May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

PA

MEDIA,

Firm's address

19063

X Yes No Form **990** (2019)

610-565-1120

Phone no

Form 990 (2019) WYNNEFIELD OVERBROOK REVITALIZATION 83-0444104	Page 2
Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III	X
-1 Briefly describe the organization's mission INFORMING RESIDENTS OF POTENTIAL PROGRAMS ON HOW TO IMPROVE THEIR NEIGHBORHOODS THROUGH EDUCATION AND TRAINING.	
A C III	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
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?	Yes X No
If "Yes," describe these changes on Schedule O	☐ Tes ☑ NO
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 \$ 24,139 including grants of \$) (Revenue \$ BOOT CAMP PROGRAM - A TRAINING PROGRAM FOR BLOCK CAPTAINS TO ORGABLOCKS TO KEEP THEM SAFE, CLEAN AND INFORMED REGARDING DIFFERENT PROGRAMS AND EVENTS.	
4b (Code)(Expenses \$ 86,176 including grants of \$) (Revenue \$ DISTRICT DAY EVENT - A COMMUNITY SUPPORT EVENT WITH INFORMATION, ENTERTAINMENT AND RESOURCES FOR DIFFERENT STATE AND CITY PROGRAMS AVAILABLE TO THE COMMUNITY.) WHICH ARE
4c (Code)(Expenses \$ 87,364 including grants of \$) (Revenue \$ CORRIDOR IMPROVEMENTS - PROGRAMS TO CLEAN THE STREETS, SIDEWALKS STOREFRONT AREAS VITAL TO THE SUSTAINED PROMOTION OF A SAFE AND P	
FRIENDLY THOROUGHFARE ON THE TARGETED WYNNEFIELD OVERBROOK AREA. 4d Other program services (Describe on Schedule O) (Expenses \$ 42,634 including grants of \$) (Revenue \$)
4e Total program service expenses ▶ 240,313	Form 990 (2019)
DAA	earm a a u (2019

Checklist of Required Schedules Part IV

- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III
- 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
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 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
- If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - 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
- c 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
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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

	Yes	No
	v	
2	X	
	21	-
3		Χ
4		X X X
5_		х
=		
6		Х
7		х х х
8		x
9		Х
10		X
10		
11a		Х
11b		X X X X
		.,
11c		X
11d		Χ
11e		X
11f	Х	
	X	
12a		
12b		X
13		X
14a		X
14b		Х
15		Х
16		Х
17		Х
		v
18		^
19		X
20a 20b		
200		
21	L	X
For	m 990	(2019)

Form **990** (2019)

_ P	art ty 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			١,,
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	X
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		Х
24a		23		\triangle
2-74	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b</i>			ĺ
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ì		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			1
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			v
28	persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	27		X
20	IV instructions, for applicable filing thresholds, conditions, and exceptions)			ĺ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			ĺ
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ĺ
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	ı
P	art V 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 1a 2		-	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			:
	reportable gaming (gambling) winnings to prize winners?	1 10	\mathbf{x} 1	

					Yes	No
-2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				163	140
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	•
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е				
	organization solicit any contributions that were not tax deductible as charitable contributions?			_6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns 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 g	joods		-		
	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	s				
	required to file Form 8282?			7c	ļ	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e	ļ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		<u>7f</u>	<u> </u>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		·	7 <u>g</u>	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			C? 7h	ļ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e			
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	امدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	المما				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
120						
12a h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	•	12a	ļl	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
a	Is the organization licensed to issue qualified health plans in more than one state?			13a	1	
a	Note: See the instructions for additional information the organization must report on Schedule O			134		
b						
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c	<u> </u>			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	.56	-	14a	 	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O		14b		- 11
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		or	1.45	† <u>-</u>	
. •	excess parachute payment(s) during the year?	2511	- .	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	Incom	e?	16		Χ
-	If "Yes," complete Form 4720, Schedule O		=			
	,			Fo	m 990	(2019)

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 11 b Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? 2 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 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official 15a $X_{\underline{}}$ 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? Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ PΑ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website | X | Upon request | Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > 20 5600 CITY AVENUE GERALD MURPHY PA 19131 610-660-1241 PHILADELPHIA

E- 000 (0010)	MANAGE TO TO TO TO	AMPHORACIA	REVITALIZATION	02 0444104
Form 990 (2019)	WYNNE FIFILL	OVERBRUCK	REVITALIZATION	83-0444104

Page 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 orga	anization nor an	y rela	ated	orga	nıza	tion c	om	pensated any current office	r, director, or trustee	
(A) Name and title	(B) Average hours per week (list any	Average (do per week box (tist any office			rson ı	than o s both r/truste	an ee)	(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) GERALD MURPHY										
	40.00	١,,		,				٥٢ ٥٥٥	0	0 550
EXECUTIVE DIRECTOR (2) CATHERINE WARD	0.00	X	├—	X				85,000	0	2,550
(2) CAIRERINE WARD	1.00									
CHAIR PERSON	0.00	X		Х				o	0	0
(3) REVEREND DAN JOY	CE	1			 					
(.,	1.00									
BOARD MEMBER	0.00	Х						0	0	0
(4) STANLEY TARAILA										
	1.00									
BOARD MEMBER	0.00	X		Х				0	0	0
(5) WADELL RIDLEY										
DOIND MEMBER	2.00	7								
BOARD MEMBER (6) STEPHEN COX	0.00	Х		-	 			0	0	0
(6) STEPHEN COX	1.00									
TREASURER	0.00	X		Х				o	0	0
(7) JAY JOHNSON	0.00	 		<u> </u>						<u></u>
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.00									
SECRETARY	0.00	Х		Х				. 0	0	0
(8) JAMILLAH MOORE										
	1.00									
BOARD MEMBER	0.00	X		_		\square		0	0	0
(9) TERRENCE FOLEY	1 00									
	1.00	١,,							0	0
BOARD MEMBER (10) JOHN PAONE	0.00	Х						0	0	0
(10) JOHN PAONE	1.00									
VICE CHAIRMAN	0.00	X						0	0	0
(11) TONY NICHOLS	0.00	 ^`								0
(, 10111 1110110110	1.00									
BOARD MEMBER	0.00	Х			l			0	0	0_

	9) WYNNEFIEI		ROOK REVITAL			
13 mark \$ 1711	Section A Officers	. Directors, Tru:	stees, Key Employees,	and Highest Co.	mpensated Employe	ļ
Part VII	Occion A. Omoora	, 5 6 6 6 7 7 7 6				

Part VII	Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any	bo. off	x, unle icer a	Pos check ess pe nd a c	rson Irecto	than costs both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimate of c compe fron	ther nsation i 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)	related or	ation and	
			!										
					_								
1b Subto	ntal								85,000			2.	550
c Total	from continuation she (add lines 1b and 1c)							>	85,000				550
2 Total report	number of individuals (ir able compensation from	icluding but not the organization	limite n ▶	d to	thos	se lis	ted a	abov	re) who received more than	\$100,000 of		Yes	No
	e organization list any fo oyee on line 1a? <i>If "Yes,</i> "								ee, or highest compensated	d	3	103	X
4 For a	ny individual listed on lin ization and related orgai	e 1a, is the sum	of re	port	able	com	pens	satio	on and other compensation complete Schedule J for suc		4		Х
for se	rvices rendered to the o	rganization? If "							ny unrelated organization or for such person	ındıvıdual	5_		Х
1 Comp	Independent Contractor plete this table for your fi	ve highest comp	ensa	ted	ınde	pend	dent d	cont	ractors that received more	than \$100,000 of		<u> </u>	
comp		ization Report o (A) I business address	omp	ensa	ition	for t	he ca	alen	dar year ending with or with Descrip	un the organization's tax year (B) uon of services	·	(C) Compens	ation
			_										
	, <u>, , , , , , , , , , , , , , , , , , </u>									···			
								<u> </u>				.,	
2 Total receiv	number of independent red more than \$100,000	contractors (incl of compensatio	udino n froi	g but m the	not e org	limit janiz	ed to	tho	se listed above) who	0			

•	rt V	Check if		f Revenue edule O conf	tains a	respor	nse or note	to any line in this	s Part VIII		
•								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
at st	1a	Federated camp	aigns		1a						
Srar	b	Membership due	es		1b						
S, C	С	Fundraising eve	nts		1c						
Gift	d	Related organization	ations		1d						
S, in	е	Government grants (co	ntributio	ns)	1e		42,709				
itio er S	f	All other contributions,	-								
ğ		and similar amounts no	ot include	ed above	1f		175,392				
Contributions, Gifts, Grants and Other Similar Amounts	g				1g	\$		010 101			
<u>ة ن</u>	h	Total. Add lines	1a-11	·			▶	218,101			
	2-	DD00D31/ 0D					Business Code	10 361	10 364		
ice ice	2a	PROGRAM SE	RVICE	E REVENUE	•			48,364	48,364		
Program Service Revenue	b c										
an See	d										-
P. S.	e										
₫	f	All other program	n serv	rice revenue							
		Total. Add lines						48,364			
	3	Investment inco	me (ın	cluding dividen	ds, inte	rest, and					
		other similar am	ounts))			▶				
	4	Income from inv	estme	ent of tax-exemp	ot bond	proceeds	▶				
	5	Royalties		·			•				ļ
				(ı) Real		(0)	Personal				
	6a		6a								
	b	Less rental expenses	6b								
	C	Rental inc or (loss)	6c							<u></u>	
	d 7a	Net rental incom Gross amount from	ie or ((ı) Securitie	<u> </u>	1 111) Other				
		sales of assets	7a	(i) decaritie	-	,,,	, 011101				
ø	h	other than inventory Less cost or other	'a						,		
Other Revenue		basis and sales exps	7b								
Šev	С	Gain or (loss)	7c		•						
er		Net gain or (loss	 s)				•				
댦		Gross income from		ising events							
		(not including \$									
		of contributions rep		on line 1c)							
		See Part IV, line 18			8a						
		Less direct exp			8b						
		Net income or (I		-	events		•			······	
	9a	Gross income from	-	g activities							
		See Part IV, line 19			9a						
		Less direct expenses or (I			9b						
		Gross sales of I			Villes						
	IUa	returns and allow			10a						
	b	Less cost of go			10b						
		Net income or (I					▶				
<u>~</u>							Business Code				
Miscellaneous Revenue	11a										
lan	b							,			
See.	С										
Σ		All other revenue								<u>-</u> .	
_		Total. Add lines					<u> </u>		40 5 -	<u> </u>	
	12	Total revenue.	See in	structions			▶	266,465	48,364	0	1 0

Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			plete column (A)	X
Do n	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	85,000	85,000		
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	2 5 5 0	2 [[]		
_	section 401(k) and 403(b) employer contributions)	2,550	2,550		
9	Other employee benefits	6,780	6 700		
10	Payroll taxes	0,700	<u>6,</u> 780		
11	Fees for services (nonemployees) Management				
a b	Legal			· · · · · ·	
C	Accounting	8,800		8,800	
d	Lobbying	0,000		0,000	<u> </u>
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O)	29,703	29,703		
12	Advertising and promotion				···
13	Office expenses	5,114	4,380	734	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	132	•	132	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	.717		717	
20	Interest			-	
21	Payments to affiliates	· · ·			
22	Depreciation, depletion, and amortization	2,716		2 716	
23	Insurance	2,710		2,716	······································
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)				
а	CORRIDOR ENHANCEMENTS	39,217	39,217		
b	SUPPLIES	23,574	23,574		
c	ENTERTAINMENT	22,652	22,652		
d	OUTSIDE SERVICES	12,764	12,764		
е	All other expenses	18,443	13,693	4,750	
25	Total functional expenses. Add lines 1 through 24e	258,162	240,313	17,849	0
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)			,	

Part X Balance Sheet

	Check if Schedule O contains a response or note	-	(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest-bearing		218,482	1	222,774
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	17,709
4	Accounts receivable, net			4	<u>13,756</u>
5	Loans and other receivables from any current or former	officer, director,			
	trustee, key employee, creator or founder, substantial c	ontributor, or 35%			
	controlled entity or family member of any of these person	ons		5	······
6	Loans and other receivables from other disqualified per	sons (as defined			
	under section 4958(f)(1)), and persons described in sec	tion 4958(c)(3)(B)		6	·-
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges	r 1	1,253	9	1,221
10a	Land, buildings, and equipment cost or other				
	basis Complete Part VI of Schedule D	10a			
b	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities			11	
12	Investments—other securities See Part IV, line 11			12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 3	3)		16	<u> 255,460</u>
17	Accounts payable and accrued expenses			17	13,213
18	Grants payable		18	1.4 600	
19	Deferred revenue			19	14,609
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV			21	
22	Loans and other payables to any current or former office				
	trustee, key employee, creator or founder, substantial c	•			
22	controlled entity or family member of any of these person			22	***
23	Secured mortgages and notes payable to unrelated third			23	
24	Unsecured notes and loans payable to unrelated third p			24	
25	Other liabilities (including federal income tax, payables to				
	parties, and other liabilities not included on lines 17-24)	Complete Part X			
200	of Schedule D		100	25	27,822
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	<u> </u>	400	26	21,022
27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		219,335	27	207,638
27 28				28	20,000
20	Organizations that do not follow FASB ASC 958, che	ock horo			20,000
	and complete lines 29 through 33.	sck liefe P			
27 28 29 30 31 32	Capital stock or trust principal, or current funds			29	
30	Paid-in or capital surplus, or land, building, or equipmen	at fund		30	
31	Retained earnings, endowment, accumulated income, or			31	
: "		a outer tunus		32	227,638
32	Total net assets or fund balances				

Form	990 (2019) WYNNEFIELD OVERBROOK REVITALIZATION 83-0444104				Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
٠1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>465</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		25	8,	162
3	Revenue less expenses Subtract line 2 from line 1	3				303
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		21	9,	335
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		22	27,	638
Рa	irt 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 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O			- 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		<u>_</u> 2	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O			- 1		
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?		_ 3	3a		X
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		3	b		
				Form	1 990	(2019)

\$CHEDULE 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 chantable 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

Employer identification number

2019

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

WYNNEFIELD OVERBROOK REVITALIZATION CORPORATION

CORPORATION 83-0444104

Reason for Public Charity Status (All organizations must complete this part) See instructions

he (orga	nization is not	a private foundation becaus	e it is (For lines 1 through 12, o	check only	one box	:)	1
1		A church, cor	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(ʻ	1)(A)(i).	
2		A school des	cribed in section 170(b)(1)(A)(ıi). (Attach Schedule E (Forr	n 990 or 9	90-EZ))	() [
3		A hospital or	a cooperative hospital service	ce organization described in se	ction 170	(b)(1)(A)(iiı).	
4		A medical res	search organization operated	d in conjunction with a hospital	described	ın sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,
		city, and state	е					
5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a g	overnmental unit described in	
		section 170(b)(1)(A)(iv). (Complete Part	II)				
6	\Box	A federal, sta	ite, or local government or g	overnmental unit described in s	ection 17	'0(b)(1)(A	۸)(٧).	
7	X	-	on that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fromplete Part II)	om a gove	ernmenta	I unit or from the general public	;
8	П			170(b)(1)(A)(vi). (Complete Part	t II)			
9	П	An agricultura	al research organization des	cribed in section 170(b)(1)(A)(ix) operat	ed in con	junction with a land-grant colle	ge
		•	•	of agriculture (see instructions)			-	
10	\Box		on that normally receives () more than 33 1/3% of its sup	nort from	contributi	ons membership fees and ord	199
	LJ	•	,	npt functions—subject to certain	•		•	
		• •	•	nd unrelated business taxable in 0, 1975 See section 509(a)(2)	•		· ·	
11	\Box		_	exclusively to test for public safe				
12	Ħ	•	•	exclusively for the benefit of, to	•			ses
		•	•	ations described in section 50	•			
		Check the bo	x in lines 12a through 12d th	nat describes the type of suppor	rting orgai	nization a	nd complete lines 12e, 12f, and	d 12g
	а			erated, supervised, or controlled	•			ng
		• •	• ''	ver to regularly appoint or elect omplete Part IV, Sections A a		of the di	rectors or trustees of the	
	b	Type II.	A supporting organization su	pervised or controlled in connec	ction with	its suppo	rted organization(s), by having	
		control or	management of the suppor	ting organization vested in the	same pers	sons that	control or manage the support	ed
		organizat	ion(s) You must complete	Part IV, Sections A and C.				
	С			upporting organization operated tructions) You must complete				ith,
	d	Type III r	non-functionally integrated	I. A supporting organization ope	erated in c	onnection	n with its supported organization	n(s)
		that is no	t functionally integrated. The	e organization generally must sa	atisfy a dis	stribution	requirement and an attentivene	ess
		requireme	ent (see instructions) You r	nust complete Part IV, Sectio	ns A and	D, and P	art V.	
	е			eived a written determination fr			s a Type I, Type II, Type III	
				n-functionally integrated suppor	ting organ	lization		
	f		nber of supported organizati					
	g		T	e supported organization(s)	10.31.0		T	
(1)		e of supported ganization	(ii) EIN	(III) Type of organization (described on lines 1–10	1 ' '	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
	O, E	garnzation		above (see instructions))	1 -	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)					1			
(D)			,					
(E)					+	 		
\ <u>-</u> ,								
Γota	ı		[1	.	<u> </u>	[

Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support									
Caler	idar 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")	162,814	216,920	192,409	201,067	218,	101	991,311		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				_					
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	162,814	216,920	192,409	201,067	218,	101	991,311		
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							991,311		
Sec	tion B. Total Support									
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total		
7	Amounts from line 4	162,814	216,920	192,409	201,067	218,	101	991,311		
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	Total support. Add lines 7 through 10							991,311		
12	Gross receipts from related activities, etc					L	12	48,364		
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	r as a section 501	(c)(3)				
	organization, check this box and stop her									
Sec	tion C. Computation of Public Su						 -			
14	Public support percentage for 2019 (line 6			n (f))		-	14	100.00%		
15	Public support percentage from 2018 Sch					L	15	100.00%		
16a	33 1/3% support test—2019. If the organ				3 1/3% or more, c	heck this		▶ 57		
	box and stop here. The organization qual	•	• •					ightharpoons		
b	33 1/3% support test—2018. If the organ				5 is 33 1/3% or mo	ore, check		. □		
	this box and stop here. The organization									
17a	10%-facts-and-circumstances test-201	•								
	10% or more, and if the organization mee				•					
	Part VI how the organization meets the "fa organization	icts-and-circumsta	nces" test i ne org	janization qualifies	as a publicly supp	опеа		> _		
b	10%-facts-and-circumstances test—201	•								
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.									
	Explain in Part VI how the organization me supported organization	eets the "facts-and	-cırcumstances" te	st The organizatio	n qualifies as a pu	iblicly		▶ □		
18	Private foundation. If the organization de instructions	d not check a box o	on line 13 _, 16a, 16	b, 17a, or 17b, che	ck this box and se	e		▶ □		

Page 2

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33/1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and com	olete Part V	<u> </u>	
<u>Sect</u>	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		L
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6]
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7]	1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a]	1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
~	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	•	1
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
J	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	1	1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	50		
·va	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	1	1
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100		
b	Did the diganization have any excess business holdings in the tax year. (Ose ochedule o, rollin 4720, to	1	1	1

Page 4

determine whether the organization had excess business holdings)

Schedu	ule A (Form 990 or 990-EZ) 2019 WYNNEFIELD OVERBROOK REVITALIZATION 83-0444	104		Page 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>Sect</u>	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	[1]	1	1
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	1	1
Sect	ion C. Type II Supporting Organizations			1
<u> </u>	ion of Type it dupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		1	1
Sact	the supported organization(s) ion D. All Type III Supporting Organizations		l	1
3600	ion b. An Type in Supporting Organizations			1
	Did the assessment or many de to each of the assessment or a house house has done of the fifth would of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins.	tructions)		
		ſ		,
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b		

Page 6	6
--------	---

instructions. All other Type III non-functionally integrated supporting organizat	ions must comple	te Sections A through E	
ection A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		,
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<u> </u>	
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Pari	Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)	<u> </u>			
Secti	on D - Distributions			Current Year			
1_	Amounts paid to supported organizations to accomplish exempt purpos	es					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations					
4	Amounts paid to acquire exempt-use assets		·	<u> </u>			
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the organizations	tion is responsive		•			
	(provide details in Part VI) See instructions						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount		т				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See						
	Instructions		. : :	e Catan e e e e e e			
3	Excess distributions carryover, if any, to 2019 From 2014			in in the first term of the second se			
	From 2015						
	From 2016		······································	h- 1997 1			
	From 2017	y 1 ++++++ ++++					
	From 2018						
	Total of lines 3a through e						
	Applied to underdistributions of prior years	······································		***************************************			
	Applied to 2019 distributable amount						
	Carryover from 2014 not applied (see instructions)						
<u>-</u> -	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2019 from		dilli-r + r, r,	7-1 (1888)-188			
•	Section D. line 7	4	"" HEX	ha muu , , ,			
a	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·		····			
	Applied to 2019 distributable amount						
	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2019, if						
	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI See instructions		,				
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1 For result greater than zero, explain in						
	Part VI See instructions						
7	Excess distributions carryover to 2020. Add lines 3j	***************************************					
	and 4c						
8	Breakdown of line 7						
а	Excess from 2015						
b	Excess from 2016						
C	Excess from 2017						
	Excess from 2018						
	Evenes from 2010						

Schedule A (Form 990 or 990-EZ) 2019

WYNNEFIELD OVERBROOK REVITALIZATION 83-0444104

Page 8

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

	of the organization		Employer in	dentification number
	YNNEFIELD OVERBROOK REVITALIZATION		02 0	1 1 1 1 0 1
	DRPORATION Tt Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A		444104 s.
	Complete if the organization answered "Yes" on I		/-	. F
_		(a) Donor advised funds	(0)	Funds and other accounts
	Total number at end of year			··
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			·
	Aggregate value at end of year			·
5	Did the organization inform all donors and donor advisors in writing tha			□ v □ v
_	funds are the organization's property, subject to the organization's excl			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in			
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose		□ vaa □ Na
Da	conferring impermissible private benefit? If I Conservation Easements.			☐ Yes ☐ No
ra	rt II Conservation Easements. Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	call that apply)		
	Preservation of land for public use (for example, recreation or educ		•	
	Protection of natural habitat	Preservation of a certified his	storic struc	ture
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse		
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structure inc		2c	
d	Number of conservation easements included in (c) acquired after 7/25/	/06, and not on a		
	historic structure listed in the National Register		2d	
	Number of conservation easements modified, transferred, released, ex	dinguished, or terminated by the organiza	tion during	the
	tax year ▶			
	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mon	nitoring, inspection, handling of		п, п.
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	of violations, and enforcing conservation e	asements	during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation easen	nents durin	g the year
8	▶ \$ Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170/h\/4\/P\/	۸	
0	and section 170(h)(4)(B)(II)?	the requirements of section Trothit A/D/(,	Yes No
9	In Part XIII, describe how the organization reports conservation easem	nents in its revenue and evnense statemer	nt and	
3	balance sheet, and include, if applicable, the text of the footnote to the	· · · · · · · · · · · · · · · · · · ·		ne
	organization's accounting for conservation easements			
Pa	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on		Similar /	Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to		ce sheet w	orks
	of art, historical treasures, or other similar assets held for public exhibit			
	service, provide in Part XIII the text of the footnote to its financial state		•	
b	If the organization elected, as permitted under FASB ASC 958, to repo		heet works	of
	art, historical treasures, or other similar assets held for public exhibition			
	provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or	r other similar assets for financial gain, pro	ovide the	
	following amounts required to be reported under FASB ASC 958 relation			
а	Revenue included on Form 990, Part VIII, line 1		>	\$
b	Assets included in Form 990, Part X			\$

e Other

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

DAA

Schedule D (Form 990) 2019	WYNNEFTELD	OVERBROOK	REVITALIZATION	83-0444104
Scriedule D (FOITI 990) 2019	44 T T T T T T T T T T T T T T T T T T	OARIODIOON		00 011101

•			e 11b See Form 990, Par	(A, III)
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	uation
\ 			Cost of end-or-year in	aret value
) Financial (
-	eld equity interests			
) Other		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments – Program Related. Complete if the organization answered "Yes	os" on Form 000 Bort IV line	110 Soo Form 000 Por	t V. lino 12
	(a) Description of investment	(b) Book value	(c) Method of val	
	(a) Description of investment	(b) Book value	Cost or end-of-year m	
1)			out or your m	·-· · -·· • •
2)				
3)				
4)				
5)				
6)				
7)				
(8)				
(9)	7/h) must squal Form 000 Bort V and /B) line 12.)	•		
	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		<u> </u>	
Part IX	Complete if the organization answered "Ye	es" on Form 990 Part IV line	a 11d See Form 990 Par	t Y June 15
			s riu. Occ i omii 550, i ar	LA, IIIIG IO
(4)	(a) Descrip			(b) Book value
(2)				
3)				
(2) (3) (4)				
(2) (3) (4)				
(2) (3) (4) (5)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8)				
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	(a) Descrip			
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.	tion		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Ye	tion		(b) Book value
2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X	n (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.	tion		(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Ye line 25	tion		(b) Book value
2) 3) 4) (5) 6) (7) 8) (9) otal. (Column Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yeline 25 (a) Description of liability	tion		(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colum Part X 1) Federal 2)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yeline 25 (a) Description of liability	tion		(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal 2) 3)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yeline 25 (a) Description of liability	tion		(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal 2) 3) 4)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yeline 25 (a) Description of liability	tion		(b) Book value
2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X) (1) Federal (2) (3) (4) (5)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yeline 25 (a) Description of liability	tion		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) (3) (4) (5)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yeline 25 (a) Description of liability	tion		(b) Book value
2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X (1) Federal (2) (3) (4) (5) (6) (7)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yeline 25 (a) Description of liability	tion		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal (2) (3) (4) (5) (6) (7) (8)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yeline 25 (a) Description of liability	tion		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yeline 25 (a) Description of liability	tion		(b) Book value

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

<u>iche</u>	<u>dule D (Form 990) 2019 WYNNEFIELD OVERBROOK REVITAL</u>	<u> </u>) 4	Page 4
₽₽	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.		
· 1	Total revenue, gains, and other support per audited financial statements		1	284,465
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b 18,000		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	18,000
3	Subtract line 2e from line 1		3	266,465
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b]	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	266,465
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per l	Retur	'n.
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	276,162
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a 18,000		
b	Prior year adjustments	2b]	
С	Other losses	2c]	
d	Other (Describe in Part XIII)	2d]	
е	Add lines 2a through 2d		2e	18,000
3	Subtract line 2e from line 1		3	258,162
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII)	4b] !	

Part XIII Supplemental Information.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART X - FIN 48 FOOTNOTE

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA ("U.S. GAAP") REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF WORC HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE BOARD HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WORC IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

4c

258,162

Schedule D (Form 990) 2019 WYNNEFIELD OVERBROOK REVITALIZATION 83-0444104

Page 5

Part XIII Supplemental Information (continued)

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

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

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

Open to Public Inspection

Name of the organization

WYNNEFIELD OVERBROOK REVITALIZATION CORPORATION

Employer identification number 83-0444104

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
OTHER PROGRAM EXPENSES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD VOTES AND APPROVES THE EXECUTIVE DIRECTOR AND THE SALARY IS APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION MADE AVAILABLE UPON REQUEST

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

	TOT/P	ROG SERVICE	MGT &	GENERAL	FUNDI	RAISING	
DIRECTOR OF DEVELOPMENT							
	\$	27,343	\$	0	\$	0	
PAYROLL SE	ERVICE F	EES					
	\$	2,360	\$	0	\$	0	
	TOTAL						
	\$	29,703	\$	0	\$	0	