

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

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

**2019**

**Open to Public Inspection**

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning **January 1**, 2019, and ending **December 31**, 2019

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **Stout Street Foundation**  
 Doing business as  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**7251 E 49th Avenue**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Commerce City, CO 80022**

**D** Employer identification number  
**84-0730357**

**E** Telephone number  
**303-321-2533**

**G** Gross receipts \$ **4,762,025**

**F** Name and address of principal officer **Christopher Conway**  
**7251 E 49th Avenue Commerce City, CO 80022**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) for  527

**J** Website: ▶

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation **1976**

**M** State of legal domicile **CO**

| Part I Summary   |   | Prior Year  | Current Year             |
|--|---|---|--------------------------|
| Activities & Governance  | 1 Briefly describe the organization's mission or most significant activities: <b>Stout Street Foundation operates an in-patient treatment center providing counseling, room and board, supervision and job training to ex-substance abusers. The period of residency is up to 3 years. Approximately 350 people participate annually.</b> |   |                          |
|  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |   |                          |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)   | 3   | 10                       |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)   | 4   | 10                       |
|  | 5 Total number of individuals employed in calendar year 2019 (Part VI, line 2a)   | 5   | 34                       |
|  | 6 Total number of volunteers (estimate if necessary)  | 6   |                          |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12   | 7a  |                          |
| b Net unrelated business taxable income from Form 990-T, line 39                     | 7b  |   |                          |
| Revenue  | 8 Contributions and grants (Part VIII, line 1h)   | 1,940,679   | 1,674,683                |
|  | 9 Program service revenue (Part VIII, line 2g)  | 3,566,682   | 3,048,618                |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 7,995   | 11,639                   |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 32,916  | 27,085                   |
|  | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 5,548,271   | 4,762,025                |
|  | Expenses  | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) |                          |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)                     |   |   |                          |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) |   | 1,334,034   | 1,543,894                |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                    |   |   |                          |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶                        |   |   |                          |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      |   | 3,548,300   | 3,372,206                |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 4,882,334   | 4,916,100   |                          |
| 19 Revenue less expenses. Subtract line 18 from line 12                              | 665,937   | -154,075  |                          |
| Net Assets or Fund Balances  | 20 Total assets (Part X, line 16)   | Beginning of Current Year<br>5,766,267                              | End of Year<br>5,363,357 |
|  | 21 Total liabilities (Part X, line 26)  | 1,252,661   | 1,003,826                |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20   | 4,513,606   | 4,359,531                |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: *Christopher J Conway* Date: **4-14-2020**

Type or print name and title: **CHRISTOPHER J CONWAY PRESIDENT/CEO**

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_

Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_

Firm's address: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Stout Street Foundation operates an in-patient treatment center providing counseling, room and board, supervision and job training to ex-substance abusers. The period of residency is up to 3 years. Approximately 350 people participate annually.

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 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 No

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 \$ including grants of \$ ) (Revenue \$ )

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

**Part IV Checklist of Required Schedules**

|  | Yes | No |   |
|--|-----|----|---|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1   | ✓  |   |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2   | ✓  |   |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |    | ✓ |
| 4 <b>Section 501(c)(3) organizations.</b> 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   |    | ✓ |
| 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? If "Yes," complete Schedule D, Part III  | 8   |    | ✓ |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9   |    | ✓ |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10  |    | ✓ |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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  | 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 |    | ✓ |
| 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   | 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 |    | ✓ |
| e 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 |    | ✓ |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a | ✓  |   |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |    | ✓ |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |    | ✓ |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |    | ✓ |
| 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 |    | ✓ |
| 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  | ✓  |   |
| 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |    | ✓ |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |    |   |
| 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  |    | ✓ |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements for Form 990 filers.

Part 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 [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question, Yes, No. Rows include 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b, 15, 16.

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

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, members/stockholders, and documentation of meetings.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed - Colorado
18 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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Keenan van de Boogaard<br>Chairman of the Board | 0  | ✓  |                       |         |              |                              |        |  |   |   |
| (2) Eileen Schurmann<br>Voce Chairman of the Board  | 0  | ✓  |                       |         |              |                              |        |  |   |   |
| (3) Yolanda Gotier<br>Secretary of the Board        | 0  | ✓  |                       |         |              |                              |        |  |   |   |
| (4) Jim Haldermann<br>Treasurer of the Board        | 0  | ✓  |                       |         |              |                              |        |  |   |   |
| (5) Kenneth Wilson<br>Board Member                  | 0  | ✓  |                       |         |              |                              |        |  |   |   |
| (6) Jonathan De Carlo<br>Board Member               | 0  | ✓  |                       |         |              |                              |        |  |   |   |
| (7) Joanne Lah<br>Board Member                      | 0  | ✓  |                       |         |              |                              |        |  |   |   |
| (8) Dale Algrim<br>Board Member                     | 0  | ✓  |                       |         |              |                              |        |  |   |   |
| (9) Chris Gilbert<br>Board Member                   | 0  | ✓  |                       |         |              |                              |        |  |   |   |
| (10) Walker Williams<br>Board Member                | 0  | ✓  |                       |         |              |                              |        |  |   |   |
| (11) Christopher Conway<br>President/CEO            | 40   |  |                       | ✓       |              |                              | 99,898 |  | 11,773  |   |
| (12) Brad Lucero<br>Vice President/COO              | 32   |  |                       | ✓       |              |                              | 74,135 |  | 6,276   |   |
| (13) Sharon Sieh<br>Secretary/Director              | 32   |  |                       | ✓       |              |                              | 54,006 |  | 6,084   |   |
| (14)  |  |  |                       |         |              |                              |        |  |   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (15)   |  |   |                       |         |              |                              |         |  |   |   |
| (16)   |  |   |                       |         |              |                              |         |  |   |   |
| (17)   |  |   |                       |         |              |                              |         |  |   |   |
| (18)   |  |   |                       |         |              |                              |         |  |   |   |
| (19)   |  |   |                       |         |              |                              |         |  |   |   |
| (20)   |  |   |                       |         |              |                              |         |  |   |   |
| (21)   |  |   |                       |         |              |                              |         |  |   |   |
| (22)   |  |   |                       |         |              |                              |         |  |   |   |
| (23)   |  |   |                       |         |              |                              |         |  |   |   |
| (24)   |  |   |                       |         |              |                              |         |  |   |   |
| (25)   |  |   |                       |         |              |                              |         |  |   |   |
| <b>1b Subtotal</b>   |  |   |                       |         |              |                              | 228,039 |  | 24,133  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |         |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 228,039 |  | 24,133  |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | ✓  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     | ✓  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | ✓  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue                                    | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|--|---|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>         | 1a Federated campaigns . . . . .   | 1a  |  |                                      |   |  |
|   | b Membership dues . . . . .  | 1b  |  |                                      |   |  |
|   | c Fundraising events . . . . .   | 1c  | 63,717                                       |                                      |   |  |
|   | d Related organizations . . . . .  | 1d  |  |                                      |   |  |
|   | e Government grants (contributions)  | 1e  |  |                                      |   |  |
|   | f All other contributions, gifts, grants, and similar amounts not included above   | 1f  | 1,610,966                                    |                                      |   |  |
|   | g Noncash contributions included in lines 1a-1f . . . . .  | 1g  | \$ 1,498,498                                 |                                      |   |  |
|   | h <b>Total.</b> Add lines 1a-1f . . . . .  |   | 1,674,683                                    |                                      |   |  |
|   |  |   | Business Code                                |                                      |   |  |
| <b>Program Service Revenue</b>  | 2a Job Training . . . . .  |   | 1,668,900                                    |                                      |   |  |
|   | b Food Stamps . . . . .  |   | 238,605                                      |                                      |   |  |
|   | c Fees . . . . .   |   | 1,141,113                                    |                                      |   |  |
|   | d . . . . .  |   |  |                                      |   |  |
|   | e . . . . .  |   |  |                                      |   |  |
|   | f All other program service revenue . . . . .  |   |  |                                      |   |  |
|   | g <b>Total.</b> Add lines 2a-2f . . . . .  |   | 3,048,618                                    |                                      |   |  |
| <b>Other Revenue</b>  | 3 Investment income (including dividends, interest, and other similar amounts) . . . . .   |   | 11,639                                       |                                      |   |  |
|   | 4 Income from investment of tax-exempt bond proceeds ▶   |   |  |                                      |   |  |
|   | 5 Royalties . . . . . ▶  |   |  |                                      |   |  |
|   | 6a Gross rents . . . . .   | 6a  | (i) Real                                     |                                      |   |  |
|   |  |   | (ii) Personal                                |                                      |   |  |
|   |  | b Less rental expenses                                  | 6b   |                                      |   |  |
|   |  | c Rental income or (loss)                               | 6c   |                                      |   |  |
|   | d Net rental income or (loss) . . . . . ▶  |   |  |                                      |   |  |
|   | 7a Gross amount from sales of assets other than inventory  | 7a  | (i) Securities                               |                                      |   |  |
|   |  |   | (ii) Other                                   |                                      |   |  |
|   |  | b Less cost or other basis and sales expenses . . . . . | 7b   |                                      |   |  |
|   |  | c Gain or (loss) . . . . .                              | 7c   |                                      |   |  |
|   | d Net gain or (loss) . . . . . ▶   |   |  |                                      |   |  |
|   | 8a Gross income from fundraising events (not including \$ 63,717 of contributions reported on line 1c). See Part IV, line 18 . . . . . | 8a  |  | 63,717                               |   |  |
|   |  |   | b Less: direct expenses . . . . .            | 8b                                   | 27,085  |  |
| c Net income or (loss) from fundraising events . . . . . ▶            |  |   | 27,085                                       |                                      |   |  |
| 9a Gross income from gaming activities See Part IV, line 19 . . . . . | 9a   |   |  |                                      |   |  |
|   |  | b Less: direct expenses . . . . .                       | 9b   |                                      |   |  |
|   | c Net income or (loss) from gaming activities . . . . . ▶  |   |  |                                      |   |  |
| 10a Gross sales of inventory, less returns and allowances . . . . .   | 10a  |   |  |                                      |   |  |
|   |  | b Less cost of goods sold                               | 10b  |                                      |   |  |
|   | c Net income or (loss) from sales of inventory . . . . . ▶   |   |  |                                      |   |  |
|   |  | Business Code   |  |                                      |   |  |
| <b>Miscellaneous Revenue</b>  | 11a . . . . .  |   |  |                                      |   |  |
|   | b . . . . .  |   |  |                                      |   |  |
|   | c . . . . .  |   |  |                                      |   |  |
|   | d All other revenue . . . . .  |   |  |                                      |   |  |
|   | e <b>Total.</b> Add lines 11a-11d . . . . . ▶  |   |  |                                      |   |  |
| 12 <b>Total revenue.</b> See instructions . . . . . ▶                 |  | 4,762,025   |  |                                      |   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 228,039               |                                 | 228,039                                |                             |
| 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 . . . . .   | 1,071,708             | 1,071,708                       |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 11,859                | 6,287                           | 5,572                                  |                             |
| 9 Other employee benefits . . . . .  | 131,026               | 106,893                         | 24,133                                 |                             |
| 10 Payroll taxes . . . . .   | 101,262               | 84,047                          | 17,215                                 |                             |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management . . . . .   | 46,716                | 39,709                          | 7,007                                  |                             |
| b Legal . . . . .  |                       |                                 |  |                             |
| c Accounting . . . . .   | 8,972                 |                                 | 8,972                                  |                             |
| d Lobbying . . . . .   |                       |                                 |  |                             |
| 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 (A) amount, list line 11g expenses on Schedule O.) . . . . .   |                       |                                 |  |                             |
| 12 Advertising and promotion . . . . .   | 40,363                | 38,345                          | 2,018                                  |                             |
| 13 Office expenses . . . . .   | 110,297               | 93,752                          | 16,545                                 |                             |
| 14 Information technology . . . . .  |                       |                                 |  |                             |
| 15 Royalties . . . . .   |                       |                                 |  |                             |
| 16 Occupancy . . . . .   | 325,550               | 244,162                         | 81,388                                 |                             |
| 17 Travel . . . . .  |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  |                       |                                 |  |                             |
| 20 Interest . . . . .  |                       |                                 |  |                             |
| 21 Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 240,533               | 216,480                         | 24,053                                 |                             |
| 23 Insurance . . . . .   |                       |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24c. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )   |                       |                                 |  |                             |
| a See other expense schedule   | 2,599,775             | 2,468,699                       | 103,991                                | 27,085                      |
| b  |                       |                                 |  |                             |
| c  |                       |                                 |  |                             |
| d  |                       |                                 |  |                             |
| e All other expenses   |                       |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 4,916,100             | 4,370,082                       | 518,933                                | 27,085                      |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                             |  | (A)<br>Beginning of year  |               | (B)<br>End of year |               |
|-----------------------------|--|---|---------------|--------------------|---------------|
| Assets                      | 1  | Cash—non-interest-bearing . . . . .   | 149,677       | 1                  | 230,273       |
|                             | 2  | Savings and temporary cash investments . . . . .  | 1,488,172     | 2                  | 1,294,993     |
|                             | 3  | Pledges and grants receivable, net . . . . .  |               | 3                  |               |
|                             | 4  | Accounts receivable, net . . . . .  | 252,571       | 4                  | 152,320       |
|                             | 5  | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |               | 5                  |               |
|                             | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |               | 6                  |               |
|                             | 7  | Notes and loans receivable, net . . . . .   |               | 7                  |               |
|                             | 8  | Inventories for sale or use . . . . .   |               | 8                  |               |
|                             | 9  | Prepaid expenses and deferred charges . . . . .   | 29,605        | 9                  | 30,339        |
|                             | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | 10a 5,829,418 |                    |               |
|                             | b  | Less: accumulated depreciation . . . . .  | 10b 2,171,824 | 3,837,357          | 10c 3,657,594 |
|                             | 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 . . . . .  | 8,885         | 15                 | 7,839         |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .   | 5,766,267   | 16            | 5,363,357          |               |
| Liabilities                 | 17   | Accounts payable and accrued expenses . . . . .   | 204,315       | 17                 | 85,978        |
|                             | 18   | Grants payable . . . . .  |               | 18                 |               |
|                             | 19   | Deferred revenue . . . . .  |               | 19                 |               |
|                             | 20   | Tax-exempt bond liabilities . . . . .   |               | 20                 |               |
|                             | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .   |               | 21                 |               |
|                             | 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 . . . . .      |               | 22                 |               |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties . . . . .  | 1,048,346     | 23                 | 917,848       |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties . . . . .  |               | 24                 |               |
|                             | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .   |               | 25                 |               |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   | 1,252,661     | 26                 | 1,003,826     |
| Net Assets or Fund Balances | <b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>   |   |               |                    |               |
|                             | 27   | Net assets without donor restrictions . . . . .   |               | 27                 |               |
|                             | 28   | Net assets with donor restrictions . . . . .  |               | 28                 |               |
|                             | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b> |   |               |                    |               |
|                             | 29   | Capital stock or trust principal, or current funds . . . . .  |               | 29                 |               |
|                             | 30   | Paid-in or capital surplus, or land, building, or equipment fund . . . . .  |               | 30                 |               |
|                             | 31   | Retained earnings, endowment, accumulated income, or other funds . . . . .  | 3,847,669     | 31                 | 4,513,606     |
|                             | 32   | Total net assets or fund balances . . . . .   | 4,513,606     | 32                 | 4,359,531     |
| 33                          | Total liabilities and net assets/fund balances . . . . .   | 5,766,267   | 33            | 5,363,357          |               |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |           |
|----|--|----|-----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 4,762,025 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 4,916,100 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -154,075  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 4,513,606 |
| 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 | 4,359,531 |

**Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | ✓   |    |
| b  | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           | ✓   |    |
| c  | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | ✓   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | ✓  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.   |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

**Open to Public Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>Stout Street Foundation</b> | Employer identification number<br><b>84-0730357</b> |
|--|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  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.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 1,890,197 | 1,957,249 | 1,714,159 | 1,940,679 | 1,674,683 | 9,176,967 |
| 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 <b>Total.</b> Add lines 1 through 3 . . . . .   | 1,890,197 | 1,957,249 | 1,714,159 | 1,940,679 | 1,674,683 | 9,176,967 |
| 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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .  |           |           |           |           |           | 9,176,967 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| 7 Amounts from line 4 . . . . .   | 1,890,197 | 1,957,249 | 1,714,159 | 1,940,679 | 1,674,683 | 9,176,967 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   | 2,539     | 3,006     | 2,908     | 7,995     | 11,639    | 28,087    |
| 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 <b>Total support.</b> Add lines 7 through 10 . . . . .   |           |           |           |           |           | 9,205,054 |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .  |           |           |           |           | 12        |           |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |           |           |           |           |           |           |

**Section C. Computation of Public Support Percentage**

|   |    |         |
|---|----|---------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .   | 14 | 99.69 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .   | 15 | 99.83 % |
| 16a <b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>   |    |         |
| b <b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |    |         |
| 17a <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |    |         |
| b <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |    |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>   |    |         |

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

2019

Open to Public Inspection

Name of the organization Stout Street Foundation Employer identification number 84-0730357

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2 regarding collections of art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ ..... %
  - b Permanent endowment ▶ ..... %
  - c Term endowment ▶ ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations . . . . .  | 3a(i)  |    |
| (ii) Related organizations . . . . .   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .   |                                      |                                 |                              |                |
| b Buildings . . . . .   |                                      | 5,295,451                       | 1,854,991                    | 3,440,460      |
| c Leasehold improvements . . . . .  |                                      |                                 |                              |                |
| d Equipment . . . . .   |                                      | 304,813                         | 161,190                      | 143,623        |
| e Other . . . . .   |                                      | 229,153                         | 155,642                      | 73,511         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c) . . . . . |                                      |                                 |                              | 3,657,594      |

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)       | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives . . . . .   |                |   |
| (2) Closely held equity interests . . . . .                                   |                |   |
| (3) Other _____   |                |   |
| (A) _____   |                |   |
| (B) _____   |                |   |
| (C) _____   |                |   |
| (D) _____   |                |   |
| (E) _____   |                |   |
| (F) _____   |                |   |
| (G) _____   |                |   |
| (H) _____   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ |                |   |

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) _____   |                |   |
| (2) _____   |                |   |
| (3) _____   |                |   |
| (4) _____   |                |   |
| (5) _____   |                |   |
| (6) _____   |                |   |
| (7) _____   |                |   |
| (8) _____   |                |   |
| (9) _____   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) _____   |                |
| (2) _____   |                |
| (3) _____   |                |
| (4) _____   |                |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) _____  |                |
| (3) _____  |                |
| (4) _____  |                |
| (5) _____  |                |
| (6) _____  |                |
| (7) _____  |                |
| (8) _____  |                |
| (9) _____  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25) . . . . . ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2                      | (c) Other events | (d) Total events              |
|-----------------|--|---|-----------------------------------|------------------|-------------------------------|
|                 |  | Golf Tournament<br>(event type)   | Anniversary Lunch<br>(event type) | (total number)   | (add col (a) through col (c)) |
| Revenue         | 1  | Gross receipts . . . . .  | 51,260                            | 39,542           | 90,802                        |
|                 | 2  | Less. Contributions . . . . .   |                                   |                  |                               |
|                 | 3  | Gross income (line 1 minus line 2) . . . . .                            | 51,260                            | 39,542           | 90,802                        |
| Direct Expenses | 4  | Cash prizes . . . . .   |                                   |                  |                               |
|                 | 5  | Noncash prizes . . . . .  |                                   |                  |                               |
|                 | 6  | Rent/facility costs . . . . .   |                                   |                  |                               |
|                 | 7  | Food and beverages . . . . .  |                                   |                  |                               |
|                 | 8  | Entertainment . . . . .   |                                   |                  |                               |
|                 | 9  | Other direct expenses . . . . .   | 18,952                            | 8,133            | 27,085                        |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                                   |                  | 27,085                        |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |                                   | 63,717           |                               |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo                       | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col (a) through col (c))                      |
|-----------------|--|---------------------------------|---|---|---|
|                 |  | 1                               | Gross revenue . . . . .   |   |   |
| Direct Expenses | 2  | Cash prizes . . . . .           |   |   |   |
|                 | 3  | Noncash prizes . . . . .        |   |   |   |
|                 | 4  | Rent/facility costs . . . . .   |   |   |   |
|                 | 5  | Other direct expenses . . . . . |   |   |   |
|                 | 6  | Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |                                 |   |   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |                                 |   |   |   |

- 9 Enter the state(s) in which the organization conducts gaming activities. \_\_\_\_\_
- a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No
- b If "No," explain: \_\_\_\_\_
- \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No
- b If "Yes," explain: \_\_\_\_\_
- \_\_\_\_\_

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

|  |   |
|--|---|
| Name of the organization<br><b>Stout Street Foundation</b> | Employer identification number<br><b>84-0730357</b> |
|--|---|

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             | ✓                          |   | 844,488  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               |                            |   |  |   |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  | ✓                          |   | 413,905  |   |
| 20 Drugs and medical supplies . . . . .                              |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( Maintenance ) . . . . .                                 | ✓                          |   | 19,200   |   |
| 26 Other ▶ ( Medical ) . . . . .                                     | ✓                          |   | 45,841   |   |
| 27 Other ▶ ( Miscellaneous ) . . . . .                               | ✓                          |   | 175,064  |   |
| 28 Other ▶ ( ) . . . . .   |                            |   |  |   |

|   |    |  |
|---|----|--|
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . | 29 |  |
|---|----|--|

|   |     | Yes | No |
|---|-----|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . | 30a |     | ✓  |
| b If "Yes," describe the arrangement in Part II.  |     |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .   | 31  | ✓   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  | 32a |     | ✓  |
| b If "Yes," describe in Part II.  |     |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |     |    |

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Stout Street Foundation

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

84-0730357

Part VI Line 2: Brad Lucero, Chief Operating Officer is the nephew of Sharon Sieh, Secretary/Logistics Director.

Part VI Line 11a Form 990 is available to Board Members at its monthly meeting prior to filing.

Part VI Line 12c. Stout Street Foundation has a Conflict of Interest Policy as part of it's Employee Manual> The President/CEO is responsible for enforcing this policy and does so by wwekly meetings with staff. The Board of Directors also have a CONflict of Interest Policy and is discussed at various Board Meetings throughout the year as needed.

Part VI Line 15a. The Board of Directors review the President/CEO salary and benefits annually using industry comparisons from within the recovery field.

Part VI Line 15b Compensation comparisons are done by position in the recovery field. We then determine how much money is available to be paid as compensation. The President/CEO reviews all positions. The qualifications of the individual are a major factor in compensation.

Part VI Line 19 All documents pertaining to Stout Street Foundation are available by written request.