OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

2019

Department of the Treasury

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

Open to Public

Ŀ	ntern	al Reven	ue Service	► Go to www.irs	.gov/F	orinyyu tor inst	ructions and the	iatest ini	ormation.		Inspec	tion.
/	۱	or the	2019 calend	dar year, or tax year beginni	ng	January 1	, 2019, and	ending	Decemb	er 31	, 20 19	
Ę	3 (Check If	applicable.	C Name of organization Scarlet	Road					D Empl	oyer identification	number
. [7	Address	change	Doing business as							45-3703034	
·		Name ch	- I	Number and street (or P O bo	x If mail i	s not delivered to	street address)	Root	n/suite	E Telepi	hone number	
	_,	nitial ret	- 1	P.O. Box 378		360-850-9718						
ĺ	Ξ.		m/terminated	City or town, state or province,	country	and ZIP or foreig	n postal code				305-636-5776	
' L	=,	Amende		•	G Gross	receipts \$	343,377					
	_		1	H(a) le this a gra		or subordinates? Y						
ι	_, ^	ъррисач	on pending	F Name and address of principal	onicer,				1	-	es included? V	
-			npt status	501(c)(3) 501(c) ((insert no.)	4947(a)(1) or	1 527	1		st (see instruction:	
-			·			(mserrio.) L	14547(8)(1) 01	1 321	1			5)
-				arletroad.org		700	1. ٧		H(c) Group ex	·		
7		om of c	rganization 🗸		ciation [Other ▶	L Year C	of formation	2012	M State	of legal domicile	WA
			Summai				ant notwiting. C				-1	
V	2		•	cribe the organization's mi		_						
V.	١٤			imization from sex traffickin						ely exit	the sex trade a	nd
4	2			ongside survivors of sexual								
	Š			box ► ☐ if the organization						, ,	its net assets.	
	ဖိ			voting members of the go	_					3		4
	00			independent voting memb		_				4		4
	Ę.			er of individuals employed		•		al No.	ii	5		11
	훘			er of volunteers (estimate i				UUM	* 7	6		105
S	ĕ	7a	Total unrela	ated business revenue fron	n Part \	/III, column (C), line 12 . .			7a		0
Q		b	Net unrelat	ed business taxable incom	e from	Form 990-T, I	ine 39 F.	B 2.4.	2021	7b		0
SCANNED JAN'I	- [Prior Year		Current Ye	ear
Z	os	8	Contributio	ns and grants (Part VIII, lin	e 1h).		DEC	EIVED	ENTITY:	92,087		318,198
円	2	9	Program se	rvice revenue (Part VIII, lin	e 2g)		1,120			o		1,297
	é	10	Investment	income (Part VIII, column i	(A), line	s 3, 4, and 7d)			0		0
7		11	Other rever	iue (Part VIII, column (A), lii	nes 5, (6d, 8c, 9c, 10d	c, and 11e)	· .		375		17,621
ź		12	Total revenu	re-add lines 8 through 11	(must e	equal Part VIII,	column (A), line	12)	1	92,462		337,116
-		13	Grants and	sımılar amounts paid (Part	IX, co	lumn (A), lines	1-3)	· L_		0		0
<		14	Benefits pa	id to or for members (Part		О		0				
7027	à l	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)									222,597
7.7	ž	16a	Professiona	l fundraising fees (Part IX,	columi	n (A), line 11e) <i></i>			O		0
	å.			aising expenses (Part IX, co				355	ં છે.	1,7,1	PO. 22 111	
2021	ן מ			nses (Part IX, column (A), li						47,335		82,598
			-	ses. Add lines 13-17 (mus				. [88,224		305,195
9	- 1			ss expenses. Subtract line				,		4,238		31,921
								Beg	inning of Curre	$\overline{}$	End of Ye	
MAR	Fund Balances	20	Total assets	(Part X, line 16)				,		54,421		87,891
	B			ies (Part X, line 26)				. 🗀		0		1,549
~ ₹	Ē			or fund balances. Subtract	line 21	from line 20			·	54,421		86,342
∞	Par		Signatur						· · · · · · · · · · · · · · · · · · ·			
14/-				declare that I have examined this	s return. I	ncludina accomo	anving schedules an	d statemer	nts, and to the I	nest of m	v knowledge and	belief, it is
				Declaration of preparer (other tha							,	
79			· · · · · · ·	2					-:	4/15	12020	
-75	ign	, [8ignatur	e of officer					Date	1	7 0.00	
い	lere	э	Rus	emary Garber	Exi	e custing	Director					
4		}	Type or	print name and litle		<u> </u>	W. Carlo					
	aic		Print/Type p	oreparer's name	Prepa	rer's signature		Date		Check	7 if PTIN	
10	'ai(self-emp		
		parer		· b					Firm's	FIN D		
0	Jse	Only	Firm's addr				······································	····	Phone			
m	lav	the IR		nis return with the preparer	showr	above? (see	instructions) .	, , ,			Tyes	□ No
			*************	on Act Notice, see the separ			······································	Cat. No 1	1282Y			90 (2019)

Part	· · · · · · · · · · · · · · · · · · ·
1	Check if Schedule O contains a response or note to any line in this Part III
•	Through holistic care, Scarlet Road offers the hope of freedom to those who have been sexually exploited.
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 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.
4a	(Code:) (Expenses \$ 117,155 including grants of \$) (Revenue \$ 117,155)
	Outreach
	Through survivor-created interactive training, our Outreach Team equips students, teachers and service providers to safely identify
	and respond to those in need, in addition to building an understanding of the local realities of the commercial sex trade. Connecting with local victims of sexual exploitation and validating their experiences, our Outreach Team offers hope and a safe way
	out of their situations.
4b	(Code) (Expenses \$ 150,524 including grants of \$) (Revenue \$ 150,524)
	Aftercare
	Through our comprehensive Aftercare Program, holistic restorative care is provided to those who have experienced sexual
	exploitation, empowering survivors to establish healthy, independent lives.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·
4-1	Other was grown new week (Decouple on Cabadula O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 267,679
	EVI/VIV

Part IV	Checklist of	Required	Schedules
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			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	res ✓	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	V	
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? If "Yes," complete Schedule C, Part II	4		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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, VII, 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		✓
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		✓
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax 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		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
ь 13	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 to property a consolidation of the organization a school described in accretion 170(b)(1)(A)(b	12b		<u>/</u>
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	<u></u>
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		<u> </u>
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_		✓_
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		✓
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		✓
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		✓
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<u>√</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>√</u>
		Form	990	(2019)

Form **990** (2019)

<u>Part</u>	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		V
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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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):		**	₹0.7 1
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		✓
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		✓
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		√
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 197 Note: All Form 990 filers are required to complete Schedule O.	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance 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	755	· , `	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ا، دوا		- 632 1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		J. 18

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		S. 12.5	1 6.15
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	1	1.4.6	13.7.15
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)	2000		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	✓
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	<u></u>	✓
b	If "Yes," enter the name of the foreign country ▶	多		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	52 400 3 47 5		197
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
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		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	被约.	-,45.14	100
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	C 10 25	34.25	****
	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	1	
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	2000 T	1. 67. 50 1. 67. 50	17.00
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	認為	1, 1, 1, 1,	BEAT.
	sponsoring organization have excess business holdings at any time during the year?	8		/
9	Sponsoring organizations maintaining donor advised funds.	ىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىد	證實	THE STATE
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		/
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		V
	Section 501(c)(7) organizations. Enter.		10 M	34
	Initiation fees and capital contributions included on Part VIII, line 12	18.75	13 3 1 K	接續
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	13%		18 J.
	Section 501(c)(12) organizations. Enter	2 33	- ', ',','	
	Gross income from members or shareholders		1. 2.	
	Gross income from other sources (Do not net amounts due or paid to other sources	1, 13	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	
	against amounts due or received from them.)	1, 2, 2, 1, 1, 1	- ; ;	- 1
	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 12b			1963.
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1.20	18.	· / - (
	Is the organization licensed to issue qualified health plans in more than one state?	13a	3. 157	L
	Note: See the instructions for additional information the organization must report on Schedule O.	12.75		
	Enter the amount of reserves the organization is required to maintain by the states in which			1887
	the organization is licensed to issue qualified health plans	200		
	Enter the amount of reserves on hand	N. 1937	33.9	1990
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		/
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		<u> </u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	<u> </u>	V
	If "Yes," see instructions and file Form 4720, Schedule N.	190	2.440	10,000
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		V
	If "Yes," complete Form 4720. Schedule O.	19. 14	14000	100

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.			
	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 1a	4 3	经总	
	If there are material differences in voting rights among members of the governing body, or	1. 35	g_2	(E. 17)
	if the governing body delegated broad authority to an executive committee or similar	د پائند	3 3	
	committee, explain on Schedule O.	3	5, 75	100
þ	Enter the number of voting members included on line 1a, above, who are independent . 1b 4	NO 5		3.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	/
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	L	/
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 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	11 4 10 to 12	V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	Section 1		
	the year by the following	1977.14		13000
a	The governing body?	8a	V	├─-
ь	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	<u> </u>	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C)
4.5			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		}
11a	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?	11a		├──
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	27.0		3.5
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	``
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>	
Ū	describe in Schedule O how this was done	12c	1	}
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by	The state of the s	10 mg	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			逐渐
a	The organization's CEO, Executive Director, or top management official	15a	✓	<u> </u>
b	Other officers or key employees of the organization	15b	/	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	¥35	#3-34 /
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	***	THE STATE OF	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	100	1, 152 (24)	
	organization's exempt status with respect to such arrangements?	16b	L	<u></u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Donn request Other (explain on Schedule O)	T (Sec	tion 5	501(c)
40	,	. مقسر کی	tont	، جارج،
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	n intel	esi p	лонсу,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	

Rosemary Garbe 1222 Park Ave, Bremerton WA 98337, 206-422-9244

Ρ	age	7

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 no		d org	anız	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and litle	(B) Average hours per week (list any	box,	unles er an	Position of check more than one inless person is both an rand a director/trustee)				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) John Garland	5						ĺ			
Director of the Board	ļ	✓			ļ			0	0	0
(2) Patricia Schindler Director of the Board	5	/						. 0	0	0
(3) John Hays	5					İ				
Director of the Board		✓			<u></u>			0		0
(4) Anne Ludlow	5									
Chairwoman of the Board	<u> </u>	✓		✓				0	0	0
(5) Lisa Wray	5			١.						
Secretary of the Board		✓					ļ		0	0
(6) Rosemary Garbe	10								_	_
Executive Director				<u> </u>	<u> </u>		ļ	\$13,780	0	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Ξmj	ploy	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
	(C)										
	(A)	(B)	د ا	_1 _1		ition	. 41		(D)	(E)	(F)
	Name and title	Average					e than o		Reportable	Reportable	Estimated amount
		hours	hours officer and a director/trus						compensation	compensation	of other
		per week (list any	악등	Ins	오	ξ _e	em Hig	Fo	from the organization	from related organizations	compensation from the
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
		related organizations	ctor	ğ	Ì	탏	98				related organizations
		below	trus	<u> </u>		yee	풡				
		dotted line)	tee	ıste			nsa				
				n n			l é				
(15)											
~				ŀ							
(16)											
(17)											
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(18)											
(19)											
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2000000								l			
(21)			1								
J											
(22)											
3			1								
(23)											
32			1			ŀ					
(24)						1					
3			1							:	
(25)								İ		,	
32			1								
1b	Subtotal		•	•	•			>	\$13,780	Ö	0
С	Total from continuation sheets to Part		n A					ightharpoons	0		0
d	Total (add lines 1b and 1c)							▶	\$13,780	0	0
2	Total number of individuals (including but						abovo	o) w) of
	reportable compensation from the organi							•			
											Yes No
3	Did the organization list any former of	officer, dire	ector.	tru	ste	e. k	cev e	lam	lovee, or highes	t compensated	1 10 10 10 10 10
_	employee on line 1a? If "Yes," complete									. ,	3 🗸
4	For any individual listed on line 1a, is the							n a	and other compe	esation from the	a 25 25 25
~	organization and related organizations										
	individual		*	,							4
5	Did any person listed on line 1a receive of	or accrue co	edmo	nsat	tion	fro	m anv	/ un	related organizat	tion or individua	
_	for services rendered to the organization										5 1
Secti	on B. Independent Contractors									· · · · · · · · · · · · · · · · · · ·	
1	Complete this table for your five high	nest comp	ensati	 ed	ınde	ene	ndent	CC	ontractors that r	eceived more	than \$100,000 of
•	compensation from the organization. Rep										
	(A)							Ţ	(B)		(C)
	Name and business add	lress							Description of serv	nces	Compensation
								T			
								 			··-
								T			· · · · · · · · · · · · · · · · · · ·
								†			
			,,-,					\vdash			
2	Total number of independent contractor	rs (includi	na bi	ıt n	ot i	limit	ted to	<u> </u>	nose listed above	e) who	4 8 1 5 1
4	received more than \$100,000 of compens							, LI	iooc iiotea abov	~, ······ ·	
				ე თ. •							

Ε	art VIII	Statement of F	Revenue
---	----------	----------------	---------

	Check if Schedule O contains a response or note to any line in this Part VIII											
						,	(A) Total revenue	• (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514		
ts ts	1a	Federated campaig	ns .		1a							
ra F	b	Membership dues			1b	0		经验的	建筑是多位的基础			
ھَ E	С	Fundraising events			1c	40,068	10 10 10 10 10 10 10 10 10 10 10 10 10 1	The reserve of the second	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
I Y	d	Related organizatio	ns		1d	0						
<u>.</u>	l e	e Government grants (contributions) 1e f All other contributions, gifts, grants,				0	The second of		The state of the s			
Contributions, Gifts, Grants and Other Similar Amounts	f							The state of the s	经验的基础	A CHEST OF THE SECOND		
ig ig		and similar amounts no			1f	278,130		The same of the sa	数型の 数子を設定が近後では	是的學家的		
はいる	_					270,130		1.00 p.c. 1.00 p.c. 20	第23第236章	[2007]		
<u> </u>	9		ncash contributions included in es 1a-1f			¢		新兴业等		Established States		
2 2		Total. Add lines 1a-			<u>1g</u>	5 20,210	1'					
	h	rotal. Add lines ra-	- 11 .		<u> </u>	Duran Code	318,198		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	THE SECTION STATES OF THE SECTION OF		
a			_			Business Code	电影图像是	CA. 19-4-15 (CA) 10-4-15	不知如此人名人名英克斯	素は発展の変化され		
Š	2a	Awareness/Prevention	on Ira	ining Class		611430	1,297	1,297	0	0		
re e	b	•				<u> </u>	0	0	0	0		
e S	С											
Program Service Revenue	d	***************************************										
. B	е		<u>.</u>									
۵.	f	All other program se	ervice	revenue		·						
	g	Total. Add lines 2a-	-2f .				1,297	च किया है। इसके को अपनी	可以可以	· 大學二十八年		
	3	Investment income	(ıncl	uding divi	dends	s, interest, and				',		
		other similar amoun	-				0	0	0	0		
	4	Income from investr		of tax-exem	npt ba	nd proceeds >	0	0	0,	0		
	5	Royalties		•		▶	0	0	0	0		
				(ı) Rea		(ii) Personal	等分类系统 為提	J. P. J. J. C. C. C. C.	经济部公司	25 3 1 3 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		
	6a	Gross rents	6a		· 0	0		The state of the s				
	b	Less rental expenses	6b		0	, 0	是是實施的影響					
٠.	C	Rental income or (loss)			0	0	Santa Caraca					
	d	Net rental income of			<u>_</u>	b	0	0	1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	U sala de la seria se estados de la seria de la seria del se estados de la seria de la seria del seria de la seria del seria de la seria del seria del seria de la seria del seria d		
	_	4	(1032	(i) Securit	ies .	(II) Other		The same of the same	The control of the	PARKELL - WARD COME		
	7a	Gross amount from		(1) 0000111								
		sales of assets other than inventory 7a			0	0				建设的		
		- 1	1 a					智斯 经成本条件		是是是是		
Revenue	D	Less cost or other basis	76		0					是是是不是		
Š	_	` '				0				的思想是		
Re l					0		14 - 11 1 (15 (15 (15 (15 (15 (15 (《公司的公司》 "不知是是是	2.3. 2.3. 1.5. 1.5. 1.5. 1.5. 1.5. 1.5. 1.5. 1		
e r	d	Net gain or (loss)				<u> </u>	0	0 	0	0		
Other	8a	Gross income from		ndraising		4		医扩展系统		是一个一个		
ا ک		events (not including		40,068								
		of contributions rep							を発生を発展			
		1c). See Part IV, line			8a	23,881		The second second				
	b	Less: direct expense			8b_	6,260	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	की विकास किया है है	語にはずずられ	ا الماري الماري الماري الماري الماري الماري الماري الماري الماري الماري الماري الماري الماري الماري الماري الم		
	С	Net income or (loss)	from	fundraisin	g eve	nts ▶	17,621	State lake the	0	17,621		
	9a		rom				1975 1946		的最高的問	是一种自己的主义的		
		activities. See Part I'	V, line	e 19	9a	0						
J	b	Less: direct expense	es .		9b	0	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			(1) (1) (2) (2) (4)		
	C	Net income or (loss)	from	gaming ac	tivitie	s >	0	0	0	0		
	10a	Gross sales of in		1			(1) 1. 生活を変われる	1133 L. C.	医感染 医透光	<u> </u>		
		returns and allowand			10a	О						
	b	Less cost of goods			10b	0	14年3日本的電影	福登局》:「国				
	C	Net income or (loss)				ry >	0	0	0	0		
, T			· ·		Ī	Business Code	-2 14 M 61 C-	5 (表) 医骨膜炎	2800 S. 1200 126 186 186 18	" en 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2		
cellaneous Revenue	11a						0	0	0	0		
힐힐	b		- -					0	0	0		
Revenue	C				·			, 0	0			
% &	ď	All other revenue		-				, 0	0	<u> </u>		
<u> </u>	e	Total. Add lines 11a	 _11~		١٠			1. 2. 2. 2. 2. 2. 2. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	NEW TRANSPORT	Martin Martin State of the Stat		
	12	Total revenue. See			•		207.440			17 7 4 5 5 6 5 6 5 6 5 6 5 6 5 6 6 6 6 6 6 6		
	14	Total revenue. See	mstru	ictions .		🏲	337,116	1297	0	17,621 Form 990 (2019)		
						•				1 Unit 222 (2013)		

Form 9	90 (2019)				Page 10
	X Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must comple				
	Check if Schedule O contains a response			(C)	
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		のは、大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0	がかるが、ならず	学に対象の対象に対
5	Compensation of current officers, directors, trustees, and key employees	13780	9632	2756	1392
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7	Other salaries and wages . `	185,483	176,529	3732	5221
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	6,736	6,237	224	276
10	Payroll taxes	16,598	15,527	521	550
11	Fees for services (nonemployees)		10,027	<u> </u>	
а	Management	0	0	0	o
b	Legal	0	. 0	0	0
С	Accounting	O	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0	商品が必然が必然		0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column		<u> </u>		
	(A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	7740	555	607	6,578
13	Office expenses	12,945	8,529	519	3,897
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	27,026	20,613	3,638	2,775
· 17	Travel	9,452	8,345	879	228
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	1,692	1,005	587	100

17,380

1,963

305,195

558

o

2,905

16,819

267,679

618

365

0

0

20

21

22

23

24

C

d

e

25

26

Payments to affiliates . .

Dues and Subscriptions

All other expenses

Volunteers

Depreciation, depletion, and amortization

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) Program Supplies

Total functional expenses. Add lines 1 through 24e

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) . . .

353

43

ol

1,147

0

0

0

208

198

150

0

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	54,421	1	68,841
	2	Savings and temporary cash investments	, 0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	. 0	4	15,000
	5	Loans and other receivables from any current or former officer, director,		7 - N	
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		্র 5	
	6	Loans and other receivables from other disqualified persons (as defined	3 mos 1985 - 1885 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 -		The Contract of the Contract
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	O	6	0
s	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0		0
As	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or other	All Marie Control of the Control of	11/13/15	是1200年1200年1200年1
	104	basis. Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b	1200	10c	4 1 1 2 2 2 2 4 5 5 - 2 4
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	. 0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	4,050
	16	Total assets. Add lines 1 through 15 (must equal line 33)	54,421	16	87,891
	17	Accounts payable and accrued expenses	0	17	1,549
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
ļ	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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
<u>ia</u>	00	· · · · · · · · · · · · · · · · · · ·	- 0	22	0
-	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0		0
		. 1			
	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	0	25	n
	26	Total liabilities. Add lines 17 through 25	0	26	1 540
10	20	Organizations that follow FASB ASC 958, check here ▶ □	100 Jan 18 18 18 18 18 18 18 18 18 18 18 18 18	20	1,545 1526 5 7 15 15 Miller
nces		and complete lines 27, 28, 32, and 33.			
3ag	27	Net assets without donor restrictions	0	27	0
9	28	Net assets with donor restrictions	0 <u>********************</u>	28	0 ************************************
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.		學的	
000	29	Capital stock or trust principal, or current funds	0	29	0
Set	30	Paid-ın or capital surplus, or land, building, or equipment fund	0	30	0
Asi	31	Retained earnings, endowment, accumulated income, or other funds	0	31	0
ह ह	32	Total net assets or fund balances	54,421	32	86,342
Z	33	Total liabilities and net assets/fund balances	54,421	33	87,891
					Form 990 (2019)

_	4	
Page	•	_

Part	XI Reconciliation of Net Assets			۸,	
	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		33	7,116
2	Total expenses (must equal Part IX, column (A), line 25)	2		30	5,195
3	Revenue less expenses. Subtract line 2 from line 1	3		3	1,921
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	4,421
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			0
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				
	33, column (B))	10		80	6,342
2art	XII. Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	· · ·	· · ·	
			(Yes	No
1	Accounting method used to prepare the Form 990 \ \textstyle Cash \ \textstyle Accrual \ \textstyle Other \ \textstyle \ \ \textstyle Other \ \ \textstyle Ot			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın	1 1 1 1 1 1 2 2	å l	
	Schedule O.		1, 5,3"	£ 1.20	ें दें
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 com-	piled o	1.75	1	
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		表包含	Park (20,17,20
b	Were the organization's financial statements audited by an independent accountant?		21	9000 Feb	<u>√</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		32	1 1 1 Table 1
	separate basis, consolidated basis, or both			True Park	
	Separate basis Consolidated basis Both consolidated and separate basis		需要項	البيعة أو وتوليز	75527,00
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	-		Ì	
	the audit, review, or compilation of its financial statements and selection of an independent accountain		2c	-3 V. W	200020
	If the organization changed either its oversight process or selection process during the tax year, ex	plain or			1222. (124 <u>1</u> 2
_	Schedule O.		2202		संस्थित
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in the			,
	Single Audit Act and OMB Circular A-133?		3a		<u>√</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such as survivad audit or audits a survivad audit or audits as survivad audit or audits.		: 3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	idite .	4.4		(0046)
			Forr	ո 990	(2019)

SCHEDULE A (Form.990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization 45-3703034 Scarlet Road

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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).) ☐ 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. 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 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.) 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 university 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 33½% 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 а 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 controlled in connection with its supported organization(s), by having b 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, C 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, 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). (iv) Is the organization (v) Amount of monetary (i) Name of supported organization (a) EIN (iii) Type of organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) " - 1' + 1' - 1' **Total**

	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
Secti	on A. Public Support						
Calen	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.")	59105	48096	148214	192462	227 116	794 002
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	29102	48096	146214	192462	337,116	<u>784,993</u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge					-	
4	Total. Add lines 1 through 3	59105	48096	148214	192462	337,116	784,993
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)	33403 1000					17,345
6	Public support. Subtract line 5 from line 4	286 BA	7.12 62 62 6 18	10 74 75 34	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1- 10 - 10 - 1, 20 - 1, 24	767,648
	on B. Total Support	1/2/10/6/2005		1.50	<u> </u>	25 23 8411 1	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	59105					784,993
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 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.		ons)			12	784,993
	First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Supports.	ere			-		▶ □
14	Public support percentage for 2019 (line			1, column (fl)		14	98 %
15 16a	Public support percentage from 2018 Sc 331/3% support test—2019. If the organ box and stop here. The organization qua	hedule A, Part l ization did not alifies as a publ	II, line 14 check the box icly supported	 on line 13, ar organization	 nd line 14 ıs 33	15 3 ¹ / ₃ % or more,	92 % check this ► ✓
b	331/3% support test—2018. If the organ this box and stop here. The organization						ore, check ▶ □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the organization	eets the "facts "facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organi	neck this box a zation qualifies	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets th meets the "fact	e "facts-and-c ts-and-circums	orcumstances' stances" test.	' test, check t The organizati	this box and son qualifies as	stop here. a publicly
18	Private foundation. If the organization d						

SCHEDULE G (Form, 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0047

Name of the organization Employer identification number Scarlet Road Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants □ Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts (or retained by) fundraiser listed in custody or control of contributions? (II) Activity (or retained by) from activity organization col (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Pa	rt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contributions	on answered "Yes" or and gross income on	n Form 990, Part IV, lii Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with
			(a) Event #1 Auction Event (event type)	(b) Event #2 Campaign Event (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	51,711	7,666	-	59,377
æ	2	Less [.] Contributions	27,830	7,666		35,496
	3	Gross income (line 1 minus line 2)	23,881	0		23,881
	4	Cash prizes	0	0		
	5	Noncash prizes	0	0		
ses	6	Rent/facility costs	1,840	0		1,840
Orect Expenses	7	Food and beverages	0	0		
Direct	8	Entertainment	550	0		550
	9	Other direct expenses .	3,870	_ 0		3,870
	10 11	Direct expense summary. Ac Net income summary. Subtra			>	6,260 17,621
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E	e organization answe			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
_ Re	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	San San San San San San San San San San
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from l	ıne 1, column (d)	<u> </u>	
Ş	a Is	nter the state(s) in which the oi the organization licensed to c "No," explain"	onduct gaming activitie	s in each of these states	s?	Yes No
10			_	d, suspended, or termin	ated during the tax year	r? . ∐Yes ∐No

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

2019
Open to Public Inspection

Employer identification number Name of the organization 45-3703034 Scarlet Road Director relationship with key employee (Part VI, Section A, Line 2) Anne Ludlow, Chairwoman of the Board of Directors, is the mother of Rosemary Garbe, Executive Director. This does not violate the conflict of interest policy and is disclosed to all relevant parties. 2. Description of 990 review process used by the organization (Part VI, Section B, Line 11b) The Board of Directors Finance Committee, Director of Finance and Executive Director have received the 990 for review, including attached schedules and supporting documents. 3. Description of organization regluarly and consistently monitoring and ofiance with the Conflict of Interest Policy (Part VI, OGDEN Section B, Line 12c) Each new hire and board member is assessed when brought on to ensure compliance. 4. Description of compensation determination (Part VI, Section B, Line 15 a and b) All upper level management, key employees and Executive Director's compensation is determined and approved by the Board of Directors. 5. Description of how the organization made its governing documents, conflicts of interest policy and financial statements available to the public during the tax year (Part VI, Section C, Line 19) The aforementioned documents are available upon request. The organization's contact information is located on its website through which an inquirer could get connected with someone who has access to the governing documents, conflict of interest policy and financial statements.