### \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Α	For the 2	$2019$ calendar year, or tax year beginning ${ m OCT} \ 1$ , $2019$ and ending	SEP 30, 2020				
В	Check if	C Name of organization	D Employer identifi	ication number			
	applicable:						
	Address change	FAIR GIRLS, INC.					
	Name change	Doing business as	32-00410	30			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	uite <b>E</b> Telephone numbe	er			
	Final return/	2021 L SREET, NW, #101-254	202-520-				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,567,987.			
	Amende	WASHINGTON, DC 20036	H(a) Is this a group r				
	Applica-	F Name and address of principal officer: ERIN ANDREWS		s? Yes X No			
	pending	SAME AS C ABOVE	<b>H(b)</b> Are all subordinates i				
$\overline{\mathbf{L}}$	Tax-exen		<del>_</del>	a list. (see instructions)			
		₩WW.FAIRGIRLS.ORG	H(c) Group exemption	,			
				M State of legal domicile; MA			
		Summary	our or formation: = • • = 1	VI Otato or logar dominono, =====			
		riefly describe the organization's mission or most significant activities: <b>ENDING</b> H	UMAN TRAFFICK	TNG ONE			
& Governance		IFE AT A TIME.	011111 111111 1 1011	1110 0112			
nar	I —	heck this box  if the organization discontinued its operations or disposed of r	nove than OEO/ of its not a				
Ver		· · · · · · · · · · · · · · · · · · ·		11			
Ĝ		umber of voting members of the governing body (Part VI, line 1a)		11			
త		umber of independent voting members of the governing body (Part VI, line 1b)		18			
ties		otal number of individuals employed in calendar year 2019 (Part V, line 2a)		28			
Activities		otal number of volunteers (estimate if necessary)					
Ac		otal unrelated business revenue from Part VIII, column (C), line 12					
	b N	et unrelated business taxable income from Form 990-T, line 39		<del>                                     </del>			
Revenue			Prior Year	Current Year			
	<b>8</b> C	ontributions and grants (Part VIII, line 1h)	725,039.				
	<b>9</b> P	rogram service revenue (Part VIII, line 2g)	20,480.				
ş	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.				
_	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.				
	<b>12</b> To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	745,519.				
	<b>13</b> G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	38,121.	31,868.			
	<b>14</b> B	enefits paid to or for members (Part IX, column (A), line 4)	0.				
S	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	617,367.				
Expenses	<b>16a</b> P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	15,665			
cbe	b To	otal fundraising expenses (Part IX, column (D), line 25) 80,676.					
û	<b>17</b> 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	194,009.	282,568.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	849,497.	1,123,654.			
	<b>19</b> R	evenue less expenses. Subtract line 18 from line 12	-103,978.	444,333.			
Net Assets or Find Balances	3		Beginning of Current Year	End of Year			
ets	<b>20</b> T	otal assets (Part X, line 16)	359,988.	1,064,887.			
Ass	21 T	otal liabilities (Part X, line 26)	20,469.				
Net	22 N	et assets or fund balances. Subtract line 21 from line 20	339,519.	783,852.			
P	art II	Signature Block	,				
		es of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of m	ny knowledge and belief, it is			
		and complete. Declaration of preparer (other than officer) is based on all information of which prep	•	.,,			
	1						
Sig		Signature of officer	Date				
He	Ι.	ERIN ANDREWS, EXECUTIVE DIRECTOR					
110		Type or print name and title					
	' '	)rint/Tuna proparatio nama	Date Check	PTIN			
Pai		EENA BISHNOI	5/10/21   i	D01490760			
	-	irm's name   JONES, MARESCA & MCQUADE, P.A.	self-employ	52-1853933			
		irm's address 10500 LITTLE PATUXENT PARKWAY, SUIT		<u> </u>			
Use Only   Firm's address   10500 LITTLE PATUXENT PARKWAY, SUITE 770   Phone no. 410-884-0220							
N 4		•	Priorie no.41				
ivla	y tne IRS	G discuss this return with the preparer shown above? (see instructions)		X Yes No			

### Form 990 (2019) FAIR GIRLS, 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
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		Х
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	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	0		21
9	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<del> </del>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	па	21	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<u> </u>
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441-		x
45	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	14b		Λ
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		X
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	17	Х	
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		x
	domostio government on ratin, column (7), interess to complete denedules, ratio rand is	<b>4</b> 1		

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Form **990** (2019)

Form 990 (2		R GIRLS, INC.
Part IV	Checklist of Require	ed Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		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		
25 a	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₩.
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
25 -	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338		<del></del>
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
	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			
	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 19?			
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	

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## Form 990 (2019) FAIR GIRLS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 18								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h							
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
•	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	0-							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a								
a 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:								
٠٠	Gross income from members or shareholders 11a								
h	Gross income from other sources (Do not net amounts due or paid to other sources against								
-	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
		Form	990	(2010)					

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						X			
Sec	tion A. Governing Body and Management									
				—	$\Box$	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11						
	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.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	:	11						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other							
	officer, director, trustee, or key employee?				2		X			
3	Did the organization delegate control over management duties customarily performed by or under the									
	of officers, directors, trustees, or key employees to a management company or other person?			-   ;	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		Х			
6										
	Did the organization have members, stockholders, or other persons who had the power to elect or a			···   —	6					
	more members of the governing body?			7	'a		Х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			···						
	persons other than the governing body?		•	7	b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			···						
а	The governing body?			۵	a	Х				
b	Each committee with authority to act on behalf of the governing body?				b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			⊢						
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			١,	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R			•	9					
000	tion B. I onotes (This occitor B requests information about policies not required by the internal re	CVCITA	c oodc.)			Yes	No			
102	Did the organization have local chapters, branches, or affiliates?			10	0a	103	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such c			···  -'	Ja					
D	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	ob					
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body				1a	Х				
		ly belo	ore ming the form	·   ·	Ia					
12a	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			···   <u>'</u>	2b		Х			
С				-   4	20		Х			
40	in Schedule O how this was done				2c	X	21			
13	Did the organization have a written whistleblower policy?				3	X				
14	Did the organization have a written document retention and destruction policy?			···  -'	4	21				
15	Did the process for determining compensation of the following persons include a review and approv	-	naepenaent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						X			
	The organization's CEO, Executive Director, or top management official				5a		X			
b	Other officers or key employees of the organization			1	5b		Λ			
46	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 arrange						v			
_	taxable entity during the year?			10	6a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga									
	exempt status with respect to such arrangements?			10	6b					
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►MA		- T (0 ··· ·	) (5)						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	U-I (Section 501(	c)(3)s (	only)	avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain		,							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy	, and f	inan	cial				
	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 bo	oks a	nd records 🕨							
	THE ORGANIZATION - 202-520-9777									
	2021 L SREET, NW, #101-254, WASHINGTON, DC 20036									

## 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.

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

See instructions for the order in which to list the persons above.

(A)	(B)	l		(0	<b>C)</b>			(D)	(E)	(F)
Name and title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			en sa l		(W-2/1099-MISC)		organization
	organizations	nal tru	onal t		ployee	comb				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KAMI QUINN	1.00				_	Ī	_			
CHAIR		Х		Х				0.	0.	0.
(2) JENIFFER MALIN DE JESUS ROBERTS	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) PATRICE SULLIVAN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(4) AJMEL QUERESHI	1.00									
DIRECTOR		Х						0.	0.	0.
(5) JOLEEN ZANUZOSKI	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(6) CHRISTINE BROOKS-TERRELL	1.00								0	•
DIRECTOR	1 00	Х						0.	0.	0.
(7) CHERYL BATTAN	1.00	X							0	0
DIRECTOR	1.00	Δ.						0.	0.	0.
(8) JULIANNE PAUNESCU DIRECTOR	1.00	Х						0.	0.	0.
(9) ALEXANDRA-NICOLE SENYI DE NAGY-	1.00	^						0.	0.	0.
NAGY-UNYOM, DIRECTOR	1.00	Х						0.	0.	0.
(10) PAMELA PARSONS	1.00					$\vdash$	$\vdash$		0.	
DIRECTOR		x						0.	0.	0.
(11) LIBBY MULLIN	1.00								•	
DIRECTOR AS OF DEC. 2019		Х						0.	0.	0.
(12) BRUCE FRIES	1.00									
DIRECTOR UNTIL FEB. 2020		Х						0.	0.	0.
(13) ANNE FABRY	1.00									
DIRECTOR UNTIL DEC. 2019		Х						0.	0.	0.
(14) ERIN ANDREWS	40.00									
EXECUTIVE DIRECTOR				Х				79,810.	0.	0.
(15) MILLICENT N. NWOLISA	40.00									
DEPUTY DIR. AS OF NOV. 2019				Х				6,173.	0.	0.
(16) ANNE MCCANTS	1.00									_
MASSACHUSETTS OFFICER		<u> </u>		Х			<u> </u>	0.	0.	0.
										- 000

Form **990** (2019)

(A)	(B)			_ (C	•			(D)	(E)			(F)	
Name and title	Average	(do		Posi		than	one	Reportable	Reportable		Es	timated	t
	hours per	box	, unle	ss per	rson	is bot or/trus	h an	compensation	compensation		l	ount o	f
	week	-	CCI all	lu a u	ii ecit	Iraus	100)	from	from related		l	other .	
	(list any hours for	director						the	organization			oensat	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	l	om the anizatio	
	organizations	truste	al trus		99/	mpen		(** 27 1033 141100)			ı -	d relate	
	below	Individual trustee or	Institutional trustee	<u>.</u>	oldm	est co oyee	er				l	nizatio	
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
		-											
1b Subtotal			<u> </u>					85,983.		0.			0.
c Total from continuation sheets to Par								0.		0.			0.
d Total (add lines 1b and 1c)							_	85,983.		0.			0.
2 Total number of individuals (including b									,000 of reportab	le			
compensation from the organization	<u> </u>											Yes	No.
B Did the organization list any former office	cer, director, trust	ee, k	кеу е	empl	loye	e, oi	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J f	or such individual								-		3		X
For any individual listed on line 1a, is the													
and related organizations greater than \$	3150,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
Did any person listed on line 1a receive	or accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indivi	dual for services				
rendered to the organization? If "Yes," of section B. Independent Contractors	complete Schedul	e J f	or st	uch j	pers	son .					5		X
Complete this table for your five highes	t compensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report compensation	· · · · · · · · · · · · · · · · · · ·	-											
(A) Name and busin	ess address	NO	ONE	3				<b>(B)</b> Description of s	ervices	С	(C omper	;) nsation	
							_						
							$\dashv$						
							$\dashv$						
							_						
<ul><li>Total number of independent contracto</li><li>\$100,000 of compensation from the org</li></ul>		ot li	mite	d to		se lis	stec	d above) who received m	ore than				
											Form 9	200 (0	040)

function revenue   business revenue   from tax	Par	rτ	VIII							
Total revenue   Fleatad or exempt function revenue   Unrelated				Check if Schedule O contains a res	oonse	or note to any lir			(C)	<u> </u>
1 a   Federated campaigns   1a   b   Membership dues   1b   c   Fundralsing events   1d   c   d   Related organizations   1d   d   related organizations   1d								Related or exempt	Unrelated	Revenue excluded
Page								Tariotion revenue	business revenue	sections 512 - 514
Page	nts	1	1 a	Federated campaigns 1a						
Page	ar our									
Page	P, G									
Page	i ii						1			
Page	s, c			• • • • • • • • • • • • • • • • • • • •		757,968.				
Page	Sign			· · · · · · · · · · · · · · · · · · ·			1			
Page	le pri					793,922.				
Page	불턴		a		_		1			
Page	an Sc		_		•		1.551.890.			
2 a EVENT INCOME   900099   15,522.   15,522.	<del>-</del>			Total / Nad iii loo Ta Ti		1				
Begging by PROGRAM REVENUE    PROGRAM REVENUE   900099   575.   575.	o	,	) a	EVENT INCOME			15.522.	15.522.		
g Total. Add lines 2a2f	Š.	-								
g Total. Add lines 2a2f	Ser		-			300033	3,31	3731		
g Total. Add lines 2a2f	E B									
g Total. Add lines 2a2f	Be									
Total. Add lines 2a-2f	Pro			All other program service revenue						
Page 2016   Page							16.097.			
Other similar amounts).  4 Income from investment of tax-exempt bond proceeds  5 Royalties.  6 a Gross rents  b Less: rental expenses. c Rental income or (loss)  6 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss)  7 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19	$\overline{}$	- 5					20,0570			
4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents (6 b (6 c) 6 C Rental income or (loss) 6 C Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses (7 b (7 c) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$			•	· ·	-	•				
For a gross amount from sales of assets other than inventory to b Less: cost or other basis and sales expenses and sales expenses and sales expenses and are gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  Be a Gross income from gaming activities. See Part IV, line 19    (i) Real   (ii) Personal		_	1							
Contributions reported on line 1c). See Part IV, line 18										
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 d Net gain or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  8 a B Less: direct expenses 8 b Less: direct expenses 8 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See										
B Less: rental expenses   6b   6c		6	3 2			(1) 1 31331141				
C Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  C Gain or (loss)  7 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses  C Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  9 a Gross income from gaming activities. See Part IV, line 19							1			
d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses C Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  9a							1			
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  9a				\						
assets other than inventory b Less: cost or other basis and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a		-		` 1						
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19  9a		'	a		111100	(ii) Garioi	1			
and sales expenses 7b 7c			h	· <del>                                     </del>						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a  b Less: direct expenses 8b  c Net income or (loss) from fundraising events Part IV, line 19 9a	<u>e</u>		D	1 1						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a  b Less: direct expenses 8b  c Net income or (loss) from fundraising events Part IV, line 19 9a	enr		•							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a  b Less: direct expenses 8b  c Net income or (loss) from fundraising events Part IV, line 19 9a	Ş			· /						
including \$ of contributions reported on line 1c). See Part IV, line 18 8a  b Less: direct expenses 8b  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9a										
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  9a	된		, a							
Part IV, line 18										
b Less: direct expenses					82					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  9a			h							
9 a Gross income from gaming activities. See Part IV, line 19										
Part IV, line 19		c								
		•	· u							
b 2000. direct experieds			h							
c Net income or (loss) from gaming activities										
10 a Gross sales of inventory, less returns		10								
and allowances10a					10a					
b Less: cost of goods sold 10b			h			<del> </del>				
c Net income or (loss) from sales of inventory										
Rusiness Code				The moonie of those, norm sales of lively	y					
Business code  It a	sno	11	1 a							
	nue	•								
	ells eve			-						
d All other revenue	<u>R</u>			All other revenue						
e Total. Add lines 11a-11d	2					·				
12 Total revenue. See instructions 1,567,987. 16,097. 0.		12					1,567,987.	16,097.	0.	0.

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 respons	se or note to any line in (A)	this Part IX(B)	(C)	(D)
7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic	21 060	21 060		
	individuals. See Part IV, line 22	31,868.	31,868.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	157,527.	117,285.	30,792.	9,450
	trustees, and key employees	131,321.	117,203.	30,792.	9,430
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
		524,973.	390,861.	102,617.	31,495
	Other salaries and wages	344,3130	3,0,001.	102,011	31,493
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	54,852.	40,591.	10,970.	3,291
		56,201.	41,588.	11,241.	3,372
	Payroll taxes  Fees for services (nonemployees):	30,201.	11,500.	11,211,	3,312
	Management				
	Legal	50,937.		50,937.	
	Lobbying	00,00.0		30,700.1	
	Professional fundraising services. See Part IV, line 17	15,665.			15,665
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	76,153.	67,946.	8,207.	
	Advertising and promotion	-	•		
	Office expenses	62,533.	42,989.	16,058.	3,486
	Information technology	-	-	-	
	Royalties				
	Occupancy	70,267.	45,812.	12,382.	12,073
	Travel	1,655.	1,226.	330.	99
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	371.	115.	256.	
	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	1,424.	1,054.	285.	85
	Insurance	10,263.	7,595.	2,052.	616
	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 0.)				
а	DUES, SUBSCRIPTIONS, LI	8,965.	6,634.	1,287.	1,044
b					
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,123,654.	795,564.	247,414.	80,676
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 if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (201

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	243,324.	1	587,682.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	246,359.
	4	Accounts receivable, net		4	216,241.
	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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges	1 15 501	9	5,809.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 7,205 Less: accumulated depreciation 10b 2,909	•		
	b	Less: accumulated depreciation 10b 2,909	4,714.	10c	4,296.
	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	4,500.	15	4,500.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	359,988.	16	1,064,887. 52,570.
	17	Accounts payable and accrued expenses	20,469.	17	52,570.
	18	Grants payable		18	
	19	Deferred revenue		19	87,365.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	141,100.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	00.460	25	001 005
	26	Total liabilities. Add lines 17 through 25	20,469.	26	281,035.
ý		Organizations that follow FASB ASC 958, check here ▶ X			
nce		and complete lines 27, 28, 32, and 33.	210 510		400 105
<u>ala</u>	27	Net assets without donor restrictions		27	482,185.
d B	28	Net assets with donor restrictions	19,800.	28	301,667.
Ë		Organizations that do not follow FASB ASC 958, check here			
or F		and complete lines 29 through 33.			
ts (	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	702 052
ž	32	Total net assets or fund balances	339,519.	32	783,852.
	33	Total liabilities and net assets/fund balances	359,988.	33	1,064,887.

					3 -
Pa	rt 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		67,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		23,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		44,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	39,5	19.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7	83,8	52.
Pa	rt 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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ı	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	:	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	it		
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization FAIR GIRLS, INC. 32-0041030 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	732,206.	1237362.	954,611.	725,039.	1551890.	5201108.
2	Tax revenues levied for the organ-						
	ization'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	732,206.	1237362.	954,611.	725,039.	1551890.	5201108.
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)						885,269.
6	Public support. Subtract line 5 from line 4.						4315839.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	732,206.	1237362.	954,611.	725,039.	1551890.	5201108.
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.)	19,563.					19,563.
11	Total support. Add lines 7 through 10						5220671.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	42,529.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (I	ine 6, column (f) d	vided by line 11, c	olumn (f))		14	82.67 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	85.20 %
16a	33 1/3% support test - 2019. If the o						
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies						<b>▶</b> X
b	33 1/3% support test - 2018. If the o	-					
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	<b>t - 2019.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac			-		-	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	ū				*	
	more, and if the organization meets the		*				
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

16 Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 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	Sec	etion A. Public Support	clow, picase com	piete i dit ii.)				
I Giffs, grants, contributions, and membership feer received. (Di not include any "unusual grants.")  Gross receipts from admissions, merchandities sold or services performed, or facilities furnished in any activity that is related to the organization's tax-evempt purpose of gross receipts from admissions, merchandities sold or services performed, or facilities furnished and are not an unrelated trade or brushiness under section 513.  1 Tax revenues leveled for the organization is benefit and either paid to revenue for one to the benefit of the organization without charge of the furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5.  73 Amounts included on lines 1, 2, and 3 received from disqualified persons.  Different included on lines 1, 2, and 3 received from disqualified persons.  Different included on lines 1, 2, and 3 received from disqualified persons.  Different included on lines 1, 2, and 3 received from disqualified persons.  Different included on lines 1, 2, and 3 received from disqualified persons.  Different included on lines 1, 2, and 3 received from disqualified persons.  Different included on lines 1, 2, and 3 received from disqualified persons.  Different included on lines 1, 2, and 3 received from disqualified persons.  Different included on lines 1, 2, and 3 received from disqualified persons.  Public support, insenting in lines 1, 2, and 3 received from several persons.  Public support insenting in lines 1, 2, and 3 received from from line 6 received on securities bords and the persons of the lines			(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
membership fees received. (Do not include any "Invasual grants.")  2 Gross receipts from admissions, membrandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from admissions and the services of the organization's tax-exempt purpose of Gross receipts from admission and the services of facilities for the organization is tax-exempt purpose of the organization is the services of facilities for the organization of the services or facilities for the organization of the services or facilities for the organization of the services or facilities for the organization without charge of Total, Add lines 1 through 5			, ,	` ,	` ,	``	<u> </u>	` ` `
include any "unusual grants.")  Grass neolipts from admissions, merchandles sold or services per- formed, or facilities furnished in  any activity that is related to the  organization's take-wenty tup-pose  3 Gross neceipts from activities that  are not an unrelated trade or bus- iness under section 513  1 Tax revenues leveld for the organ- ization's benefit and either plaid to  or expended on fits behalf  5 The value of services or facilities  furnished by a governmental unit to  the organization without charge  6 Total. Add lines 1 through 5  7 A mounts included on lines 1, 2, and  3 received from disqualified persons  but the organization without charge  6 Total. Add lines 1 through 5  7 A mounts included on lines 1, 2, and  3 received from disqualified persons  but the organization without charge  6 Total. Add lines 1 through 5  7 A mounts included on lines 1, 2, and  3 received from disqualified persons  but the organization without charge  6 Total. Add lines 1 through 5  7 A mounts included on lines 1, 2, and  3 received from disqualified persons but  sected the greate of 1800 or 1% or the  without the section of 1800 or 1% or the  without lines 1 to 1800 or 1% or the  plant of 1800 or 1% or 1800 or 1% or 1800 or 1% or 1800 or								
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either pialt to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7a A mounts included on lines 1, 2, and 3 received from disqualified persons  9 A mounts included on lines 1, 2, and 3 received from disqualified persons between the present of \$5,000 or 10								
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are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons by a foreign of the service of the servic	3	-						
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ization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons that exceed the grateful of \$2,000 or % of the amount of the 15 to the year of the through 5  8 Public support, gastrative kine line 15  8 Public support, gastrative kine line 15  8 Public support, gastrative kine line 15  9 Amounts from line 6  10 a Gloss income from interest, exact lines in 15  9 Amounts from line 6  10 a Gloss income from interest, exact lines in 15  9 Linestade business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10 and 10 b  11 Net income from included plan line 10b, whether or not the business is regularly carried on 10 line (label gain lines 10 line) and 10 b, whether or not the business is regularly carried on 10 line (label gain lines 10 line) assess (Explosin in Part VI)  13 Total support, Jeastrative so, 10c, 11, and 12 b). The company of the proper personal gastrative from 10 line (label gain lines 10 line) and 10 b  15 Public support percentage from 2018 Schedule A, Part III, line 15  9 Section D. Computation of Public Support Percentage  17 Investment income percentage from 2018 Schedule A, Part III, line 17  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19 as 31 /3% support percentage from 2018 Schedule A, Part III, line 17  19 as 31 /3% support tests = 2019. If the organization of in oth check he box on line 14, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 16 is nore than 33 1/3%, should be a line 16 is nore than 33 1/3%, and line 16 is nore than 33 1/3%, should be a line 16 is nore than 33 1/3%, and line 16	4						1	
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to nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  A did lines 7 a and 7 b  Public support. (Subpactine 7 (promitine 8)  Section B. Total Support  Zalendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loars, rents, royalties, and income from similar sources.  9 Unrelated business taxable income (less section 5.11 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) and 12)  13 Total support. (Addines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2018 Schedule A, Part III, line 17  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19 a 33 173% support tests - 2019, if the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  ▶ □ 33 173% support tests - 2018, if the organization did not check 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.  ▶ □ 15 Investment income percentage from 2018 Schedule A. Part III, line 17  18 Investment income percentage from 2018 Schedule A. Part III, line 17  18 Investment income percentage from 2018 Schedule A. Part III,	78							
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Section B. Total Support  Datendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total  9. Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business sactivities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  13 Total support, cad lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2018 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. 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 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 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 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	C	Add lines 7a and 7b						
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(less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))  19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 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		Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on great and in line 10b, whether or not the business is regularly carried on great and in line 10b, whether or not include gain or loss from the sale of capital assets (Explain in Part VI.)  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2018 Schedule A, Part III, line 17  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 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  15 Description of the business is regularized organization in the properties of the pro	k	Unrelated business taxable income						
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	k	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20 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 complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- **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.*
- **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.
- c 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- **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.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b		

Pa	t IV Supporting Organizations (continued)			
	(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		
С	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		
Sec	tion 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		
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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported 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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
360	tion B. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	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?	1		
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		<u> </u>
Sec	tion 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 yea(see instructions)			
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		
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, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
~	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			
	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		
b	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust c	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		
7	Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Pai	1 v   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	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 <b>Part VI.</b> 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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part V		pple	mental	Inforn	nation. F	rovide th	ne explana	ations requ	uired by	y Part I	I, line 10; Pa	art II, line 17a or 17b; F ection B, lines 1 and 2	Part III, line 12;
	line Sed	1; Par ction D	t IV, Secti	on D, lii	nes 2 and 3	3; Part IV	, Section	E, lines 1d	c, 2a, 2	b, 3a, a	and 3b; Parl	t for any additional info	on B, line 1e; Part V,
SCHEI	ULE	Α,	PART	II,	LINE	10,	EXPL	ANATI	ON I	FOR	OTHER	INCOME:	
MISC.													
2015				19.	563.								
			<del></del>	,									

#### **SCHEDULE C**

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	) (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organization	tions: Complete Part III.		l e	mployer identification number
IVAII	8	RLS, INC.			32-0041030
D:	art I-A   Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 52	
	THE SOMPLETE IT THE STE	junization is exempt and		or is a scotion of	organization.
4	Provide a description of the organiz	ration's direct and indirect politics	l compoign activities in	Dort IV	
	Political campaign activity expendit		. •		Ф.
	Volunteer hours for political campai				
0	volunteer flours for political campai	gri activities			
Pa	art I-B Complete if the org	ganization is exempt unde	er section 501(c)(	3).	
1	Enter the amount of any excise tax	incurred by the organization under	er section 4955		<b>\$</b>
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955		<b>\$</b>
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
48	a Was a correction made?				Yes No
_ k	If "Yes," describe in Part IV.				20.17 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	art I-C Complete if the org	•			. , , ,
	Enter the amount directly expended				<b>&gt;</b> \$
2	Enter the amount of the filing organ		•		
	exempt function activities				<b>\$</b>
3	Total exempt function expenditures				
	line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses and en				
	made payments. For each organiza	•	0 0		•
	contributions received that were propolitical action committee (PAC). If			· ·	parate segregated fund or a
	. , ,	· · · · · · · · · · · · · · · · · · ·	1		1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization	
				funds. If none, enter	
				,	delivered to a separate
					political organization. If none, enter -0
					in none, enter o .
			1	1	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019

c Total lobbying expenditures

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

### Schedule C (Form 990 or 990-EZ) 2019 FAIR GIRLS , INC . 32-0.04103 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)	)
of the	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?			<del></del>	
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?			<u> </u>	
	Grants to other organizations for lobbying purposes?	X	<del>                                     </del>	1	,100.
g	, , , , , , , , , , , , , , , , , , , ,		<del>                                     </del>		,100.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?			Δ	,100.
	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	-	, 100.
	If "Yes," enter the amount of any tax incurred under section 4912		- 11		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A   Complete if the organization is exempt under section 501(c)(4), section 501 this year?	on 501(c)	(5). or se	ction	
	501(c)(6).	(-,	(-), -:		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	<u> </u>	
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1 a	and 2 (see	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
DUI	RING THE YEAR, FAIR GIRLS ATTEMPTED TO INFLUENCE NA	TIONA	J, STA	TE AND	)
LOC	CAL LEGISLATION THROUGH THE USE OF PAID STAFF OR MA	NAGEMI	ENT, A	S THE	
EXI	ECUTIVE DIRECTOR SERVED A DUAL ROLE AS THE DIRECTOR	OF PO	OLICY .	AS WEL	L
ANI	WAS REGISTERED TO LOBBY IN THE DISTRICT OF COLUMB	SIA, M	ARYLAN	D AND	
FEI	DERALLY. THE EXECUTIVE DIRECTOR/DIRECTOR OF POLICY	HAD D	IRECT	CONTAC	'T'
		Schod	Ile C (Form	000 05 000	E7\ 2010

Part IV Supplemental Information (continued)
WITH LEGISLATORS AND THEIR RESPECTIVE STAFFS REGARDING PROVIDING
SURVIVOR-INFORMED FEEDBACK ON ANTI-HUMAN TRAFFICKING LEGISLATION, OR
LEGISLATION THAT DIRECTLY IMPACTS THE LIVES OF TRAFFICKING SURVIVORS.
EXECUTIVE DIRECTOR/DIRECTOR OF POLICY WOULD CORRESPOND WITH LEGISLATIVE
STAFF THROUGH EMAIL, PHONE CALLS AND IN-PERSON MEETINGS REGARDING
VARIOUS PIECES OF LEGISLATION. EXECUTIVE DIRECTOR/DIRECTOR OF POLICY,
ON A FEW RARE OCCASIONS, HAD CONTACT WITH THE STAFF OF EXECUTIVE BRANCH
OFFICIALS IN LOCAL AND STATE GOVERNMENT REGARDING THE PROMOTION OF
ANTI-TRAFFICKING POLICY OR LEGISLATION.

#### **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

Name of the organization

FATR GTRLS

**Employer identification number** 32-0041030

Pa	rt I Organizations Maintaining Donor Advise	od Funds or Other Similar Fund	de or Accounts Complete if the
Га			as of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o.  (a) Donor advised funds	(h) Funda and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	-	
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	
Ра	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	` <del>' ' '</del>	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	- f
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	ments that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		·
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treations		
_	the following amounts required to be reported under FASB A		O PERSONAL PROPERTY.
а	Revenue included on Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
	Assets included in Form 990, Part X		

932051 10-02-19

Schedule D (Form 990) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures, d	or Othe	er Simila	ar Asse	ts(conti	nued)	-5-
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	ıt make s	ignificant	use of its	3		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizati	on's exe	mpt purpo	se in Pa	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's co	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arrang								line 9, o	r	
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
	, 1		3						Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•				]
Pai											
ı aı	Endownient Funds: Complete in	(a) Current year		rior year	(c) Two year		(d) Three y	aare hack	(e) Fou	rveare	hack
4.	Parimaina of war halana	(a) Current year	(b) F	nor year	(C) TWO year	5 Dack	(a) Three y	tais Dack	(e) 1 0u	years	Dack
	Beginning of year balance					-					
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment > 9/	<del></del> 6									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	and administe	red for tl	ne organiz	ation			
	by:	· ·					Ü			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
h	If "Yes" on line 3a(ii), are the related organization	ions listed as requi	red on S	Schedule R2	)				3b		
4	Describe in Part XIII the intended uses of the								. 00		
÷	t VI Land, Buildings, and Equipme		WITICITE	iuiius.							
1 41	Complete if the organization answered		) Part I	/ line 11a 9	See Form 990	) Part X	line 10				
	Description of property	(a) Cost or o		1	t or other		ccumulate	<u></u>	(d) Boo	k volu	
	Description of property	basis (investr			(other)	. ,	oreciation	u	(u) 500	n value	5
	Land	<del>-   `                                  </del>	110111)	Dasis	(Othlor)	uel	J. COIATION				
	Land										
b	Buildings										
	Leasehold improvements				7 205		2 0/	20		1 2	0.6
d	Equipment				7,205.		2,90	77.		4,2	70.
	Other							$\leftarrow$		1 0	0.6
Tota	. Add lines 1a through 1e. (Column (d) must eq	gual Form 990, Part	X, colur	nn (B), line 1	1Uc.)					4,2	プロ・

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 FAIR GIRLS,	INC.	34	-0041030 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests		<b>_</b>	
(3) Other	<del>                                     </del>		
(A)			
(B)			
(C)			
(D)			
(E)	<u> </u>		
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	<b>•</b>	
Part X Other Liabilities.		·	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	ne 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... X

932053 10-02-19

Schedule D (Form 990) 2019

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

► 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	-D. G. T. T. G.					-	ntification number
	RLS, INC.					-0041	
Fundraising Activities required to complete this part	<ul> <li>Complete if the organization answert.</li> </ul>	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Fo	rm 990-EZ	I filers are not
<ul> <li>1 Indicate whether the organization rai</li> <li>a Mail solicitations</li> <li>b Internet and email solicitation</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicitar f Solicitar g Special  or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody	(iv) Gross receipts from activity	(v) Amor to (or reta fundr listed in	ained by) aiser	(vi) Amount paid to (or retained by) organization
THE GOLDEN GROUP - 19 DORSETT COURT, CLEVELAND, OH 44122	FUNDRAISING CONSULTING	Yes	No X	0.		15,665.	-15,665.
Total			<u> </u>			15,665.	-15,665.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit		outions	s or has been notified	d it is exen	npt from re	· · · · · · · · · · · · · · · · · · ·
CA, DC, FL, MD, MA, NJ, NY,	PA,WA						

Schedule G (Form 990 or 990-EZ) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

ГС	art	of fundraising <b>Events</b> . Complete if the	-		The second secon	
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
<u>e</u>			(event type)	(event type)	(total number)	Coi. (C))
Revenue		Cuasa vasainta				
Re	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Pont/facility costs				
≅xbe	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				
Pa	art					
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., 3	bingo/progressive bingo		col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	% Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	າ 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	)	<b>&gt;</b>	
		· ·				•
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	-			Yes No
		No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	) If "	Yes," explain:				
	_					
9320	82 0	9-11-19			Schedule G (Fo	rm 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 FAIR GIRLS, INC. 32-0	041030	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	□ No
to administer charitable gaming?  13 Indicate the percentage of gaming activity conducted in:	res	L NO
a The organization's facility	13a	%
b An outside facility	_	——————————————————————————————————————
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
Name		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
of gaming revenue retained by the third party  \$		
c If "Yes," enter name and address of the third party:		
Name ►		
Address ►		
16 Gaming manager information:		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines 9,	9b, 10b,
100, 100, 110, and 110, as applicable. Also provide any additional minormation. 200 metablications.		

Schedule G	G (Form 990 or 990-EZ)	FAIR GIRLS,	INC.	32-0041030 Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)		
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047	2019	Open to Public	Inspection
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► Go to www.irs.gov/Form990 for the latest information.

				200000000000000000000000000000000000000	THE PROOF WHEN IN			
Name	Name of the organization FAIR GIRLS,	S, INC.						Employer identification number $32-0041030$
Part I	General Information on Grants and Assistance	and Assistance						
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the selec	
	criteria used to award the grants or assistance?	istance?	9					X Yes No
אַ	ଅ	ocedures tor mon	itoring the use of grant	use of grant funds in the United States.	d States.			
Fart	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organ \$5,000. Part II ca	i <b>zations and Domesti</b> n be duplicated if addit	<b>ic Governments.</b> ( tional space is nee	Somplete if the orga ded.	anization answered "\	res" on Form 990, Part	IV, line 21, for any
<u>-</u>	1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	Enter total number of section 501(c)(3) and government organization	and government o	lo Io	s listed in the line 1 table				
3	Enter total number of other organizations listed in the line 1 table	ns listed in the line	1 table					<b>A</b>
LHA	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990	e, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2019)

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Page 2

32-0041030

Schedule I (Form 990) (2019) FAIR GIRLS , INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

ו מון זון כמון גם מעטווסופט וו ממטווסומן פאמפין א וופפעפט.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
POOD ASSTRADANCE	-	C	م 4	HS O.J.	GROCERIES AND OTHER FOOD
HOUSING ASSISTANCE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. 627, 6	LSOD	EMERGENCY SHELTER
CLOTHING AND PERSONAL ITEM ASSISTANCE	19	0	1,410.	COST	ESSENTIAL CLOTHING AND PERSONAL HYGIENE PRODUCTS
TRANSPORTATION ASSISTANCE	30	.0	.211,11	COST	METRO FARE AND EMERGENCY FRANSPORTATION
Part IV   Supplemental Information. Provide the information required in	quired in Part I, lin	e 2; Part III, column	(b); and any other a	Part I, line 2; Part III, column (b); and any other additional information.	
PART I, LINE 2:					
FOOD, HOUSING, TRANSPORTATION AND	CLOT	HING/PERSONAL	ITEM ASSIS	ASSISTANCE ARE	
PURCHASED BY STAFF. RECEIPTS ARE R	REPORTED	ON A WEEKLY	Y BASIS AND	D MONITORED	
BY THE ORGANIZATION'S FINANCIAL CO	CONTROLS,	AND ASSISTANCE	ANCE ITEMS	ARE	
DISTRIBUTED TO CLIENTS.					

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

INC. FAIR GIRLS,

Employer identification number 32-0041030

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
POLICY AND ADVOCACY - FAIR GIRLS, INC. SEEKS TO ADVOCATE FOR THE LEGAL
PROTECTIONS AND RIGHTS OF THE SURVIVORS. THE PRIORITY IS TO IMPROVE THE
LIVES OF THESE WOMEN AND GIRL SURVIVORS AS THEY ARE ACTUALLY LIVED,
RATHER THAN AS THEY ARE TYPICALLY VIEWED FROM THE OUTSIDE. WITH MORE
THAN HALF OF FAIR GIRLS, INC. SURVIVORS, SOME AS YOUNG AS THIRTEEN,
HAVING BEEN MISIDENTIFIED AND CRIMINALIZED WHILE IN THEIR TRAFFICKING
SITUATION, ADVOCACY IS CRITICAL TO THEIR RECOVERY.
THE DROP-IN CENTER PROGRAM IS UNIQUELY DESIGNED FOR SURVIVORS OF HUMAN
TRAFFICKING. THROUGH A SERIES OF PRACTICAL LIFE-SKILLS WORKSHOPS,
PARTICIPANTS DEVELOP SKILLS IN BUDGETING, JOB FINDING AND RETENTION,
HEALTH AND WELLNESS, STRESS MANAGEMENT, INTERPERSONAL COMMUNICATION AND
WORKFORCE DEVELOPMENT SKILLS.
EXPENSES \$ 31,946. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND REVIEWED BY THE
EXECUTIVE LEADERSHIP AND THE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.