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conn	ection with its suppo	rted organization(s)
		that is not functionally integ						
		requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.	
е		Check this box if the organ	ization received	a written determination	on from t	he IRS th	at it is a Type I, Type	II, Type III
		functionally integrated, or 1	ype III non-func	tionally integrated sur	oporting (organizat	ion.	
f		er the number of supported o	•					
g	Pro	vide the following information	about the supp	orted organization(s).				
	(ī) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	Instructions)	instructions)
					- V.	T		
					Yes	No		
(A)								
(B)								
(C)								
		,						
(D)								
(E)								
Total	i					 		

.Parţ	Support Schedule for Organiza						
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support				1		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	24 527 60	44 507 00	1 220 04	/ OFO 00	10 000 00	E1 444 0/
	-	21,587 00	11,587 00	1,320 86	6,950 00	10,000 00	51,444 86
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf	3,809	1,383 00	٥	o	اه	5,192.00
3	The value of services or facilities	3,007	1,303 00				0,172.00
3	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	25,396.00	12,870.00	1,320 00	6,950 00	10,000.00	56,536 86
5	The portion of total contributions by						1
•	each person (other than a						- 1
	governmental unit or publicly						- 1
	supported organization) included on						ı
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6 Sacti	Public support. Subtract line 5 from line 4 on B. Total Support					L	
-	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	25,396 00	12,870 00	1,320 00	6,950 00	10,000 00	56,536 86
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						
44	(Explain in Part VI.)						56,536.86
11 12	Total support. Add lines 7 through 10 [Gross receipts from related activities, etc.	(see instruction	ns)			12	30,330.00
13	First five years. If the Form 990 is for th						n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2018 Sch					15	%
16a	331/3% support test-2019. If the organi		check the box	c on line 13, ar	nd line 14 is 33		
	box and stop here. The organization qual	•		-			
	331/2% support test —2018. If the organization this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, chest. The organi	neck this box a zation qualifies	and stop here. s as a publicly	Explain in supported
ь	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organiza	ition meets th	e "facts-and-o	circumstances'	'_test, check t	this box and s	top here.
	Explain in Part VI how the organization n						
40	supported organization						
18	Private foundation. If the organization die	u not check a	DOX ON LINE 13	, 10a, 10D, 1/8	I, OF 1710, CNBC	r uns dox and	355

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	lle A (Form 990 or 990-EZ) 2019						Page 3
Part	Support Schedule for Organiza (Complete only if you checked the					t to qualify i	Inder Port II
•	If the organization fails to qualify						ander Part II.
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) <u>2</u> Ó19	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 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						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		/				
8 8	Add lines 7a and 7b						
Sect	ion B. Total Support	L	'/	<u> </u>	1	L	
	ndar year (or fiscal year beginning in)	(a) 2015	(6) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		17	1	1		1,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	/					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b		I				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) /						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	•			n, or fifth tax ye		
Sect	ion C. Computation of Public Suppor	rt Percentag	J B				
15	Public support percentage for 20/19 (line	8, column (f), (divided by line	13, column (f))		15	%
16	Public support percentage from/2018 Sc				<u> </u>	16	%
Sect	ion D. Computation of Investment In						
17	Investment income percentage for 2019 (17	
18	Investment income percentage from 2018					18	%
19a b	17 is not more than 331/3%, theck this box	and stop here	. The organizati	on qualifies as	a publicly suppo	orted organiza	ation . 🕨 🗀
U	line 18 is not more than 33/2%, check this						
20	Private foundation. If the organization di	_	_				_

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 Supporting Organi	izations
----------------------------------	----------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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).	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		\Box
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4ь	_	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
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).	4c		
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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.	5c		
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 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 .	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
I0a	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.)	10a	 	

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Schedu	le A (Form 990 or 990-EZ) 2019			Page 5
Part	V. Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	-	—	
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		 -
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Secti	on B. Type I Supporting Organizations			Lái.
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>		
	•	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 carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			ŀ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		l
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	ı		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	4		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see I	nstru	ctions	s).
8	☐ The organization satisfied the Activities Test. Complete line 2 below.			-
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
_ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
4	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		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.			
_	•	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		l

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Part	Part V Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (continued)						
Secti	Section 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	orted				
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 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
			(ii)	(ili)			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See						
_	instructions.			·····			
3_	Excess distributions carryover, if any, to 2019						
<u>a</u>	From 2014						
<u> </u>	E - 0040						
d			-				
<u>u</u>	From 2017		u				
	Total of lines 3a through e	· · · · · · · · · · · · · · · · · · ·					
	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7:						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j and 4c.						
8	Breakdown of line 7:		· · · · ·				
а	Excess from 2015						
b	Excess from 2016						
С	Excess from 2017						
d	Excess from 2018						
	Excess from 2019						

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