SCANNED JUL 0 1 2021

Form **990** (Rev. January 2020)

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020 29493142056041

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/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2019 calendar year, or tax year beginning and	ending	_	
Bc	heck if pplicabl	C Name of organization		D Employer identific	cation number
	Addre chang	NO MORE EMPTY POTS			
	Name chang	Doing business as	,	27-24277	28
]Initial retum]Final retum/	Number and street (or P 0 box if mail is not delivered to street address) 8511 NORTH 30TH ST	Room/suite	E Telephone number 402-502-	
_	termin			G Gross receipts \$	1,524,307.
	Ameno			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: NAME I WILLIAMS		for subordinates	? Yes X No
	pendir	8511 NORTH 30TH ST, OMAHA, NE 68112		H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	ax-exe	empt status: X 501(c)(3)	or 52	If "No," attach a	list. (see instructions)
		e: ► WWW.NMEPOMAHA.ORG	4	H(c) Group exemption	
		organization X Corporation Trust Association Other ▶	L Year	r of formation 2010 N	1 State of legal domicile NE
Pa	rt I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: NO M TO SERVE AS A CONDUIT CONNECTING INDIVID	ORE EL	MPTY POTS' M AND GROUPS TO	ISSION IS O IMPROVE
E L	1	Check this box I if the organization discontinued its operations or dispo			
Sve	1	Number of voting members of the governing body (Part VI, line 1a)		3	8
Ğ	i	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
Se	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	•	5	35
Ķ	6	Total number of volunteers (estimate if necessary)		. 6	400
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	ь	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	903,942.	1,373,618.
ent	9	Program service revenue (Part VIII, line 2g)	<u> </u>	96,818.	140,904.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4 and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 478, 128)		0.	0.
	11	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4 and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 206, 126) Total revenue - add lines 8 through 11 (must explai Pare VIII, column (A), line-12)	. ⊢	377.	9,785.
			1	1,001,137.	1,524,307.
		Grants and similar amounts paid (Part IX, column (A), lines (3)	۸ ⊢	0.	0.
		Benefits paid to or for members (Part IX, column (A), (The 4)	518,185.	598,957.	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.
en		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	33	0.	
EX				320,787.	482,262.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		838,972.	1,081,219.
		Revenue less expenses. Subtract line 18 from line 12		162,165.	443,088.
es	1.5	revenue less expenses. Oubtract line 10 florifilite 12	В	eginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	- - - - - - - - - -	3,080,362.	4,179,262.
Ass d Ba	21	Total liabilities (Part X, line 26)		418,709.	1,074,521.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		2,661,653.	3,104,741.
Pa	irt II	Signature Block			
Unde	er pena	lties of perany, I declare that I have examined this return, including accompanying schedule	es and stater	ments, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete Oscia/ation of preparation of the than officer) is based on all information of w	hich prepare	er has any knowledge	1
		I Marshall		9/14	97020
Sigr	1	Signature Africar		Date / /	
Her	e :	NANOY WILZIAMS, PRESIDENT AND CEO			
		Type or print name and title		Data la . T	DTIN
_		Print/Type preparer's name Preparer's signature	•	Date Check	PTIN
Paid -		LORI K. HOLLOWAY Zora Hollway	NET CO	9/14/zoza self-employ	P00783063
Prep		Firm's name AWERKAMP GOODNIGHT SCHWALLER &	ипгро	N PC Firm's EIN	47-0696474
Use	unly	Firm's address 17007 MARCY STREET, SUITE 1		D / A	021224_0011
		OMAHA, NE 68118-3122	77	Phone no (4	02)334-9011 X Yes No
		AS discuss this return with the preparer shown above? (see instructions)	4/	/	X Yes No Form 990 (2019)
93200	01-01-2 S	₀₋₂₀ LHA For Paperwork Reduction Act Notice, see the separate instructi EE SCHEDULE O FOR ORGANIZATION MISSION S		ENT CONTINUA	

		1.		
Forn	n 990 (2019) NO MORE EMPTY POTS	27-242772	28 Page	e 2
Pa	rt III. Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission:			
	NO MORE EMPTY POTS' MISSION IS TO SERVE AS A CONDUIT	CONNECTING		
	INDIVIDUALS AND GROUPS TO IMPROVE SELF-SUFFICIENCY OF	LOCAL, URBI	AN,	
	AND RURAL COMMUNITITIES. NO MORE EMPTY POTS' VISION	IS TO SUPPO	ORT	
	COMMUNITIES IN BECOMING SELF-SUFFICIENT AND FOOD SECU	RE THROUGH		
2	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990-EZ?		Yes X N	٧o
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces?	Yes X	No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by exp	enses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to			
	revenue, if any, for each program service reported.	•	,	
4a	111 450	Revenue \$	35,726	•)
		OP/CAFE SPAC	CE WITH	Η̈́
	GOALS OF: PROVIDING A WELCOMING AND INCLUSIVE COMMUNI	TY ENGAGEMEN	TV	_
	SPACE, EDUCATIONAL PROGRAMS AND SERVES AS AN INCUBATO			_
	SMALL-SCALE FOOD ENTREPRENEURS TO SELL LOCALLY PRODUC			
	SHOP SERVES AS AN INTERNSHIP PROGRAM TO FURTHER PROVI			_
		2019, CUPS (
	PROVIDED OVER 217 PROGRAM HOURS WHILE SERVING 2,192 P			_
				_
				_
		 		
				—
4b	(Code) (Expenses \$	Revenue \$ 10	01,131	•)
	THE COLLABORATIVE COMMUNITY CENTERED FOOD HUB PROVIDE			_ ′
	OPPORTUNITIES, JOB TRAINING, ENTREPRENEURSHIP SUPPORT			_
	AFFORDABLE HEALTHY FOODS, AND COMMUNITY COLLABORATION		HUB	
	INCLUDES TWO COMMERCIAL KITCHENS USED FOR FOOD PRODUC			
	ENTREPRENEURS TO START AND GROW FOOD FOCUSED BUSINESS		9, 16	—
	ENTREPRENEURS BOOKED 1,665 HOURS OF PROGRAMMING IN TH			—
	KITCHEN. IN ADDITION, THE FOOD HUB SERVES AS A TRAINI			—
	15 WEEK CULINARY WORKFORCE TRAINING FOR UNEMPLOYED/UN			—
	INDIVIDUALS. IN 2019, THE CULINARY WORKFORCE TRAININ		1.058	—
	HOURS OF PROGRAMMING TO 24 STUDENTS AND 137 PEOPLE. T			—
	PROVIDES FOR FOOD DISTRIBUTION PROGRAMS WITHIN THE CO			
	COMMUNITY FOOD-RELATED KNOWLEDGE AND SELF-SUFFICIENCY			=
4c	10.005		13,832	
	COMMUNITY EDUCATION PROVIDES HANDS-ON NUTRITION, GARD			
	EDUCATION PROGRAMMING USING LOCAL, SEASONAL AND AFFOR			
	INTERGRATING STEAM COMPONENTS (SCIENCE, TECHNOLOGY, E			
	AND MATH). IN 2019, THESE PROGRAMS PROVIDED 1,118 HOU			
	TO 838 YOUTH, ADULTS, AND SENIORS AND PARTNERED WITH			
	COMMUNITY-BASED ORGANIZATIONS. THE PROGRAM ACTIVITES		. 1111111	
	DELIVERED SINCE 2011 AND EXPANDED IN 2019 WITH THE CO		тиг	—
	KIDS KITCHEN IN A RECENTLY COMPLETED RENOVATION, PROV		11111	—
		IDING 12		
	INDIVIDUAL COOKING STATIONS.			—
				
				—
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$: <u></u>		
<u>4e</u>	Total program service expenses ▶ 936,331.	· · ·		
	CDE COMPANIE O FOR COMMINIATIO		orm 990 (20)19)

Form 990 (2019) NO MORE EMPT
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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	_3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
	Schedule D, Part III	0_		
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?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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	Х	
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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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_	<u> </u>
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	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	l. <u>.</u>	 ^
Ь	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
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	.75		 -
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			I
	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	Х
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_		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	16 No. 1 . 10 . 1 . 11 . 1	20ь		
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	<u> </u>	X

<u> </u>			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1.10
22 (Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		X
	Schedule J	20	<u> </u>	
24 a	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	04-		X
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
25 a	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
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28				
_	instructions, for applicable filing thresholds, conditions, and exceptions):			1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		X
	"Yes," complete Schedule L, Part IV	28a	-	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		A
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			٠,
	"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	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١
	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
	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	L	1
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			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	}	X
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
38		20	Х	
D	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38_	_ 11	<u> </u>
Pa				_
	Check if Schedule O contains a response or note to any line in this Part V		T > 4	<u> </u>
		·	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b		1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c	X	
02200	4 01 20 20	Form	990	(2019

NO MORE EMPTY POTS 27-2427728 Page **5** Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 35 filed for the calendar year ending with or within the year covered by this return. 2a X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . 6b 7 Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c to file Form 8282? $\mbox{\bf d}$ $\,$ If "Yes," indicate the number of Forms 8282 filed during the year $\,$ 7d X 7е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter:

11a a Gross income from members or shareholders **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b b If "Yes." enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers.

Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

a Initiation fees and capital contributions included on Part VIII, line 12

Section 501(c)(12) organizations. Enter:

If "Yes," complete Form 4720, Schedule O.

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

a Is the organization licensed to issue qualified health plans in more than one state?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form **990** (2019)

X

X

Х

13a

14a

14b

15

16

932005 01-20-20

11

10a

10b

13b 13c

NO MORE EMPTY POTS Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or_10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 8 b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 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? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х Each committee with authority to act on behalf of the governing body? Яh 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 O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X **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). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NE 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request ☐ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2019)

68112

NANCY WILLIAMS - 402-502-1642

8511 NORTH 30TH ST, OMAHA, NE

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest 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.

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average	(do	Positio			than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	erson firect	is bot or/trus	h an tee)	compensation	compensation	amount of
	week (list any	-		Ī	T	T	Ė	from the	from related organizations	other compensation
	hours for	glac				, ,		organization	(W-2/1099-MISC)	from the
	related	1 ag	Sagar Saga Saga			asa		(W-2/1099-MISC)		organization
	organizations	l trus	声		86	§				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	르	훈	8	₹.	울통	Ğ			
(1) NANCY WILLIAMS	40.00		ĺ		ľ	ĺ		75 000		•
EXECUTIVE DIRECTOR		X	_	-	├	├		75,000.	0.	0
(2) DR. DONNA POLK	5.00	,		,,						_
BOARD SECRETARY		X	_	X	<u> </u>			0.	0.	0
(3) EDGAR HICKS	5.00	 ,.							_	_
BOARD MEMBER		X	<u> </u>		<u> </u>	_		0.	0.	0
(4) MARILYN ROSS	5.00	١.,								•
BOARD MEMBER		X	<u> </u>	<u> </u>	<u> </u>			0.	0.	0
(5) CAROLYN OWEN ANDERSON	5.00									•
BOARD MEMBER		X	-			 		0.	0.	0
(6) LIZ SARNO	5.00								_	
BOARD MEMBER		X	_		<u> </u>	\vdash		0.	0.	0
(7) JENNIFER KATZ	5.00	J		v				0.	ο.	0
PRESIDENT	5.00	X	_	X	-	-		<u> </u>		0
(8) ANTHONY CERASOLI	3.00	X		X				0.	0.	0
TREASURER	5.00	1	-	^	\vdash	┼	_	- 0.		
(9) MARIA MALNACK	3.00	X			ŀ			0.	0.	0
BOARD MEMBER		<u> </u>	-			_		0.		0
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-	Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate mount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustæe	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	mpensa from th ganizat nd relat ganizati	e tion ted
						_						_	
										·			
					İ 								
						-							
	Subtotal Total from continuation sheets to Part		•	,	1	_	1.	▶	75,000.	0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but	· ·	nose	liste	ed a	bove	e) wi	no re	75,000. eceived more than \$100	.000 of reportable	•		0.
	compensation from the organization											Yes	0 No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			key e	emp	loye	e, o	hig	ghest compensated emp	loyee on	3		Х
4	For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le co							the organization	4		Х
5	Did any person listed on line 1a receive o	r accrue compe	nsat	ion f	from	any	unr/	elat	ed organization or indivi	dual for services	5		Х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors												
1	Complete this table for your five highest of the organization. Report compensation for												
	(A) Name and busines	ss address	N	INC	E				(B) Description of s	ervices		(C) ensatic	on
		_											
2	Total number of independent contractors \$100,000 of compensation from the orga		ot l	mıte	d to		se li:	stec	d above) who received n	ore than			
	w 100,000 of compensation from the orga	inzalion 🚩								<u></u>	Forn	990	(2019)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII-(C) (D) Unrelated Revenue excluded Related or exempt Total revenue from tax under function revenue lbusiness revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 20,000. 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,353,618 similar amounts not included above 1f 1g \$ 9 Noncash contributions included in lines 1a-1f ,373,618. h Total. Add lines 1a-1f **Business Code** 91,346. 91,346 624110 Program Service Revenue 2 a FOOD HUB 35,726. **DESTRUCT** CAFE 624210 35,726. 624210 13,832. 13,832. EDUCATIONAL PROGRAMS f All other program service revenue 140,904. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a 6 a Gross rents 6b **b** Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9ь c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances 106 b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 9,785. 9,785. 11 a MISCELLANEOUS INCOME 624210 d All other revenue 9,785. e Total. Add lines 11a-11d

524,307.

150,689.

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) (B) Do not include amounts reported on lines 6b, Management and Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, 75,289 15,058. 37,644. 22,587. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 472,127. 445,589. 19,047. 7,491. persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,364. 3,964. 1,500. 900. Other employee benefits 45,177. 38,016. 4,676. 2,485. 10 Payroll taxes 11 Fees for services (nonemployees): 27,684. 27,684 Management b Legal 16,599. 16,599. Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 3,000. 3,000. column (A) amount, list line 11g expenses on Sch O) 2,931. 3,323. 392. Advertising and promotion 12 33,582. 6,922. 26,660. Office expenses 13 11,017.5,543. 5,474. 14 Information technology 15 Royalties 2,142.2,142.121,772.117,488. 16 Occupancy $4,\overline{167}$. 4,167. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 20,316. 20,316. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 141,851. 3,546. 3,546. 134,759. 22 Depreciation, depletion, and amortization 10,266. 8,791.953 522. 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 71,789. 71,789 PROGRAM EXP-FOOD & SUPP 7,841. 1,383. OTHER ADMIN EXPENSES 6,458. 6,726. 6,726. LICENSES & DUES 2,329. 2,329. FUNDRAISING EXPENSES All other expenses 1,081,219. 936,331. 99,955. 44,933. Total functional expenses. Add lines 1 through 24e 25 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)

Form **990** (2019)

49285 1

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	635,850.	1	196,242.
	2	Savings and temporary cash investments	100.	2	100.
	3	Pledges and grants receivable, net	108,991.	3	272,521.
	4	Accounts receivable, net	5,678.	4	960.
	5	Loans and other receivables from any current or former officer, director,	, , , , , , , , , , , , , , , , , , , ,		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	9,321.
	10a		, , , , , , , , , , , , , , , , , , , ,		
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 4,012,337. 10b 315,794.			
	ь	Less: accumulated depreciation 10b 315,794.	2,326,168.	10c	3,696,543.
	11	investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	<u> </u>
	15	Other assets. See Part IV, line 11	3,575.	15	3,575.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,080,362.	16	4,179,262.
	17	Accounts payable and accrued expenses	163,701.	17	58,982.
	18	Grants payable	20 022	18	
	19	Deferred revenue	20,833.	19	-
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ľ.		controlled entity or family member of any of these persons	234,175.	22	1,015,539.
	23	Secured mortgages and notes payable to unrelated third parties	234,173.	23	1,013,333.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	418,709.	26	1,074,521.
	20	Organizations that follow FASB ASC 958, check here ► X			
ès		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	1,993,518.	27	2,878,242.
Bal	28	Net assets with donor restrictions	668,135.	28	226,499.
2		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	2,661,653.	32	3,104,741.
	33	Total liabilities and net assets/fund balances	3,080,362.	33	4,179,262.
					Form 990 (2010)

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets						
	Check If Schedule O contains a response or note to any line in this Part XI	<u>.,</u>					
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7	1,52 1,08 44 2,66	1,2 3,0	19. 88.		
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,10	4,7	41.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	O.	2a	Yes	No X		
	lf "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?						
c	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: X Separate basis Consolidated basis Both consolidated and separate basis 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?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ngle Audit	3a 3b		х		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		J 30		<u> </u>		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization NO MODE EMDITY DOTIC Employer identification number 27-2427728

-	4 2 1		ORE EMPIL					7-2427720				
Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instructions.					
Πhe	organi	zation is not a private found	ation because it is: (l	For lines 1 through 12, c	heck only	one box.)		_				
1		A church, convention of chi	urches, or associatio	n of churches described	ın sectio	n 170(b)(1)(A)(i).	$\triangle 1$				
2		A school described in secti	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	990 or 99	90-EZ).)		(1)				
3	一	A hospital or a cooperative					ñ.					
4	一	A medical research organiza						the hospital's name.				
*	ш		ation operated in cor	ijunction with a nospital	GCSGIIDGC	in Scotto	11 11 0(b)(1)(b)(iii): 2/1(b)	ino moopital o marrio,				
	$\overline{}$	city, and state:										
5	ш	An organization operated for		lege or university owner	or operat	ted by a go	overnmental unit describ	ea in				
		section 170(b)(1)(A)(iv). (C	omplete Part II.)									
6		A federal, state, or local gov	ernment or governm	nental unit described in s	section 17	/O(b)(1)(A)	(v).					
7	X	An organization that normal	lly receives a substai	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe	•	1)(A)(vi). (Complete Part	: 11.3							
9	一	An agricultural research org				ad in coniii	inction with a land-grant	college				
9	ш											
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg-	e or				
		university:		 			 					
10	\Box	An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from				
		activities related to its exem	•									
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See :	section 50)9(a)(4).					
12		An organization organized a						purposes of one or				
_		more publicly supported or										
		lines 12a through 12d that	-									
		n						CIVIDO				
а	<u> </u>	Type I. A supporting orga	•	•		-						
		the supported organization			a majority o	ot the aire	ctors or trustees of the s	upporting				
		organization. You must c										
Ь		■ Type II. A supporting org:	anızatıon supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	ving				
		control or management of	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
c		Type III functionally inte	grated. A supporting	organization operated	ın connec	tion with, a	and functionally integrate	ed with,				
Ī		its supported organization										
d		Type III non-functionally						zation(s)				
u												
		that is not functionally int						iveness				
		requirement (see instructi										
е		Check this box if the orga					i Type I, Type II, Type III					
		functionally integrated, or		nally integrated supporti	ng organi	zation.						
f	Ente	er the number of supported o	organizations				•					
g		ride the following information										
	() Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
					_	ļ						
						<u></u> _						
Γota	1											

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

-(Complete only-if you-checked-the-box-on-line-5,-7, or 8-of-Part-i-or-if the organization failed to qualify under Part-III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar 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						
	ınclude any "unusual grants.")	365,491.	1829995.	1222626.	903,942.	1373618.	5695672.
2	Tax revenues levied for the organ-						
	ızatıon'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		1				
4	Total. Add lines 1 through 3	365,491.	1829995.	1222626.	903,942.	1373618.	5695672.
	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)						3516104.
6	Public support. Subtract line 5 from line 4	······································					2179568.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	365,491.	1829995.	1222626.	903,942.	1373618.	5695672.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ī	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.)	1,117.	8,297.	93.	377.	9,785.	19,669.
11	Total support. Add lines 7 through 10						5715341.
12		etc. (see instruction	ons)	L,	1	12	456,230.
	First five years. If the Form 990 is for	•		d. fourth, or fifth ta	ax vear as a sectio		
	organization, check this box and stor	-			•		ightharpoons
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (I			column (f))		14	38.14 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	42.08 %
16a	33 1/3% support test - 2019. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies				_		▶ 🗓
b	33 1/3% support test - 2018. If the c	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	-					. ▶□
17a	10% -facts-and-circumstances tes	•			e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test	-	•		-	17a, and line 15 is	10% or
~	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization		_				s •
	to loandation if the organizatio	S.O HOL OHOOK O	20% Of mio 10, 10	-,,			or 990-EZ) 2019

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

•	ialify under the tests listed b	``		organization railed	to quality under r	art II. II the Organiz	ation fails to
Section A.	Public Support	reiew, piedes periipi	ioto i arcing				
•	or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
members	nts, contributions, and hip fees received. (Do not ny "unusual grants.")						
merchand formed, c any activ	celpts from admissions, dise sold or services per- or facilities furnished in ity that is related to the ion's tax-exempt purpose						
are not a	ceipts from activities that n unrelated trade or bus- der section 513						
ızatıon's l	nues levied for the organ- benefit and either paid to ded on its behalf		\				
furnished	e of services or facilities I by a governmental unit to nization without charge						
7a Amounts	Id lines 1 through 5 . included on lines 1, 2, and d from disqualified persons						
b Amounts ind from other the exceed the g	cluded on lines 2 and 3 received nan disqualified persons that greater of \$5,000 or 1% of the ine 13 for the year						
c Add lines	7a and 7b			\`	\		
	ipport. (Subtract line 7c from line 6)	1			1	<u></u>	
	Total Support	(-) 0015	(b) 2016	(-) 0017	(d) 2018	(e) 2019	(f) Total
9 Amounts	or fiscal year beginning in)	(a) 2015	(6) 2016	(c) 2017	(0) 2018	(e) 2019	(i) Total
10a Gross ind dividends securities	come from interest, s, payments received on s loans, rents, royalties, ne from similar sources						
(less section	business taxable income on 511 taxes) from businesses fter June 30, 1975						
11 Net incor activities whether	10a and 10b ne from unrelated business not included in line 10b or not the business is carried on			-			
or loss fro assets (E	ome. Do not include gain om the sale of capital xplain in Part VI Int. (Add lines 9,10c, 11, and 12)						
	years. If the Form 990 is fo	r the organization's	first, second, thu	rd, fourth, or fifth ta	ax year as a section	on 501(c)(§) organiz	ation,
	s box and stop here			· · · · · · · · · · · · · · · · · · ·	···		▶□
Section C.	Computation of Publ	ic Support Per	centage				
15 Public su	pport percentage for 2019 (line 8, column (f), di	vided by line 13,	column (f)) .	-	15	<u>%</u>
	pport percentage from 2018				<u></u>	16	
	Computation of Inve						
/	nt income percentage for 20			ine 13, column (f))		17	
,	nt income percentage from			•	•	18	<u>%</u>
/	support tests - 2019. If the						7\s not
/	n 33 1/3%, check this box a		-				\. P
/	support tests - 2018. If the	-					AIIO \
	not more than 33 1/3%, cho					=	\ ▶∺
932023 09-25-19	oundation if the Organization	A. G. HOL OHEOR & C	on mio 17, 10	, 01 100, 011001(11		edule A (Form 990	or 990-EZ) 2019

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	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		
За	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	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.	3с		
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		
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination			
Ĭ	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).	5a	i	
	Type I or Type II only. Was any added or substituted supported organization part of a class already			
U	designated in the organization's organizing document?	5b	i i	İ
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
6	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			
		6		
-	Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
7	(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	i i	
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
8		8	i i	ĺ
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
ya	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	9a	•	
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	34		
Þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	OL.		[
	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			1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	ļ	
10a	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	1		1
	supporting organizations)? If "Yes," answer 10b below.	10a	ļ	ļ
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

Pa	it N Supporting Organizations (continued)			т
			Yes	No-
	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>	ļ
	A family member of a person described in (a) above?	11b	<u> </u>	<u> </u>
	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		
Sec	tion B. Type I Supporting Organizations			т
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ļ
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,			ĺ
	supervised, or controlled the supporting organization			
Sec	tion C. Type II Supporting Organizations			r
			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		L
Sec	tion 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	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	!		ĺ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
_	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			ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ
	supported organizations played in this regard.	3	$ldsymbol{ld}}}}}}$	
_	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruct	ions).		
a	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 (se	e instructions	<u>}). </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			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		
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		1	
	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? Provide details in Part VI.	3a		
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		
22025	00.25.10	000 00	10 EZ	2010

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	<u>nizations</u>	
1-	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	· · · · · · · · · · · · · · · · · · ·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	-	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		· ·	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	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		
е	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	······································	
Sect	ion 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	lly integra	ted Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V Type III Non-Funct	ionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	tion D - Distributions				Current Year
1	Amounts paid to supported org	anizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activit				
	organizations, in excess of inco				
3	Administrative expenses paid to				
4	Amounts paid to acquire exemp				
5	Qualified set-aside amounts (pri				
6	Other distributions (describe in				
7	Total annual distributions. Add	•		-	
8	Distributions to attentive suppo		ne organization is responsive	<u> </u>	
•	(provide details in Part VI). See		to organization to responsive		
9	Distributable amount for 2019 fr				· · · · · · · · · · · · · · · · · · ·
	Line 8 amount divided by line 9				
10	Line 8 amount divided by line 9	amount	(i)	(ii)	(iii)
Secti	tion E - Distribution Allocations	(see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1_	Distributable amount for 2019 fi	om Section C, line 6	1		, , , , , , , , , , , , , , , , , , ,
2	Underdistributions, if any, for ye	ars prior to 2019 (reason-			
	able cause required- explain in	Part VI). See instructions.	***************************************		
3	Excess distributions carryover,	f any, to 2019			
а	From 2014				······································
b	From 2015				
C	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
	Applied to underdistributions of	prior years			
	Applied to 2019 distributable ar				-
i	Carryover from 2014 not applied				
j	Remainder, Subtract lines 3g, 3				
4	Distributions for 2019 from Sect		·		
•	line 7:	\$			
а	Applied to underdistributions of	prior years	······································		
	Applied to 2019 distributable ar				1
5	Remaining underdistributions for				· · · · · · · · · · · · · · · · · · ·
•	any. Subtract lines 3g and 4a fr	•			
	than zero, explain in Part VI. Se				
6	Remaining underdistributions for				
J	and 4b from line 1. For result gr				
	Part VI. See instructions.	cator trian zero, explain iii			
		rto 2020 Add lines 21		}	<u> </u>
7	Excess distributions carryove	to Zuzu. Add lines sj			
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2015		• • • • • • • • • • • • • • • • • • •	{	
	Excess from 2016				
	Excess from 2017		 	{	{
	Excess from 2018				
e	Excess from 2019		<u> </u>	}	£

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Namè of the organization

NO MORE EMPTY POTS

Employer identification number 27-2427728

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin					
		(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 advis	sed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	. Tes No			
6	Did the organization inform all grantees, donors, and donor a		used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring			
	impermissible private benefit?		Yes No			
Pa	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied 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		. 2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ructure included in (a) .	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture			
	listed in the National Register .		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	servation easements during the year			
	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170				
	and section 170(h)(4)(B)(ii)?		. Yes L No			
9	In Part XIII, describe how the organization reports conservat					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the			
1	organization's accounting for conservation easements.					
Pal	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.					
	Complete if the organization answered "Yes" on Form		and belong about works			
1a	If the organization elected, as permitted under FASB ASC 95					
	of art, historical treasures, or other similar assets held for pu					
_	service, provide in Part XIII the text of the footnote to its fina					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	nerance of public service,			
	provide the following amounts relating to these items:		•			
	(i) Revenue included on Form 990, Part VIII, line 1					
_	(ii) Assets included in Form 990, Part X		*			
2	If the organization received or held works of art, historical tre		ai gain, provide			
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	•			
а			\$			
<u> </u>	Assets Included in Form 990, Part X		. 🕨 \$			

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

Schedule D (Form 990) 2019

932051 10-02-19

collection items (check all that apply):

а	Public exhibition		d 🖳	Loan or exc	hange progra	m		
b	Scholarly research		e 🗀	Other	_			
c	Preservation for future generations							
4	Provide a description of the organization's ca	ollections and exp	laın how t	hey further t	he organizatio	n's exer	mpt purpose in Pa	rt XIII.
5	During the year, did the organization solicit of	or receive donation	ns of art, h	istorical trea	sures, or othe	r sımılar	assets	_
	to be sold to raise funds rather than to be m	aintained as part o	of the orga	nization's c	ollection?			Yes
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		plete if the	e organizatio	on answered "	Yes" on	Form 990, Part IV	, line 9, o
1a	Is the organization an agent, trustee, custod	lian or other intern	nediary for	contribution	ns or other ass	sets not	ıncluded	_
	on Form 990, Part X?							Yes
b	If "Yes," explain the arrangement in Part XIII	and complete the	following	table:				
								Amour
С	Beginning balance				-		1c	
d	Additions during the year .						1d	
e	Distributions during the year			•			1e	
f	Ending balance			•			. 1f	
2a	Did the organization include an amount on F	orm 990, Part X, I	ne 21, for	escrow or c	ustodial accoi	unt liabili	ity?	Yes
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete	if the organization	answered	"Yes" on Fo	orm 990, Part	IV, line 1	10.	
\ <u></u>		(a) Current year	(b) f	Prior year	(c) Two years	s back	(d) Three years back	(e) Fou
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							<u> </u>
d	Grants or scholarships							
е	Other expenditures for facilities							
	Other experience for facilities		1			- 1		1
	and programs						_	l
	·						<u>-</u>	
· f	and programs							
¹f 9	and programs Administrative expenses	rent year end bala	ince (line 1	g, column (a)) held as:			
' f 9 2	and programs Administrative expenses End of year balance	rent year end bala	ince (line 1	g, column (a)) held as:			
' f 9 2 a	and programs Administrative expenses End of year balance Provide the estimated percentage of the cur	rent year end bala		g, column (a)) held as:			
'f 9 2 a b	and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment			g, column (a)) held as:			
'f 9 2 a b	and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment	% %		g, column (:	a)) held as:			
·f g 2 a b	and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment ▶	% would equal 100%.	%			red for th	ne organization	
·f g 2 a b	and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho	% would equal 100%.	%			red for th	ne organization	
·f g 2 a b	and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses by:	% would equal 100%.	%			red for th	ne organization	3a(i)
·f g 2 a b	and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by: (i) Unrelated organizations	% would equal 100%.	%			red for th	ne organization	
f g 2 a b c	and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by: (i) Unrelated organizations	% % build equal 100%. ession of the organ	% nization th	at are held a	and administer	red for th	ne organization	
f g 2 a b c	and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by: (i) Unrelated organizations	% which is the organizations listed as recall.	% nization the quired on S	at are held a Schedule R?	and administer	red for th	ne organization	3a(i) 3a(ii) 3b
f g 2 a b c 3a	and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the	% ould equal 100%. ession of the organ ations listed as received	% nization the quired on S	at are held a Schedule R?	and administer	red for th	ne organization	3a(ii)
f g 2 a b c 3a	and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the	% % build equal 100%. ession of the organ ations listed as receorganization's en	% nization the quired on Sidowment	at are held a Schedule R? funds.	and administer			3a(ii)

Schedule D (Form 990) 2019

156,005.

159,666.

123.

Book value

3,228,814.

3,696,543.

23,400.

1,896.

442,433.

1a Land

b Buildings

d Equipment e Other

c Leasehold improvements

23,400.

2,019.

602,099.

3,384,819.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

D			1b. See Form 990, Part X, line 12.
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financia	al derivatives		
Closely	held equity interests		
Other			
(A)			
<u>(B)</u>			
(C)			
(D)	· · · · · · · · · · · · · · · · · · ·		
(E)			
(F)			
(G)			
(H)			
	o) must equal Form 990, Part X, col (B) line 12) 🕨		
art VIII	Investments - Program Related.		
	Complete if the organization answered "Yes"		1c. 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)			
(2)			
(3)			
(4)			
(5)			
(6)			<u> </u>
(7)			
(8)			
(9)			
al. (Col (I	o) must equal Form 990, Part X, col (B) line 13) ►		
ALL IV	Other Assets		
artin	Other Assets.		
artix	Complete if the organization answered "Yes"	on Form 990, Part IV, line	
art ix	Complete if the organization answered "Yes	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book value
	Complete if the organization answered "Yes		
(1)	Complete if the organization answered "Yes		
(1)	Complete if the organization answered "Yes		
(1) (2) (3)	Complete if the organization answered "Yes		
(1) (2) (3) (4)	Complete if the organization answered "Yes		
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes		
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes		
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes		
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes		
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes	Description	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes (a)	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes (a)	Description ne 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes (a) (a) mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	Description ne 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9)	Complete if the organization answered "Yes (a) mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes	Description ne 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Fed	Complete if the organization answered "Yes (a) mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability	Description ne 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu	Complete if the organization answered "Yes (a) mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability leral income taxes	Description ne 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) sal. (Colu art X	Complete if the organization answered "Yes (a) mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability leral income taxes	Description ne 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnt X (1) Fed (2) (3) (4)	Complete if the organization answered "Yes (a) mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability leral income taxes	Description ne 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colument X (1) Fed (2) (3) (4) (5)	Complete if the organization answered "Yes (a) mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability leral income taxes	Description ne 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colument X (1) Fed (2) (3) (4) (5) (6)	Complete if the organization answered "Yes (a) mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability leral income taxes	Description ne 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Colument X) (1) Fed (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes (a) mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability leral income taxes	Description ne 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (8) (7) (8)	Complete if the organization answered "Yes (a) mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability leral income taxes	Description ne 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes (a) mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability leral income taxes	ne 15.)	(b) Book value

Schedule D (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NO MORE EMPTY POTS

Employer identification number 27-2427728

932211 09-06-19

Schedule O (Form 990 or 990-E2) (2019) Name of the organization NO_MORE_EMPTY_POTS	Employer id	Page 2 lentification number 427728
DATA FROM A LOCAL NONPROFIT COLLECTIVE AND ONLINE SALARY	SITES.	THIS
PROCESS WAS UNDERTAKEN IN OCTOBER 2014 AND 2019.		· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION MADE THE DOCUMENTS AVAILABLE ONLINE THRO	UGH DIR	ECT REQUEST
AND THROUGH THE CHARITY NAVIGATOR WEBSITE.		
		
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