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Summa Briefly des	r y cribe the orga	nization's miss		\		(c) Group e	xemption n	number 🕨	
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Briefly des	cribe the orga		sion or most sig	\			M State o	of legal domicile	FI.
with Law E	=		sion or most sig					Ab : d *	
	nrorcement and				rovide p	rogram s	ervice to i	inose in need.	10 WORK
Chook the		a Code Eniorce	ment to address	issues and concerns.					
	boy ▶ □ if th	ne organization	discontinued i	ts operations or dispos	ed of m	ore than	25% of a	ite not accete	
		-	erning body (Pa	•		iore man	3	ts net assets.	35
	-	-	• • •	ning body (Part VI, line			4		
	· ·	-	_	2019 (Part V, line 2a)	, ,		5		
		ers (estimate if	•				6		
Total unre	ated business	revenue from	Part VIII. colum	in (C), line 12 REC	=1\ /22		7a		
Net unrela	ted business t	axable income	from Form 990)-T, line B9		U.,	7b	· · · · · · · · · · · · · · · · · · ·	C
						Prior Ve		Current Ye	
Contributi	ons and grants	s (Part VIII, line	1h)	JUN 2	2 4 20 7	20 19	6,555		5,147
	_	e (Part VIII, line	•			<u> </u> 02			
Investmen	t income (Part	VIII, column (A	A), lines 3, 4, an	d 7d) 🕴 OGDE	ENII	IT			
Other reve	nue (Part VIII,	column (A), lin	es 5, 6d, 8c, 9d	, 10c, and 11e)	-1 47	•			
Total rever	ue-add lines	8 through 11 (must equal Part	VIII, column (A), line 12) [6,555		5,14
Grants an	d sımılar amou	ints paid (Part	IX, column (A),	lines 1-3)	. [
Benefits p	aid to or for m	embers (Part I	X, column (A), l	ne 4)					
	-		•	(, column (A), lines 5–10	·				
	_	•							
		•	• •						
							4,916		5,854
					·		4,916		5,854
Revenue I	ess expenses.	Subtract line	18 from line 12				1,639		-70
					Begir	nning of Cur	rent Year	End of Yea	ar
	•	•			·	······································	6,605		5,89
Total asse		ne 26)							
Total asse	•	<u>-</u> .	line 21 from line	eg 20	<u>. L</u>		6,605		5,898
Total asse Total liabi Net asset	or fund balar	nces. Subtract							0,00
	Profession Total fund Other expo Total expe Revenue le	Professional fundraising Total fundraising expens Other expenses (Part IX Total expenses. Add line Revenue less expenses. Total assets (Part X, line	Professional fundraising fees (Part IX, or Total fundraising expenses (Part IX, co Other expenses (Part IX, column (A), lift Total expenses. Add lines 13–17 (musi Revenue less expenses. Subtract line Total assets (Part X, line 16) Total liabilities (Part X, line 26)	Professional fundraising fees (Part IX, column (A), line Total fundraising expenses (Part IX, column (D), line 25 Other expenses (Part IX, column (A), lines 11a–11d, 17 Total expenses. Add lines 13–17 (must equal Part IX, Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16)	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Begin Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26)	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	Professional fundraising fees (Part IX, column (A), line 11e)

Sign Signature of office Date Here Type or print name Print/Type preparer's name Date PTIN Preparer's signature Check if self-employed **Paid Preparer** Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No Form **990** (2019) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

orm 99	ວ່ (2019)				Page 2
Part I		ent of Program Service A		± 111	
1		it schedule O contains a relibe the organization's missio	sponse or note to any line in this Par	τιιι	· · · · L
	To provide pr	ogram services to those in ne	ed. To work with Law Enforcement and C	ode Enforcement to address issue	s and concerns
2	prior Form 99	nization undertake any signif 90 or 990-EZ?	icant program services during the yea	r which were not listed on the]Yes ☑No
3	Did the organization services? .	anization cease conducting	, or make significant changes in ho]Yes ☑ No
4	expenses. Se	ection 501(c)(3) and 501(c)(4	vice accomplishments for each of its to organizations are required to report or each program service reported.	hree largest program services, a the amount of grants and alloca	s measured by tions to others,
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	•••••				
4b	(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 ▶



Part IV	Checklist	of Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1 2		√
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	-		
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		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	·	1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a		 	-	1
12a	Schedule D, Parts XI and XII	12a	-	✓
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	L	1
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	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

Part l	Checklist of Required Schedules (continued)			age -
			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		1
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		7
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		1
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		1
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		1
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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		1
Part				
			Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part	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	93.5								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	o ***								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		√						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		A SAME	1						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	2)XXXX	✓						
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		1						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	10		,						
ь	If "Yes," enter the name of the foreign country ▶	4a	W. Carlot	₹						
5	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		√						
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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		✓						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		✓						
d	If "Yes," indicate the number of Forms 8282 filed during the year		逐至	XZ.						
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		7						
9.	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1						
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		1						
9	Sponsoring organizations maintaining donor advised funds.	35.00	额液	(17)						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1						
10	Section 501(c)(7) organizations. Enter:		200	\$100 pt						
а	Initiation fees and capital contributions included on Part VIII, line 12			圖圖						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	認認							
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders			震動						
b	Gross income from other sources (Do not net amounts due or paid to other sources			企業						
	against amounts due or received from them.)		高震							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	1						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	TA	TOTAL	4:33						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		量							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1						
	Note: See the instructions for additional information the organization must report on Schedule O.	25.00								
b	Enter the amount of reserves the organization is required to maintain by the states in which		医医							
-	the organization is licensed to issue qualified health plans		K.							
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	A. L. P. S. L. P. S. L. P. L. L. P. L. L. P. L.	1						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	 	V						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170	 	 •						
	excess parachute payment(s) during the year?	15								
	If "Yes," see instructions and file Form 4720, Schedule N.	13	\$3°735	₹						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	46	Seven							
.0	If "Yes," complete Form 4720, Schedule O.	16	数型形	Thirties						
	1. 100, Configuration of the 1720, Configuration	YEAR IN	100	別機 銀						

^s Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s on Schedule O.	See in	nstruc	tions.
Section	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	· · · · ·		<u>···</u>	<u>. </u>
	on a develoring body and management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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	1a 3	5		
	committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	의		
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2	<u> </u>	✓
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or o		3		1
4	Did the organization make any significant changes to its governing documents since the prior For		4		1
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		1
6	Did the organization have members or stockholders?	• • • •	6	ļ	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		1
b	Are any governance decisions of the organization reserved to (or subject to approve stockholders, or persons other than the governing body?	• • • • • • • • • • • • • • • • • • • •	7b		1
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	ndertaken during			
а	The governing body?		8a	1	
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 cann the organization's mailing address? If "Yes," provide the names and addresses on Schedule	0	9		1
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the	e Internal Reve	nue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	<u> </u>	├ ─
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exen	npt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	•	11a	274200	√
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	•	10-	22	263
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi		12a 12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the		120	 	
	describe in Schedule O how this was done	· · · · ·	12c	✓	
13	Did the organization have a written whistleblower policy?		13	 -,-	├ ✓
14	, ,		14	√	- CCC 24
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation of	on and decision?		15 VZ.0	
a b	The organization's CEO, Executive Director, or top management official		15a 15b	┼	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		15D	65 20G	▼
16a					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	n to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b		/
	ion C. Disclosure				
17					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicab (3)s only) available for public inspection. Indicate how you made these available. Check all the Own website Another's website Upon request Other (explain on S	at apply.	-T (Se	otion	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year.	-	of inte	rest p	policy,
20	State the name, address, and telephone number of the person who possesses the organizat	on's books and r	ecords	3 ▶	

Page	1

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor	any relate	d orga	aniz	atıo	n c	ompe	nsa	ted any current	officer, director,	or trustee.
				(0	•				•	
(A)	(B)	(do n	ot ch	Pos.		than c	nne.	(D)	(E)	(F)
Name and title	Average hours	box, ι	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated amount
	per week					or/trust		compensation from the	compensation from related organizations	of other compensation
	(list any	or di	nstu	Officer	Key employee	emp High	Former	organization		from the
	hours for related	rect	턃	ĕ	퍮	est o	호	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	우뿔	na.		ğ	e com				
	below dotted line)	Individual trustee or director	Institutional trustee		8	pen			1	
	'	"	ee			Highest compensated employee				
(1) Ruth Fleming-President					<u> </u>		1			
				✓				0	0	c
(2) Marie Mosley-Vice President										
(0)			<u> </u>	✓	_	_	_	0	0	c
(3) Jerry Balloon-Treasurer		ł		/						
(4) Levi Fleming-Assistant Treasurer			╁	 ▼		-	╁╌		0	<u> </u>
Ty Low House a viscosity of the viscosit		1		1			İ			
(5) Phyllis Gillian-Financial Secretary										
		<u> </u>	<u> </u>	1			L	0	0	
(6) Angela Howard Secretary ANG II A MO	\$457	1	į	1						
(7)		<u> </u>	\dagger	Ť	┢		†			
		1				<u>.</u>	<u></u>			
(8)										
	<u></u>	—	_	<u> </u>	<u> </u>	<u> </u>	<u> </u>	ļ <u> </u>	<u> </u>	
(9)	·	┨	1							
(10)		 	 	-	-	 	┼-			
(10)	·}	1								
(11)	r		† -	\vdash	T	1	1			
			L	L			_			
(12)	ļ									
(40)	 	₩	┼	-	╁.	-	┼-	ļ		
(13)		-								
(14)	 	+	+	╁	+	+-	+		 	
(17)		-1	1	1	1	1	1			

Form 990			V F					<u> </u>	lish and Oaman			Page 8
Part	Section A. Officers, Directors, 1	rustees, i	Ney E	:mj		yee >)	s, an	a r	lignest Compe	nsated E	mpio	yees (continuea)
	(A) Name and title	(B) Average hours per week	box, i	unles er and	eck s pe d a d	rson rect	than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensi	ation	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizat (W-2/1099-	ions	from the organization and related organizations
(15)							<u> </u>	_				
(16)					-	-						
(17)				\vdash		-	-	-				
(18)							-					
(19)											· · · · ·	
(20)								-				
(21)												
(22)			-									
(23)												
(24)												
(25)												
1b c d	Subtotal	VII, Section				•		>				
2	Total (add lines 1b and 1c)						abov	e) v	who received mor	e than \$1	00,000	of
3	Did the organization list any former employee on line 1a? If "Yes," complete								oloyee, or highe		nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive for services rendered to the organization									ition or inc		5 √
Secti 1	on B. Independent Contractors Complete this table for your five high	host come		tod		loor		• •	postrootoro that	roonwod		than \$100,000 of
	compensation from the organization. Rep								ear ending with, o			nization's tax year
<u> </u>	Name and business ad	dress						-	(B) Description of se	rvices		(C) Compensation
								+				
								+				
2	Total number of independent contract received more than \$100,000 of compen							to t	those listed abo	ve) who		ut i uu ii i i i i i i i i i i i i i i i

Form 99	0 (2019)					Page 9
_c Part	VIII	Statement of Revenue					· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a respo	nse or note to ar	ny line in this Pa	rt VIII	· · · · · ·	<u> </u>
			-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats ats	1a	Federated campaigns 1a		apalanya paparanan araway araw			
Grants	b	Membership dues			12.00		
ons, Gifts, Grants Similar Amounts	C	Fundraising events 10 Related organizations 10		in the soft and re-	0.004/5.748/6/00		
Gifts, ilar An	d e	Related organizations 10 Government grants (contributions)					
S. E	f	All other contributions, gifts, grants,	·			ionis di dimendiani	
Contributions, and Other Sim	•	and similar amounts not included above 11			Terren in the second		
tributic Other	g	Noncash contributions included in					
Contiand 6	_	lines 1a–1f	5,147		n industria de car divinuencia	e a mananamananananananan	projekti projekti projekti si sa
क ठ	h	Total. Add lines 1a-1f	▶	5,147			
_		· ·	Business Code				
Š	2a		•				
gram Ser Revenue	b						
Yen S	c´ l d		·	 			-
gra Re	u			 		 · · · · ·	 -
Program Service Revenue	f	All other program service revenue		 			
_	g	Total. Add lines 2a–2f			(A) (A) (A) (A) (A)	0788643	376
	3	Investment income (including dividen					
	1	other similar amounts)					
	4	Income from investment of tax-exempt	bond proceeds ►				
	5	Royalties		14.000		C P S - STORMSON AND AND STORMSON STORMSON	
		(i) Real	(ii) Personal				17.48
	6a	Gross rents 6a					
	b	Less. rental expenses 6b Rental income or (loss) 6c					
	d	Net rental income or (loss)		MAC NOT THE WAY		AN COUNTY OF THE PROPERTY OF	
		Gross amount from (i) Securities	(ii) Other		164		
	7a	sales of assets	 				
		other than inventory 7a					
ā	b	Less cost or other basis					
enne		and sales expenses . 7b					
ě	С	Gain or (loss) 7c					EXACTED S
Other Re	d	Net gain or (loss)	<u> </u>	74(\$1) 275 (\$750) and \$100	and the section of the section		
Ě	8a	Gross income from fundraising					
•	1	events (not including \$ of contributions reported on line					
			a				
	b	· · · · · · · · · · · · · · · · · · ·	b				
	С	Net income or (loss) from fundraising e	events				The state of the s
	9a						
		activities. See Part IV, line 19 . 9	a				
	b		b				
	С		vities ▶	h its tok sow, an electric	C	IN A PARAGRAPHICA PROPERTY OF THE	s standardockéros constant
	10a	· · · · · · · · · · · · · · · · · · ·					
	١.		0a				
	b		0b				
	+-6	Her moome or hossy nom sales of mive	Rusiness Code		r zwarzymencje		
Miscellaneous	11a د	-	THE PERSON NAMED IN COLUMN	ANTONIS CONTRACTOR OF THE	OT STUDY OF STUDY OF STUDY OF STUDY		its រង់ស្រាមម អប្រការប្រជាជិប្បាយក្រុមប្រជាជា
E C	b			1	1	 	
scellaneo		***************************************				 	
Sc							
Σ	e	Total. Add lines 11a-11d	<u> ▶</u>	•			

Total revenue. See instructions

	IX Statement of Functional Expenses				7 age 10
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				ımn (A).
	Check if Schedule O contains a response	or note to any line	in this Part IX .		🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management		•		
h	Legal				
c	Accounting				
d	Lobbying				
_		-		NEW YORK WATER	
e	Professional fundraising services. See Part IV, line 17				<u> </u>
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13.	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	2,223	2,223		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
, 21	Payments to affiliates	·			
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				44.0
а		325	325		
þ		1,078	1,078		
C	Scholarship	587	587		
d	Miscellaneous	1,641	1,641		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,854	5,854		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Fa	ITL X	Check if Schedule O contains a response or note to any line in this Par	tX		🖂
	1		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6,605	1	5,898
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		era c	And the second
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other			
		basis. Complete Part VI of Schedule D 10a			
ŀ	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
l	12	Investments—other securities. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	12	
	13	Investments—program-related. See Part IV, line 11		13	
- 1	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,605	16	5,898
\neg	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Ş	22	Loans and other payables to any current or former officer, director,		. TO	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	rima 21. de la companio de la compa		er er og av en grunning stræmer er e
ibil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	1	parties, and other liabilities not included on lines 17-24). Complete Part X		1	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
seo		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
ā	27	Net assets without donor restrictions	6,605	27	5,898
B	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances	ļ	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.	1 1 P		
ō	29	Capital stock or trust principal, or current funds		29	
şţs	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
386	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances	6,60	+	5,898
Š	33	Total liabilities and net assets/fund balances	6,60	+	5,89
_	1 50	Total masminos aria nos accosto forto salaricos	0,00	, 50	Form QQ () (2010

Form 99	00 (2019)			Pag	ge 12
Part	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			5,147
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,854
3	Revenue less expenses. Subtract line 2 from line 1	3			-707
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			6,605
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			5.898
	Check if Schedule O contains a response or note to any line in this Part XII		· `· ·		
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," of Schedule O.	explain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	وورسته	√
	If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	PA.	1
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ited on a		5.5	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	· rersiaht of	300000	PR-19-3	
	the audit, review, or compilation of its financial statements and selection of an independent account	-	2c		

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Schedule O

Form **990** (2019)

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** Woodland Terrace Neighborhood Watch-Grid 55 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government of governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental funit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or/controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or confrolled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You/must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (v)) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No N/A (B) (C) (D)

Part							
	(Complete only if you checked the Part III. If the organization fails to						ality under
Section	on A. Public Support	quality unde	i the tests iis	ited below, pi	ease comple	te Part III.)	
	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.")	6,499	8,412	,			32,412
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,,,,,,		9,000		9,11	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	6,499	8,412	5,399	6,555	5,147	32,412
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			2012		1.00 m	
	ion B. Total Support	(-) 0045	# \ 0040	() 0047	(1) 0040	(1) 0010	(D. T
Çaler 7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					,	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for t						
Cook	organization, check this box and stop he			<u> </u>	 	· · · · · · · · · · · · · · · · · · ·	
14	ion C. Computation of Public Support Public Support percentage for 2019 (line			11 oolumn (f)		14	%
15	Public support percentage from 2018 Sc		-			15	
16a	,	nization did not	check the bo	x on line 13, a	nd line 14 is 3		check this
b	331/3% support test—2018. If the organization						
17a	10%-facts-and-circumstances test—10% or more, and if the organization in Part VI how the organization meets the organization	neets the "facts	s-and-circums cumstances" t	tances" test, c	heck this box ization qualifie	and stop here	. Explain in
b	15 is 10% or more, and if the organize Explain in Part VI how the organization	zation meets t	he "facts-and- cts-and-circum	-circumstances nstances" test.	s" test, check The organiza	this box and	stop here.
18	Private foundation. If the organization of instructions					ck this box and	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

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Name of the organization	Employer identification number
Woodland Terrace Neighborhood Watch-Grid 55	45-1811807
Part V-14b - This is not part of the organization's objective.	
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Part VI	
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11b- The 990 form is reviewed by members of the organization prior to filing the form.	·
12-c- The organization monitors and enforces its policies in the organization's meetings.	
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15-nO COMPENSATION IS PROVIDED TO MEMBERS	
19- The organization makes its governing documents, conflict of interest policy, and finan	cial statements available to the public upon
, , , , , , , , , , , , , , , , , , , ,	our statements available to the public upon
request.	
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