(Rev January 2020)

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2019

ot enter social security numbers on this form as it may be made public

	artment of the mal Revenue			ov/Form990 for instru		-	st infor	mation.			ection
A			dar year, or tax year beginning		, 2019, a			Decembe	er 31	, 20 19	
<u>-</u>	Check if an		C Name of organization Renee Jo								ation number
_	Address ch	•	Doing business as							34-19270	
	Name char	-	Number and street (or P O box if	mail is not delivered to st	reet address)		Room/s	uite	E Telenh	one number	
	Initial return	•	3764 Pearl Road	io not converse to at				200	216-417-0823		
7	Final return		City or town, state or province, or	ountry and ZIP or foreign	nostal code	200 210 417 0020					
믐	Amended r		Cleveland, OH 44109	buntry, and zir or foreign	postal code				G Gross	receipts \$	
믐			F Name and address of principal off	ioor				(a) Is this a grou			Yes No
ليا	Application	i pending	Renee Jones, 3764 Pearl Rd.				_			_	Yes No
	Tax-exempt status										_ (
<u>. </u>			owerment org) ~ (insert no)	1 4347 (8)(1) (1)	11921	/	(c) Group ex			OH
<u>.</u> К		<u></u>	Corporation Trust Associa	tion ☐ Other ►	TI VO	ar of for				of legal domic	
		Summa		uron Uther		ar or ron	mation		W State	or legal domic	,iie
			cribe the organization's miss	ion or most significa	ent activities	The F	Panaa I	nes Empo	wermen	t Center is a	whollyy
an a											Wildilyy
ğ			el of well-integrated, combined s	ervice designed to prov	viue riuman (r	anicking	y survivi		15110 1104	inig and	
E	I	estoration						N O		.44	_4_
Activities & Governance	1		box ▶ ☐ if the organization				EIV		11 1	its net ass	
Ğ	1		voting members of the gove		1'				$\frac{3}{4}$		
S.			independent voting member					V V	4		
itie	5 T	otal numb	per of individuals employed in	n calendar year 2019	Pangline	3.49/L	1 3.2	020	5	_	10
ţ	1		per of volunteers (estimate if			•	•		6		130
ĕ	1		ated business revenue from		1 7)Cr	DEN,	I IT	7a	_	
	b N	let unrelat	ted business taxable income	from Form 990-T, lii	ne 39[<u> </u>	<i>711</i> 1,	<u>.U.I .</u>	7b		
ē	l .						<u> </u>	Prior Year		Curre	nt Year
	1		ons and grants (Part VIII, line					2	61,023		<u>765,450</u>
en	1	J	ervice revenue (Part VIII, line	<i>-</i> ,			<u> </u>		3,406		9,141
Revenue	1		t income (Part VIII, column (A						(1,497)		0
-	11 0	ther reve	nue (Part VIII, column (A), line				5,509)		(27,280)		
	12 T	otal reven	ue-add lines 8 through 11 (n	nust equal Part VIII, o	olumn (A), lii	ne 12)		2:	39,956		728,311
	13 G	rants and	l sımılar amounts paıd (Part I	X, column (A), lines `	1–3)	•	ļ		0	·- <u></u> -	0
	14 B	enefits pa	aid to or for members (Part IX, column (A), line 4)								
es			her compensation, employee			5–10)		1	44,995		397,927
Expenses			al fundraising fees (Part IX, c						0		0
×	b T	otal fundr	aising expenses (Part IX, col	umn (D), line 25) 🕨						_	
ш	17 O	ther expe	enses (Part IX, column (A), lin	es 11a–11d, 11f–24e	∋) .				52,780		191,155
	18 T	otal expe	nses. Add lines 13-17 (must	equal Part IX, colum	ın (A), lıne 25	5) .		1	97,775		589,082
		levenue le	ess expenses. Subtract line 1	8 from line 12	·				42,181		139230
ces ces							Beginn	nng of Curre	nt Year	End o	of Year
Net Assets or Fund Balances	20 T	otal asset	s (Part X, line 16)					2	08,376		347,606
t As	21 T	otal habili	ties (Part X, line 26) .						0		0
2 <u>5</u>	22 N	et assets	or fund balances Subtract I	ine 21 from line 20	<u> </u>		<u> </u>	2	08,176		347,606
Pa	art II	Signatu	re Block								
			I declare that I have examined this							y knowledge	and belief, it is
tru	e, correct, a	ind complete	e Declaration of preparer (other than	officer) is based on all info	ormation of whi	ch prep	arer has a	any knowledo	ge 		
		Re	once Jones						e/7	12020	2
Się	gn		ure of officer		_			Date			
He	ere	<u>Re</u>	wee Jones, Pi	resident +	<u>CEO</u>						
_			r print name and title								
Pa	id	Print/Type	preparer's name	Preparer's signature		7	Date	Ţ	Check [] if PTIN	
	eparer								self-empl	loyed	
	eparer se Only	Firm's nam	ne 🕨					Firm's	EIN ►		
US	e Orny	Firm's add	iress ►					Phone	no		
Ma	y the IRS		this return with the preparer s	shown above? (see i	nstructions)					. DY	es 🗌 No
	D	d. D. d	A -4 Notice one Abo commun	t_ iti_		Ca	+ No. 11'	2027		Г-	990 (224.0)

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Project Red Cord is a wholly unique program in the state of Ohio and throughout the United States It is a model of well-integrated and
	combined services to provide human-trafficking survivors with holistic healing and restoration while providing the opportunity for life-
	changing empowerment for those who have been victimized by human trafficking. It differs from all other projects in that it provides
	survivors with and intense array of innovative trauma informed programs, services, treatments and (continued on Schedule O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
40	(Code 624100) (Expenses \$ 8,306 including grants of \$ 5,755) (Revenue \$ 9,142)
4a	* *************************************
	Community Awareness, Public Engagement, Advocacy to advocate for legislative reform so state and federal laws assist human trafficking
	victims, penalize traffickers, and reduce the demand for sexual exploitation Project Red Cord also offers a wide range of innovative
	human trafficking education, prevention and awareness programs that include two conferences, community awareness events, a traveling
	human trafficking exhibition, a powerful photo exhibit depicting the stories of human trafficking and sexual assault survivors and the
	triggers that haunt them. These presentations are made to a variety of audiences which include lawyers, legislators, medical providers,
	law enforcement, participation in Statehouse annual Human Trafficking day events and symposiums, participating in various public
	forums with stakeholder organizations, survivors of human trafficking, service providers, state and local government agencies, schools,
	colleges, prisons and the general public
	'
4b	(Code 624100) (Expenses \$ 26,004 including grants of \$ 24,907) (Revenue \$ 0)
	Project Red Cord RJEC provides continuing care programs and services to human trafficking victims, survivors and those vulnerable to
	being trafficked RJEC staff and volunteers provide free programs and services that include Life skills, coaching, benefit identification
	counseling, group therapy, support groups, journal writing, art therapy, equine therapy, mentoring, self-esteem workshops, and prostitudes
	anonymous RJEC also provides a court advocacy service by attending court hearings with adult and juvenile clients to support victims
	and their families and also the advocate informs the families of the continuing care program and services offered at RJEC. The court
	advocate also visits clients if they are sent to jail or treatment centers to maintain the support until they are able to come to the center
	to receive services Project Red Cord also offers a unique street outreach program called Project Red Cord Night Out to reach
	marginalized and underserved populations in communities and locations that are known for high levels of prostitution, poverty, drug
	overdus
40	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	······
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 34,310
	· · · · · · · · · · · · · · · · · · ·



Form 990 (2019) **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 / 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . 6 . . Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 complete Schedule D, Part III . Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 109 If "Yes," 11a complete Schedule D, Part VI 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 169 If "Yes," complete Schedule D, Part VII 11b 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 169 If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13

14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . .

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		1
С	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	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		1
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		✓
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		\ \
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)	/ B = T =		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38		
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 340,101			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 10	-{		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and] .	[_
	reportable gaming (gambling) winnings to prize winners?	1c	✓	1

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10	است		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	$\overline{\checkmark}$	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country ▶	,		•
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the]
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
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).	, -		,
а	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	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			- ,
a	Initiation fees and capital contributions included on Part VIII, line 12		` -	,
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			ł
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	125		- 1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	-	,]	
	Enter the amount of reserves the organization is required to maintain by the states in which	' I	ĺ	
	the organization is licensed to issue qualified health plans		ļ	
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	140		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		- ✓
		140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15	ł	,
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	-	 -i
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		لنــــا
	If "Yes," complete Form 4720, Schedule O.	-19		
	aug dep.ote i dilli i redj delidadio di		- 1	, ()

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	, and See ır	for a	"No" ctions.			
	Check if Schedule O contains a response or note to any line in this Part VI			_ 🗆			
Secti	on A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 8	·		,			
	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.	*	٠, ي				
b	Enter the number of voting members included on line 1a, above, who are independent 7		l				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-	l,				
	any other officer, director, trustee, or key employee?	2	1				
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		,			
4	supervision of officers, directors, trustees, or key employees to a management company or other person?. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	<u> </u>	\ <u>\</u>			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1			
6	Did the organization become aware during the year of a significant diversion of the organization s assets.						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		·	├ `			
_	stockholders, or persons other than the governing body?	7b	ĺ	1			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			-			
а	The governing body?	8a	7				
b	Each committee with authority to act on behalf of the governing body?	8b					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		√			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	105	1				
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	\vdash				
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	<u> </u>	 √			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	-				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	\vdash			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		Ė				
•	describe in Schedule O how this was done .	12c	1	1			
13	Did the organization have a written whistleblower policy?	13		√			
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	√			
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?		+	. ,			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	✓			
b	Other officers or key employees of the organization	15b	<u> </u>	✓.			
	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 taxable entity during the year?	16a		7			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b		<u> </u>			
	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed Dohio						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	⊺ (Sec	tion 5	501(c)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year	fınter	est p	юІісу,			
20	State the name, address, and telephone number of the person who possesses the organization's books and received the person who possesses the organization's books and received the person who possesses the organization's books and received the person who possesses the organization's books and received the person who possesses the organization's books and received the person who possesses the organization's books and received the person who possesses the organization's books and received the person who possesses the organization or person who person who possesses the organization or person who p	cords	•				

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees, H	ighest Compensated	Employees, and
	Independent Contractors				

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

7

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.

☐ Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
					C) ition					
(A) Name and title	(B) Average hours	box.	unles er an	neck ss pe	more	e than is both or/trus	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Renee Jones	40	Į								
President and CEO			ļ	1	L.			70,952	0	
(2) Elaine Geller Treasurer	15			1				0	0	(
(3) Catherine Brown	10									
Director		✓					}	0	0	(
(4) Sister Cecilia Libertore	40							-		
Director		✓						0	0	<u> </u>
(5) Carla Lovejoy Director	5	1						0	0	
(6) Trina Jones	5		 	1		_				
Director		1						0	0	
(7) Donna Angelloti	5							· · · · ·	-	
Director		1						0	0	ď
(8) Joan Clark	5									
Director		1						0	0	00
(9)										
(10)										
(11)										
(12)										
(13)							_			
(14)			<u> </u>							

Part	Section A. Officers, Directors,	rusiees,	Key i	5111		_	5, an	u r	ilghest Compe	ilsateu L	-mpio	yees (Ontin	ueu,
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, ce Individua	unles	Pos neck ss pe	rson	than both or/trus/ employee	ı an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compens from rel organiza (W-2/1099	able sation ated itions	com; fro	(F) ted ame other pensatio m the zation a	on and
(15)				-							_		-	
(16)						<u></u>								
(17)										<u> </u>			· · · · ·	
(18)					_									
(19)				-								 	_	
(20)													_	
(21)												<u> </u>	- 	
(22)														
(23)														
(24)												-		
(25)										_			=	
1b c d	Subtotal Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•	•	 	•	> > >	70,952 0 70,952		0 0			0
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	list	ed a	above	e) W	ho received more 0	e than \$10	000,000	of		
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete S</i> For any individual listed on line 1a, is the organization and related organizations	Schedule J sum of rep	for su oortal	uch ole (<i>indi</i> com	<i>vid</i> u iper	<i>ial</i> isatio	n ai	nd other comper	sation fro	om the	3	Yes	No ✓
5	Individual . Did any person listed on line 1a receive o									ion or ind	ıvıdual			
Secti	for services rendered to the organization? on B. Independent Contractors	of "Yes," c	ompl	ete	Sch	iedu	ile J f	or s	uch person	<u>· </u>		5		<u>✓</u>
1	Complete this table for your five high compensation from the organization. Repo													
	(A) Name and business addi								(B) Description of serv			(C) Compens		
None														<u> </u>
								<u> </u>						
						_								
2	Total number of independent contractor received more than \$100,000 of compensi							th	ose listed above	e) who		,	,	

Par	VIII	Statement of Rec Check if Schedule			esnor	nse or note to a	ny line in this Pa	art VIII		
		3					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaig	ns .		1a	0			3.535 H 0.5	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	0				
2, E	С	Fundraising events			1c	65,410				
ar A	d	Related organization			1d	0				
a, in the second of the secon	е	Government grants			1e	603,208				
Sir	f	All other contribution					r in the self and the self		and will minimum at the second	
ž Š		and similar amounts no			1f	77,832				
育	g	g Noncash contributions included in lines 1a–1f 1g								
No.			14		19	\$ 20,081	746450			
	h	Total. Add lines 1a-	-11	· ·		Business Code	746450	SETTLEMENT OF SELECTION		
ġ.	2a	Human Trafficking A	word	noss confor	ence	62410	9142	9142	SAME SALVESTA TO TOO	13.5 14 16.2 TM 1.4 15.4 15.4 15.4 15.4 15.4 15.4 15.4
ي کج	b	numan manicking A	waici	1633 COILLEI	CIICE	02410	3142	3172		
gram Ser Revenue							··			
E S	d	••••••	•				 			
g a	e	•••••								
Program Service Revenue	f	All other program se	ervice	revenue						
_	g	Total. Add lines 2a-				. ▶	9142	AND THE PARTY OF T	PARAMETERS.	NICK STEELS
	3	Investment income		uding divi	dends	s, interest, and				
		other similar amoun	its) .			•	0			
	4					ond proceeds ►	0			
	5	Royalties	<u></u>		<u> </u>	<u> </u>	0		-	
				(ı) Hea	1	(II) Personal				
	6a	Gross rents .	6a						Fig. W. D. S.	
	b	Less rental expenses	6b							
	С	Rental income or (loss)		<u> </u>		<u> </u>			To be an expected to	MARKE SAN
	d	Net rental income o	r (los:	,	•	.	0 (45.4) - 1/2 (45.4) 2 (45.4)	4111.0344229-4520"1888"X	2007 C. S. Course C C Fact	hardent Aren's Color that street
	7a	Gross amount from		(i) Securi	ties	(II) Other				
		sales of assets	70							
•		other than inventory	7a							
Revenue	0	Less cost or other basis and sales expenses	7b			'				
š	c	Gain or (loss)	7c							
æ	ď	Net gain or (loss)	ــــــــــــــــــــــــــــــــــــــ			<u></u>	0	MR 37 3 344 125 15 3 F2 3 F15	SERVICES SERVICES	50
Ъе	8a	Gross income from	m fu	ndraising					TARESTON OF	LARCYGUE Z
o ŧ		events (not including		65,410						
		of contributions rej	porte	d on line						
	`	1c). See Part IV, line	e 18		8a	8400				
	b	Less: direct expense	es ´.		8b	35680			The Walletin	14.377.525.2
	С	Net income or (loss)) from	ı fundraısın	g eve	nts 🕨	-27280	AND THE PERSON		
	9a	Gross income f	-	, ,						
		activities See Part I		e 19 .	9a					
	b	Less direct expens			9b	L				
	С	Net income or (loss)			ctivitie	es <u>-</u>	0	PHERENOUP DAWNERS	Fortt South keep 1970 a the.	and the second of
	10a	Gross sales of ir			40-					
		returns and allowan		•	10a 10b					
		Less: cost of goods Net income or (loss)				prv	93.55.000			
		THE THE OTHE OF (1088)	, 11 0111	Jaies UI II	VELIC	Business Code			SASSIONIAN (1)	SECTION DESCRIPTION OF
sno (11a					Susmess Code	U	STORY CONTRACTOR STATES STATES	不是去的话。"如何 _" 如何"	N-7448 New 1846 18.05
ne.	b					-	0			
scellaned Revenue	6						0			<u> </u>
Miscellaneous Revenue	q	All other revenue					0			•
Ξ	e	Total. Add lines 11a	a–11d			▶	0		Single habita	
		*		-4	<u> </u>		720 244	CONTRACTOR OF THE STATE OF THE	CONTRACTOR MANAGEMENT	- THE WAS IN MAIN A MEDICAL A PROPERTY OF A

following SOP 98-2 (ASC 958-720)

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 expenses (B) Program service -(A)
Total expenses Do not include amounts reported on lines 6b, 7b, Management and general expenses 8b, 9b, and 10b of Part VIII. 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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 **4** ' Benefits paid to or for members Compensation of current officers, directors, 28,381 7,095 trustees, and key employees 70,952 35,476 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 26,915 269,149 107,660 134,575 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . 29,566 11,826 16.783 2,957 9 11,544 Payroll taxes . . . ' 28,860 14.430 2,886 10 Fees for services (nonemployees) 11 Management . . 21,687 19,518 2,169 Legal 38 38 Accounting Lobbying . . Professional fundraising services. See Part IV, line 17 0 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 25867 25,867 19,027 7,611 9,514 1,903 12 Advertising and promotion 6,425 8,031 1,606 16,061 13 Office expenses 4,490 898 3,592 14 Information technology 8,979 0 15 Royalties 18,817 47,042 23,521 4,704 16 Occupancy 8,356 7,520 835 17 Travel . Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 900 675 225 0 Conferences, conventions, and meetings 19 0 20 Interest 0 0 n n Payments to affiliates 21 Depreciation, depletion, and amortization 8998 8,998 22 1,925 4,812 481 23 Insurance . . The grant of the second 24 Other expenses Itomize 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) **Client Outings** 7.,070 ,7070 6,717 6,717 0 Client legal and other support 1,468 1,174 293 Food and Catering 2,935 in kınd expense 10,761 10,761 1305 953 522 130 All other expenses miscellaneous Total functional expenses. Add lines 1 through 24e 266,974 261,479 60629 589,082 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

Form 990 (201	19)				Page 11
Part X	Balance Sheet			,	<u> </u>
•	Check if Schedule O contains a response or note to any line in t	this Part	X		
			(A) .		(B)
	•		Beginning of year	•	End of year
1	Cash-non-interest-bearing	.	206,362	1	221,825
2	Savings and temporary cash investments		0	2	0

			(A) . Beginning of year	(B) End of year
	1	Cash—non-interest-bearing	206,362 1	221,825
	2	Savings and temporary cash investments	0 2	0
	3	Pledges and grants receivable, net	0 3	0
•	4	Accounts receivable, net	0 4	0
	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	0 5	0
	6	Loans and other receivables from other disqualified persons (as defined		21 Section
	.	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	0 6	0
Ŋ	7	Notes and loans receivable, net	0 7	0
Assets	8	Inventories for sale or use	0 8	0
As	9	Prepaid expenses and deferred charges	2,000 9	0
	10a	Larid, buildings, and equipment cost or other	WEEDS ARRESTS WILL	
		basis. Complete Part VI of Schedule D 10a 134,781		
	ь	Less accumulated depreciation 10b 8,998	0 10c	125782
	11	Investments—publicly traded securities	11	0
	12	Investments—other securities. See Part IV, line 11	12	0
	13	Investments—program-related. See Part IV, line 11,	13	0
	14	Intangible assets	14	0
	15	Other assets See Part IV, line 11	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	208,362 16	347,606
	17	Accounts payable and accrued expenses	0 17	0
	18	Grants payable	0 18	0
	19	Deferred revenue	0 19	00
	20	Tax-exempt bond liabilities	0 20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0 21	0
Liabilities	22	Loans and other payables to any current or tormer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	one and the state of the state	The mention beauty annually specific principles and the second se
jab		controlled entity or family member of any of these persons	0 22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0 23	0
	24	Unsecured notes and loans payable to unrelated third parties	00 24	0
	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	00 25	
	26	Total liabilities. Add lines 17 through 25	00 25	0
seo	20	Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.		
	27	Net assets without donor restrictions	197,717 27	197,731
Ва	28	Net assets with donor restrictions	10645 28	10,645
Fund Bala		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.		
ō	29	Capital stock or trust principal, or current funds	29	a annual to the contract of th
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	30	
188	31 .	Retained earnings, endowment, accumulated income, or other funds	31	139,230
Net Assets or	32	Total net assets or fund balances	1, 32	1
ž	33	Total liabilities and net assets/fund balances	208,362 33	✓ 347,606
				Form 990 (2019)

Page	1	2

Form 98						ye • =
Parl	XI Reconciliation of Net Assets			-		
_	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			72	8,311
2	Total expenses (must equal Part IX, column (A), line 25)	2			58	9,081
3	Revenue less expenses. Subtract line 2 from line 1	3			12	9,230
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			20	8,362
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				14
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			34	7,606
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · ·			<u> </u>
				4	Yes	No
1	Accounting method used to prepare the Form 990 🗸 Cash 🔲 Accrual 🔲 Other		— I.			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın		.^	
	Schedule O.					لمنِ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or	٠ <u>.</u>	٠,,	^ .
	reviewed on a separate basis, consolidated basis, or both				·	.
_	Separate basis Consolidated basis Both consolidated and separate basis		ينا			لترسنا
b	Were the organization's financial statements audited by an independent accountant?		· -	2 b		-
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted on	ıa 🏻	£.	3	- 1
	separate basis, consolidated basis, or both		;			` .
	Separate basis Consolidated basis Both consolidated and separate basis					أسمدنه
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex		· —	-		, 1
	Schedule O.	кріаіп		-	. 1	1
0-		rth in t	·bo -			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	rut III l		3a		1
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	 Iarao t		"		_
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	.'`` ₃	3b		
	required addit of addits, explain why on obligation of and describe any stops taken to undergo such a				gan	(2019)
				. 0.,,,,	500	(20.0)

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

2019

Open to Public Inspection

	ee Jones Empowerment Center					34-19	27001
	Reason for Public Char	rity Status (All	organizations must	complet	e this p	l <u> </u>	
	organization is not a private founda	 _				··	<u></u>
1 2 3 4	☐ A church, convention of church ☐ A school described in section ☐ A hospital or a cooperative hos ☐ A medical research organization hospital's name, city, and state	nes, or associati 170(b)(1)(A)(ii). spital service org on operated in co	on of churches descr (Attach Schedule E (F ganization described i	ibed in se form 990 c n section	ction 17 or 990-E2 170(b)(1	0(b)(1)(A)(i). Z).) I)(A)(iii).	(iii). Enter the
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned or	operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ✓ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)						
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organi or university or a non-land-gra- university	nt college of agr	culture (see instruction	ons). Enter	the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and uni fter June 30, 197	nctions—subject to c related business taxal 75. See section 509(a	ertain exc ble income a)(2). (Com	eptions, e (less se iplete Pa	and (2) no more that ection 511 tax) from art III.)	n 33¹/3% of its
11	An organization organized and	•	•	•			
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	rted organizatio	ns described in secti	on 509(a)	(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а	☐ Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a maj			
b	Type II. A supporting organ control or management of to organization(s). You must o	the supporting o	rganization vested in	the same		· · ·	
С	Type III functionally integrated organization(s)						ally integrated with,
d	Type III non-functionally integrated that is not functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy a	a distribu	ition requirement an	
е	 Check this box if the organ functionally integrated, or T 						e II, Type III
f	· ·						
<u>g</u>	Provide the following information	about the supp					
	(i) Name of supported organization	(u) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the or fisted in your docum	governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)						-	

Total

18

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 42,041 170,624 221,461 170,624 746,450 1,351,200 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3. . . . 42,042 170,624 221,461 170,624 746,450 1,351,200 The portion of total contributions by 5 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) 1,351,200 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 42,042 Amounts from line 4 170,624 221,461 170,624 746,450 1,351,200 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sımılar sources Net income from unrelated business q activities, whether or not the business is regularly carried on 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI) 1,351,200 **Total support.** Add lines 7 through 10 11 12 0 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here $\overline{}$ Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . 14 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 % . . 331/3%, support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a box and stop here. The organization qualifies as a publicly supported organization . . . 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	•	_
Dac		13
r av	ic.	•

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	on 509(a)(2)			
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II. <u>)</u>	
	on A. Public Support		1		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.")					/	1
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				1		
J	unrelated trade or business under section 513			_			
4	Tax revenues levied for the		1		l .		
	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	Total. Add lines 1 through 5						
7a	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					-	
Ü	line 6.)	,	ر ٠	/		t	
Secti	on B. Total Support	<u> </u>			<u> </u>	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.		/				
b	Unrelated business taxable income (less	1		!			
	section 511 taxes) from businesses						[
	acquired after June 30, 1975						
	Add lines 10a and 10b			<u> </u>			
11	Net income from unrelated business activities not included in line 10b, whether	/					:
	or not the business is regularly carried on						
12	Other income Do not include gain or	7			 		
12	loss from the sale of capital assets						
	(Explain in Part VI.)	1			}		
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	ere		· · · · · · · · · · · · · · · · · · ·			▶ □
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2019 (line					15	%
16	Public support percentage from 2018 Sc			· · ·	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2019						%
18	Investment income percentage from 201	8 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests—2019. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organization 18 is not more than 331/3%, check this						
20	Private foundation If the organization d						

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.)

ect	on A. All Supporting Organizations		Voc	
1	Are all of the organization's supported organizations listed by name in the organization's governing	· ·	res	No
	documents? If "No," describe in Part VI how the supported organizations are designated If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			, _
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
За	organization was described in section 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
oa.	(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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			<u>. </u>
40	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	70		<u> </u>
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		<u>. </u>	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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)		٠,١	
	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		<u></u>	<u></u>
h	was accomplished (such as by amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
b	designated in the organization's organizing document?	 5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			•
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
_		6		
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	j		
	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	9a		
-	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	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.	9с		
l0a	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	10-		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
-	and and anguing and any ordered additional flowings or the tart year (and delicement a) form the of to		1	

determine whether the organization had excess business holdings)

Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A larmly member of a person described in (a) above? c A 35% controlled entity of a person described in (a) above? c A 35% controlled entity of a person described in (a) above? 1 Dut the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or leaf at least a majority of the organization's directors or fusitees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or fusitees were allocated among the supported organization's and what conditions or restrictions, if any, appealed to such proves during the tax year as organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or fusitees were allocated among the supported organizations and what conditions or restrictions, if any, appealed to such proves during the tax year as organization's activities. If the organization of the supporting organization of the supporting organization or provided organization's that operated. 2 Dut the organization operate for the benefit of any supported organization of the supporting organization. 1 Were a majority of the organization's directors or fusitees during the tax year's an amounty of the directors or fusitees of such of the supporting organizations. 1 Were a majority of the organization organizations organization and the supported organizations organization's tax year's (i) a written notice describing the type and amount of support provided during the prior tax organization's tax year's (i) a written notice describing the type and amount of support provided during the prior tax organization's average organization's and organization's and organization's and organization'	Part	IV Supporting Organizations (continued)			- ago v
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (g) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly apport or elect at least a majority of the organization's directors or trustees at all times during the tax yea" If "No," describe in Part VI how the supported organization's describe how the powers of a paper in Vino the supported organization's describe how the powers of a paper in Vino the supported organization of the organization and what conditions or estrictors, if all, applied to such powers during the aupported organization's and what conditions or estrictors, if all, applied to such powers during the aupported organization's and what conditions or estrictors, if all, applied to supporting organization's the supported organization's (if "Yes," explain in Part V I how providing such benefit carred out the purposes of the supported organization's little organization's directors or trustees during the tax year' also a majority of the directors or trustees of such of the organization's directors or trustees during the tax year' also a majority of the directors or trustees of such of the organization's activities of organization's provided during the prior tax year. (i) a copy of the Form 90 that was most recently filed as of the date of notication, and (ii) copies of the organization's provided organizat		· · · · · · · · · · · · · · · · · · ·	Dir 0.22	Yes	No
below, the governing body of a supported organization? A larmly immehr of a person described in (a) above? 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. Section B. Type I Supporting Organizations I 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 of controlled the organization of election and the supported organization of the tax year" If "No." describe in Part VI how the supported organization of the than one supported organization of controlled the organization is activities of any supported organization of the supported organization of the than the supported organizations and what conditions or restrictions, if any, applied to such powers during the supported organizations and what conditions or restrictions, if any, applied to such powers during the supported organization of the supporte		· · · · · · · · · · · · · · · · · · ·			
b A family member of a person described in (a) above? A A55% controlled entity of a person described in (a) of (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of structures or trustees at all times during the tax year" If "No," describe in Part VI how the supported organizations or controlled the organization or sections or trustees or trustees are allocated supervised, or controlled the organization or sections or trustees or trustees are allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year" and organization of the power organization of the trustees of the supported organization of the trustees of the supported organization of the supported organiza	а				
c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide defail in Part VI. Section B. Type I Supporting Organizations 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 of effectively operated, supervised, or controlled the organization's activates. If the organization of effectively operated, supervised, or controlled the organization's activates. If the organization read read that one supported organization, disasted how the powers to appoint and/or remove directors or trustees and among the supported organization, disasted how the growes to appoint and/or remove directors or trustees and among the supported organization generated, supervised, or controlled the supporting organization of the supported organization of the test power organization and what conditions or restrictions, if any, applied to such powers during the text year organization of the test power organization of the supported organization of the supporting organization. If the supported organization of the supported organization of the supporting organization. 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 organizations. 1 Did the organization organization's supported organizations. If the supporting organization is the supporting organization was vested in the same persons that controlled or managed the supporting Organizations are persons that controlled or managed the supporting Organizations are persons that controlled or managed the supporting Organizations. 1 Did the organization is the supporting Organizations. 1 Did the organization organization organizations were allocated and inchination, and evidence organizations are personally the provided organizations are personally the provided organizations organization organizations are personally the organi	h		-		ļ
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regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's electively 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 organization operate for the benefit of any supported organization other than the supported organization of the trustees, and the supporting organization or the properties, previously, or controlled the supporting organization				Yes	No
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1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nıza	tions must complete Section	
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount	<u>, </u>	(A) Prior Year	(B) Current Year (optional)
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		-
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	·	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)	81.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54 41.54		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	:	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	为多位等·参加经、第145。	
2 Enter 85% of line 1	2	AMERICAN PARTY	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	學際學院養於管理學學	
4 Enter greater of line 2 or line 3.	4	学者的特殊的	
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	ly ın	tegrated Type III supporting	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	,
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	٠,	•
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	,
	organizations, in excess of income from activity			,
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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.			
	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res		
9	Distributable amount for 2019 from Section C, line 6		-	
10	Line 8 amount divided by line 9 amount		·	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	學的學術學的	FANDS OF A TRANSPORT	
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			
a	From 2014 ,	Marie Ammander VIII (1991) and Committee of the Committee	THE RESERVE TO SHEET THE PARTY OF THE PARTY	Louisian gailt to de l'Anna and l
b	From 2015		的特殊。但可可以於斯德	
С	From 2016	動きます。	學學學學學學學	nice in the late of the
d	From 2017	A STATE OF THE PROPERTY OF THE	W. Martin Service Serv	The partition of the second
е	From 2018	PARTY AND THE PROPERTY OF THE PARTY OF THE P		Joseph Dirmy The March Co.
f	Total of lines 3a through e	60 / Star 1994 - VI / VS. Cd. Markets Mark Lord Par	[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	TWO SERVICES AND AN ADDRESS OF THE PARTY OF
g	Applied to underdistributions of prior years		The Clarks Copies a great at a present to war	
h	Applied to 2019 distributable amount	THE PARTY OF THE PARTY		manager of province of the sale of the
i_	Carryover from 2014 not applied (see instructions)		TOTAL TO THE PARTY OF THE PARTY	
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	makan dalah kara aran dalah belan kalbungkan dalah		Andrew Control of the
4	Distributions for 2019 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
· C	Remainder. Subtract lines 4a and 4b from 4.	arriance of processor of the processor (1984, Co. 7).		
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.		,	And the Control of State of St
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	MARINE HAZZA		
а	Excess from 2015	article contest contes	MARKAN KATA	TA STATE OF THE ST
b	Excess from 2016		nist 4. still to 1953 y	PARTICIPATION
С	Excess from 2017 .	的特別的	AND THE PROPERTY OF THE	
d	Excess from 2018 .	Production of Grand Capital		到1990年中期1986年。 第二年
е	Excess from 2019			PARTING THE PARTY OF THE PARTY

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

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

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Renee Jones Empowerment Center 34-1927001 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 **>** \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items **b** Assets included in Form 990, Part X .

Par	Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Ot	her Similar A	ssets (con	tınued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and otl	her reco	ds, chec	k any of the	e follov	ving that make	significant i	use of its
а	Public exhibition		d	☐ Loan	or exchang	e progr	am		
b	☐ Scholarly research		e	Other					
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	tion's collections a	and expla	ain how t	hey further	the org	ganization's exe	empt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donation	s of art, part of the	historical tr e organizati	easure on's co	s, or other sim ollection? .	ılar . 🔲 Yes	□ No
Par		ingements.							-orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?	, custodian or oth	er intern	nediary fo	or contribut		other assets i	not	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	able				
								Amount	
С	Beginning balance					10	;		
d	Additions during the year .					10	1		
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour							ty? 🗌 Ye s	☐ No
b_	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	kplanatio	n has been	provide	ed on Part XIII	<u></u>	
Par	t V Endowment Funds.		_						
	Complete if the organization	answered "Yes"	' on For	m 990, F	Part IV, line	e 10.	.		
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years ba	ck (e) Four y	ears back
1a	Beginning of year balance .								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a)) held	as.		
а	Board designated or quasi-endowmer	nt ▶	%						
b	Permanent endowment >		••						
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and	2c should equal 10	00%						
За	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for t	the	
	organization by	,	J						es No
	(i) Unrelated organizations							. 3a(i)	
	***							. 3a(ıi)	
ь	If "Yes" on line 3a(ii), are the related o		as requi	red on So	chedule R?			. 3b	
4	Describe in Part XIII the intended uses								
Par									
	Complete if the organization		on For	m 990, F	art IV, line	e 11a.	See Form 990), Part X, lir	ne 10.
	Description of property	(a) Cost or oth	her basis	(b) Cost of	or other basis other)	(c)	Accumulated epreciation	(d) Book	
	Land								
ь	Buildings								
C	Leasehold improvements .				102,781		5139	· - -	97642
d	Equipment				32,000		3859		28141
e	Other								
	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part 2	K, columr	n (B), line 10)c)	>		125783

(e) Description of security or catagory (including name of security) (f) Financial derivatives (g) Closely held equity interests (g) Closely in	Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form	990, Part X, line 12.
		(a) Description of security or category		(c) Meth	od of valuation
(3) Other	(1) Financial	derivatives			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely h	neld equity interests			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other				
CO	(A)				
Column (b) must equal Form 990, Part X, col (B) line 12					-
(E)					
Fig.					
Gill Total, Column (b) must equal Form 990, Part X, col (B) line 12 Nestments — Program Related. Program Related					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value					
Total, Column (b) must equal Form 990, Part X, col (B) line 12 ▶					
Investments		mn (b) must equal Form 990. Part X. col. (B) line 12.)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value					
(a) Description of Investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part XX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation Cost or end-of-year market value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			m 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				(c) Meth	od of valuation
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(5) (6) (7) (8) (9) (7) (9) (7) (9) (7) (9) (7) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9)	(3)				
(6)					
(7) (8) (9)					
(6) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)					
Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		mn (h) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (f) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(1)				
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)				- 1	····
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) (b) Book value		Complete if the organization answered "Yes" on Fore	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1.				(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(1) Federal in	ncome taxes			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(2)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		· · · · · · · · · · · · · · · · · · ·			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) . ▶					
		mn (h) must equal Form 990. Part X. col. (R) line 25.1			
			ote to the organization		ts that reports the

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII .

Par			er Return.	
	Complete if the organization answered "Yes" on Form 990,		- 	
1	Total revenue, gains, and other support per audited financial statements		1	_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	_	
C	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	_
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	- 	
1	Total expenses and losses per audited financial statements		1 -	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a	_	
b	Prior year adjustments	2b	_	
С	Other losses	2c	_	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Iir XIII Supplemental Information.	ne 18)	_ 5	
	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	ınformation	
				••••••
			•	

Schedule D (Fo	m 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
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		••
		·

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

	Revenue Service	▶ (Go to www.irs.gov	/Form990 for a	nstructions a	nd the latest informa	tion.	Inspection
	of the organization		•				Employer id	lentification number
	e Jones Empower		0				000 David	34-1927001
Par		sing Activities. 0-EZ filers are n				vered "Yes" on f	-orm 990, Pan	tiv, line 17.
1	_	_	n raised funds			owing activities. C		ply.
a	✓ Mail solicitations e Solicitation of non-government grants							
b								
d	☐ In-person s			9 =	_ opeo.a	2,,a.a.ag 2,3	•	
2a	· ·		ten or oral agre	ement with	any individ	lual (including offi	cers, directors,	trustees,
				_		vith professional f	_	
b		e 10 highest paid at least \$5,000 by			Iraisers) pu	irsuant to agreem	ents under whi	ch the fundraiser is to be
	(i) Name and addres or entity (fund		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid (or retained by) fundraiser listed col (i)	(or retained by)
				Yes	No			
1								
2								
3								
4		· ·					 	
5	-							
6								
7	· · · · · · · · · · · · · · · · · · ·	 						
8								
9				1				
10				<u> </u>				
				<u> </u>	<u></u>			
otal								
3	List all states in registration or l		nization is regis	stered or lic	ensed to s	olicit contribution	s or has been r	notified it is exempt from
 Dhio								
			·					
					•••••			
					•	•••••		
						•••••		

_		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	73,810			· · · · · · · · · · · · · · · · · · ·
۳	2	Less [.] Contributions	26,720			
	3	Gross income (line 1 minus line 2)	47,090			
	4	Cash prizes	600			
	·	·				
	5	Noncash prizes	0			
sesus	6	Rent/facility costs	17644			
Direct Expenses	7	Food and beverages .		***************************************		
rect	8	Entertainment .	1725	<u> </u>		
ا ت						
۵	9	Other direct expenses	15,711			
Ō	10	Direct expense summary. Ad	d lines 4 through 9 in co			35,680
	_		d lines 4 through 9 in co	olumn (d)	>	(7,230)
Pa	10 11	Direct expense summary. Ad Net income summary. Subtra	ld lines 4 through 9 in co act line 10 from line 3, c e organization answe	olumn (d)	>	(7,230) or reported more than
Pa	10 11	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the	ld lines 4 through 9 in co act line 10 from line 3, c e organization answe	olumn (d)	>	(7,230)
Pa	10 11	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-E2	ld lines 4 through 9 in co act line 10 from line 3, c e organization answe 7, line 6a.	olumn (d)	990, Part IV, line 19, o	(7,230) or reported more than (d) Total gaming (add
Revenue a	10 11	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the	ld lines 4 through 9 in co act line 10 from line 3, c e organization answe 7, line 6a.	olumn (d)	990, Part IV, line 19, o	(7,230) or reported more than (d) Total gaming (add
Revenue a	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ	ld lines 4 through 9 in co act line 10 from line 3, c e organization answe 7, line 6a.	olumn (d)	990, Part IV, line 19, o	(7,230) or reported more than (d) Total gaming (add
xpenses Revenue	10 11 rt III 1	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-E2	ld lines 4 through 9 in co act line 10 from line 3, c e organization answe 7, line 6a.	olumn (d)	990, Part IV, line 19, o	(7,230) or reported more than (d) Total gaming (add
xpenses Revenue	10 11 1 1 2 3 4	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue	ld lines 4 through 9 in co act line 10 from line 3, c e organization answe 7, line 6a.	olumn (d)	990, Part IV, line 19, o	(7,230) or reported more than (d) Total gaming (add
Revenue a	10 11 rt 1 2 3	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue	ld lines 4 through 9 in co act line 10 from line 3, c e organization answe 7, line 6a.	olumn (d)	990, Part IV, line 19, (c) Other gaming	(7,230) or reported more than (d) Total gaming (add
xpenses Revenue	10 11 1 1 2 3 4	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue	d lines 4 through 9 in co act line 10 from line 3, co e organization answe Z, line 6a. (a) Bingo	olumn (d)	990, Part IV, line 19, (c) Other gaming	(7,230) or reported more than (d) Total gaming (add
xpenses Revenue	10 11 11 1 2 3 4 5	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-Ez. Gross revenue	d lines 4 through 9 in coact line 10 from line 3, coe organization answers, line 6a. (a) Bingo	olumn (d)	990, Part IV, line 19, (c) Other gaming Other gaming	(7,230) or reported more than (d) Total gaming (add
xpenses Revenue	10 11 11 1 2 3 4 5	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue. Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	d lines 4 through 9 in coact line 10 from line 3, coe organization answers, line 6a. (a) Bingo Yes % No	olumn (d)	990, Part IV, line 19, (c) Other gaming Other gaming	(7,230) or reported more than (d) Total gaming (add
xpenses Revenue	10 11 11 1 2 3 4 5	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-Ez. Gross revenue	d lines 4 through 9 in coact line 10 from line 3, coe organization answers, line 6a. (a) Bingo Yes % No	olumn (d)	990, Part IV, line 19, (c) Other gaming Other gaming	(7,23 or reported more that

b If "Yes," explain

scneau	le G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility		%
b	An outside facility		<u></u> %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶	•	
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ►		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	(III) and (nal Infori	v); and mation.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Employer identification number

Renee Jones Empowerment Center	34-192/001
Part III. No. 1.other services all in one place, to empower trafficking and sexual abuse survivors to advocat	e for themselves and to improve
their quality of life through personal, social and professional development, and to prevent human trafficking	g and sexual exploitation through
engaging and educating service providers and the community.	
Part III No. 4 The Renee Jones Empowerment Center terminated the human trafficking law clinic September	er 30, 2019.
Part IIb. Form 990 is prepared by the Treasurer and reviewed by the President and Is available upon reque	st to the Board.
Part VI C 19 The governing documents, conflict of interest policy and financial stetements are available to	the public upon request
Tart vi C 13 The governing accuments, connect of interest policy and interest sections are available to	o the public upon request.
······	

Schedule O (Form 990 or 990-EZ) (2019)	Page ∠
Name of the organization	Employer identification number
	·····
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