efile GRAPHIC print - DO NOT PROCESS | ORIGINAL DATA - Production DLN: 93493319143731 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020 C Name of organization B Check If applicable: D Employer identification number America Engaged Address change 81-2072162 ☐ Name change Doing business as Initial return ☐ Final return/terminated E Telephone number Amended return Number and street (or P.O. box If mail is not delivered to street address) 1101 Wilson Boulevard 6th Floor Application pending (540) 341-8808 City or town, state or province, country, and ZIP or foreign postal code Arlington, VA 22209 G Gross receipts \$ 238,000 F Name and address of principal officer: H(a) Is this a group return for Leonardo Leo Yes No subordinates? 1101 Wilson Boulevard 6th Floor **H(b)** Are all subordinates Arlington, VA 22209 Yes No included? I Tax-exempt status: 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ▶ **H(c)** Group exemption number ▶ K Form of organization: ✓ Corporation ✓ Trust ✓ Association ✓ Other ▶ L Year of formation: 2016 M State of legal domicile: VA Part I Summary 1 Briefly describe the organization's mission or most significant activities: America Engaged is a public policy organization, dedicated to promoting the Constitution of the United States and its core structural features Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) . 5 0 **6** Total number of volunteers (estimate if necessary) . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 1,790,500 238,000 Rayenue 9 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,790,500 238,000 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 509,400 4,950 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,960,349 428,385

20 Total assets (Part X, line 16)

Signature Block

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20 .

Net Assets or Fund Balances

Part II

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

433,335

-195,335

3,308

3,308

0

End of Year

2,469,749

-679.249

198,643

198,643

Beginning of Current Year

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

| 7 | *** | | | | 2021-11-15 | | |
|--------------|---------|-------------------------------|---------------------------------|--------------------|--------------------------|-----------------------|--|
| Sign Here | Leon | nature of officer | | | Date | | |
| | Туре | e or print name and title | | | | | |
| Paid | - | Print/Type preparer's name | Preparer's signature | Date 2021-11-15 | Check if | PTIN P01486002 | |
| Prepare | | Firm's name Conlon and Associ | ** | Firm's EIN | | | |
| Use Or | ıly | Firm's address PO Box 6213 | | | Phone no. (301) 598-6851 | | |
| | | Sllver Spring, MD | 209166213 | | | | |
| | | | shown above? (see instructions) | . <u>.</u> | 2 (* *) (# | . ☐ Yes ☑ No | |
| For Paper | rwork F | Reduction Act Notice, see the | separate instructions. | Cat. N | No. 11282Y | Form 990 (2020 | |

Form 990 (2020)

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

356,992

) (Revenue \$

(Expenses \$

4e

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 | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 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? <i>If "Yes," complete Schedule D</i> ,Part I | 6 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | | No |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| | 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 | | No |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | | No |
| 12a | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i> | 11f | | No |
| | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | | No |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b | | No |
| | | 13 | | No |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 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 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) | 17 | | No |
| 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 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| | 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 | | No |
| | | F | orm 990 | (2020) |

Checklist of Required Schedules (continued)

Part IV

| 12 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part column (N), line 2? If "Yes," complete Schedule I, Parts 1 and III. 13 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cand former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 143 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,002 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 15 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 16 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 17 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 18 Section 501(c)(3) Sol(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess ben'transaction with a disqualified person during the year? If "Pres," complete Schedule I, Part I 19 Is the organization aware that It engaged in an excess benefit transaction with a disqualified person in a prior yea that the transaction has not been reported on any of the organizations prior Forms 930 or 930-E27 If "Pres," complete Schedule I, Part II 26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV 27 Did the organization provide a grant or other assistance to any current or founder, substantial con | 23 as of 24a 24b 24c 24d nefit 25a ar, and plete 25b former mily 26 | | No No |
|---|---|------|----------|
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule 1. Jid the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$1.00,000 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 b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization aniatian an escrow account other than a refunding escrow at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b) Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior yea that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II 26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or famember of any of these persons? If "Yes," complete Schedule L, Part II 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, a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 28 Was the organization a party to a business transaction with one of the follo | 23 as of 24a 24b 24c 24d nefit 25a ar, and plete 25b former mily 26 | | No |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$1.00,000 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Oid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior yea 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 26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or famember of any of these persons? If "Yes," complete Schedule L, Part II 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, a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedul | 24a 24b 24c 24d 25a ar, and plete 25b former mily 26 | | No |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or famember of any of these persons? If "Yes," complete Schedule L, Part II 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, a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV Did the organization receive corrections of art, historic | 24c 24d 25a ar, and plete 25b former mily 26 | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year that the transaction has not been reported on any of the organization sprior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I D Id the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or in officer, director, trustee, key employee, creator or founder, substantial contributor, or any substantial contributor, or any substantial contributor, or any substantial contributor, or any substantial contributor, or employee thereof, a grant selection committee member, a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes, complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. D Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserva contributions? If "Yes," complete Schedule N, Part II. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the or | 24c 24d 25a ar, and plete 25b former mily 26 | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section SO1(c)(3), SO1(c)(4), and SO1(c)(29) organizations. Did the organization engage in an excess ben transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior yea 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 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or fa member of any of these persons? If "Yes," complete Schedule L, Part II 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, a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," composition of any of these persons? If "Yes," compositions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes, complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization | 24d 25a ar, and plete 25b former mily 26 | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess bentransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior yea that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II 26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or famember of any of these persons? If "Yes," complete Schedule L, Part II 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, a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule M. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Part II Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserva contributions? If "Yes," complete Schedule R. Part II. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net a | 25a ar, and plete 25b former mily 26 | | |
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| officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or fa member of any of these persons? If "Yes," complete Schedule L, Part II 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, a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," comp. Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes, complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserva contributions? If "Yes," complete Schedule N, Part I Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sect 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV Part V, line 1 If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a | or to | | No |
| employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," com, Schedule L</i>, Part III 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes, complete Schedule L, Part IV</i>. A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>. A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>. Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>. Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservations? <i>If "Yes," complete Schedule M</i>. Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part I</i>. Was the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>. Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>. Section 501(c)(3) organization | or to | | No |
| instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes, complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservations? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sect 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and organization conduct more than 5% of its activities through an entity that is not a related organization and organization and organization co | . | | No |
| A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes, complete Schedule L, Part IV</i>. A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>. A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>. Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>. Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part I</i>. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sect 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>. Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV Part V, line 1</i>. Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and organization. | | | |
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| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 7, and 34 | | No |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 35a | | No |
| organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and | entity 35b | | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and | 36 | | |
| is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? N All Form 990 filers are required to complete Schedule O. | d that 37 | Yes | |
| Part V Statements Regarding Other IRS Filings and Tax Compliance | 37 | | |
| Check if Schedule O contains a response or note to any line in this Part V | lote. | | |
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | lote. | IIII | No |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b | 37 Note. 38 | Yes | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gan | 37 38 | Yes | |
| (gambling) winnings to prize winners? | 37 Note. 38 | Yes | |

| Pai | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|-----|---|-----|---------------|--------|
| 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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | - |
| | 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)? 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). | 4a | | No |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | 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 | Yes | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | Yes | |
| 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 | | l |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | |
| | 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 | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | | |
| 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? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | No |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | No |
| | | F | orm 99 | (2020) |

Page 6

| - | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | | | ines |
|------------|---|--------|-----------------|--------|
| _Se | ction A. Governing Body and Management | | | |
| | | | Yes | No |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year 4 | | | |
| | 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 in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 4 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? • | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? , | 6 | | No |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | | No |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | No |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | 2.) | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | No |
| b | Other officers or key employees of the organization | 15b | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | | |
| - S- | ction C. Disclosure | 16b | | |
| | List the states with which a copy of this Form 990 is required to be filed | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: Neil Corkery 1101 Wilson Boulevard 6th Floor Arlington, VA 22209 (540) 341-8808 | | | |
| | | F | orm 99 0 | (2020) |

Part VII

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| а | a | Ф | _ |

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| Check this box if neither the organization no | r any related or | ganizat | ion c | omp | ens | ated a | ny c | urrent officer, dire | ctor, or trustee. | | |
|---|---|-----------------------------------|-----------------------|------------------------------|-----------------------------|------------------------------|------------|---|--|---|--|
| (A) Name and title | (B) Average hours per week (list any hours | Position than on is b | on (do ne bo | (C) o no ox, u n of |) t ch inle: ficei | eck mess pers | ore son | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the | |
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC) | (W-2/1099- MISC) | organization and related organizations | |
| (1) Boyden Gray Director | 000.10 | х | | | | | | 0 | o | 0 | |
| (2) Todd Graves Director | 000.10 | х | | | | | | 0 | 0 | 0 | |
| (3) Jonathan Bunch Director, Secretary | 5.00 | х | | x | | | | 0 | o | 0 | |
| (4) Leonard Leo Director, President | 5.00 | Х | | x | | | | 0 | 0 | c | |
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Form **990** (2020)

| | Section A. Officers, Dire | TARISE DESERTE | | _ | | | | | | 10 11 8 1-11 | r | | | |
|------------|--|--|-----------------------------------|-------------------------|----------------------|----------------|---------------------------------------|--------------|---------------------|-----------------------------------|-------------------------|-------|-------------------------------|-----|
| | (A) Name and title | Average hours per week (list any hours for related any hours for r | | | | , |) ated of othe sation the | | | | | | | |
| | | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | (1099- (ISC) | (W-2/1099- MISC) | | rganizat relat organiza | ed |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | Total | | | | | | P | | | | | | | |
| | (add lines 1b and 1c) | | | | - 180 2 ∰- | | • | | | | | | | |
| Tol of | al number of individuals (including reportable compensation from the | ng but not limited | to thos | e list | ed al | bove | e) who | rece | eived mo | ore than \$10 | 00,000 | | | |
| | | | | | | | | | | | | | Yes | No |
| Dic | the organization list any forme | officer, director | or trust | ee, k | ey eı | mplo | oyee, c | or hig | ghest co | mpensated | employee on | | 103 | 110 |
| | a 1a? If "Yes," complete Schedule | | | | | | | | | | | 3 | | No |
| org | any individual listed on line 1a, anization and related organization | is the sum of repo ns greater than \$ | ortable 150,00 | comp 0? <i>If</i> | ensa <i>"Yes</i> | ation ," co | n and o omplet | ther e Sc | compenation compens | isation from ' <i>for such</i> | the | | | |
| | ividual | | | • | • | ٠ | | • | | | | 4 | | No |
| Did ser | any person listed on line 1a reco vices rendered to the organizatio | eive or accrue cor n? <i>If "Yes," compi</i> | npensal lete Sch | tion fi <i>edule</i> | rom e <i>J fo</i> | any or su | unrela <i>ich per</i> | ited son | organiza | ition or indi | vidual for | 5 | | No |
| | on B. Independent Contra | | | | | | | | | | | | | 110 |
| Co fro | mplete this table for your five hig m the organization. Report comp | hest compensate ensation for the c | d indep alendar | endei vear | nt co end | ntra ling ' | actors t | hat r wit | received | more than | \$100,000 of cor | npens | ation | |
| | | (A) and business addre | | | | | | | | | (B) ription of services | | (C Comper | |
| | | | | | | | | | | 2 6361 | , | | 9.2.111521 | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | - | | | _ | | | | | | |

| Part | 7 | | | | a respo | onse or note to an | y line in this Part VIII | | <u> </u> | |
|--------------------------|-----|--|----------------------|----------------------|---------|--------------------|--------------------------|--|---|--|
| | | | | | | ==== | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| en 23 | 1a | Federated campai | gns . | | 1a | | | | , | |
| S, Grants Amounts | ь | Membership dues | | .] | 1b | | | | | |
| 2 5 | c | Fundraising event | s. | | 1c | | | | | |
| 300 | d | Related organizati | ions | j | 1d | | | | | |
| ons, Giff Similar | e | Government grants (| contrib | outions) | 1e | | | | | |
| | f | All other contribution and similar amounts above | ns, gifts not inc | s, grants, cluded | 1f | 238,000 | | | | |
| Contribution and Other | g | Noncash contribution lines 1a - 1f:\$ | s inclu | ided in | 1g | | | | | |
| | h | Total. Add lines 1 | a-1f | | (e) e | 🖈 | 238,000 | | | |
| | | | | | | Business Code | | | | |
| | 2a | | | | | | | | | |
| <u>+</u> | | - | | | | | | | | |
| 3 | b | • | | | | | | | | |
| Program Service Reventie | c | · | | | | | | | | |
| Ser. | d | <u> </u> | | | | - | | | | |
| E | | - | | | | | | | | |
| DO. | e | | | | | | | | | |
| D. | f | All other program | servi | ce revenu | e. | | | | | |
| | l | Total. Add lines | | | | | | | | |
| Other Revenue | 4 | Investment income similar amounts) . Income from inves | | of tax-ex | empt b | ond proceeds | | | | |
| ŏ | 6a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | С | Rental income or (loss) | 6c | | | | | | | |
| | ١ (| Net rental incom | e or (| loss) . | 9.90 | 1, 515 N N . | | | | |
| | 7a | Gross amount from sales of assets other | 7a | (i) Secu | ırities | (ii) Other | | | | |
| | b | than inventory Less: cost or other basis and | 7b | | | | | | | l |
| | С | sales expenses Gain or (loss) | 7c | | | | | | | |
| | 0 | Net gain or (loss |) . | * * | | * * * F | | | | |
| | | Gross income from for (not including \$ | ed on li | ne 1c). | | | | | | |
| | | Net income or (lo | | | | ents . | | | | |
| | es | Gross income from See Part IV, line 19 | gamir | ng activitie | | | | | | |
| | ı | Less: direct exper | | | 9b | 1 | | | | |

| 10aGross sales of inventory, less returns and allowances | ь | | | |
|--|---------------|---------|--|-----------------|
| c Net income or (loss) from sales of inver | | | | |
| Miscellaneous Revenue 11a | Business Code | | | |
| b | | | | |
| С | | | | - |
| d All other revenue | | | | |
| e Total. Add lines 11a-11d | e a na ⊪ | | | |
| 12 Total revenue. See instructions | | 238,000 | | |
| | | | | Form 990 (2020) |

| p | art IX Statement of Functional Expenses | | | | |
|----|---|-------------------------|------------------------------|---|-----------------------------------|
| | Section 501(c)(3) and 501(c)(4) organizations must (| complete all columns. | All other organizatio | ns must complete co | lumn (A). |
| - | Check if Schedule O contains a response or note to a | ny line in this Part IX | 12 27 62 Tr 65 512 | | 🗸 |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 4,950 | 4,950 | general expenses | скрепаса |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0 | | | |
| | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | , |
| | Other salaries and wages | 0 | | | |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (non-employees): | | | | |
| ē | Management | 0 | | | |
| ı | Legal | 13,447 | | 13,447 | |
| | Accounting | 22,500 | | 22,500 | |
| • | 1 Lobbying | 0 | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | 0 | | | |
| ģ | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 48,138 | 48,138 | | |
| 12 | Advertising and promotion | 0 | | | |
| | Office expenses | 8,013 | | 8,013 | |
| 14 | Information technology | 20,790 | 18,711 | 2,079 | |
| 15 | Royalties | 0 | | | |
| | Occupancy | 64,026 | 44,818 | 19,208 | |
| | Travel | 41,782 | 38,099 | 3,683 | |
| | Payments of travel or entertainment expenses for any federal, state, or local public officials . | 0 | | | |
| | Conferences, conventions, and meetings | 202,276 | 202,276 | | |
| | Interest | 0 | | | |
| | Payments to affiliates | 0 | | | |
| | Depreciation, depletion, and amortization | 0 | | | |
| | Insurance | 7,413 | | 7,413 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | a | | | | |
| | b | | | | |
| | C | | | | |
| | ď | | | | |
| | e All other expenses | 0 | | | |
| | Total functional expenses. Add lines 1 through 24e | 433,335 | 356,992 | 76,343 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| | Check here ► if following SOP 98-2 (ASC 958-720). | | | | |

33

| Pa | art X | Balance Sheet | | | |
|------------------|-------|---|--------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part IX . | | <u> </u> | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | 198,643 | 1 | 3,308 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, 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 | |
| 15 | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | ь | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments—publicly traded securities . | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 198,643 | 16 | 3,308 |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| Ø? | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| Ï | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, | | 25 | |
| | | and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 25 | |
| - | 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | 0 |
| or Fund Balances | 27 | Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33. Net assets without donor restrictions | 198.643 | 27 | 3,308 |
| Ba | 28 | Net assets with donor restrictions | | 28 | 5,555 |
| pun, | | Organizations that do not follow FASB ASC 958, check here ▶ ☐ and | | 20 | |
| orF | 29 | complete lines 29 through 33. Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| Assets | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| ** | 32 | Total net assets or fund balances | 198,643 | 32 | 3,308 |

Form **990** (2020)

3,308

198,643

Total liabilities and net assets/fund balances

Page **12**

| Theck 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) | |
|--|----------|
| 2 Total expenses (must equal Part IX, column (A), line 25) | |
| 2 Total expenses (must equal Part IX, column (A), line 25) | |
| Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Ret assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Consolidated basis Prior period adjustments Pother changes in net assets or fund balances (explain in Schedule O) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements or note to any line in this Part XII Part XII Financial Statements complete the financial statements for the year were counted to reviewed on a separate basis, consolidated basis, or both: Schedule O. 2a Vere the organization's financial statements audited by an independent accountant? If Yes,' check a box below to indicate whether the financ | 238,000 |
| A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 433,335 |
| So Net unrealized gains (losses) on investments | -195,335 |
| 6 Donated services and use of facilities | 198,643 |
| 7 Investment expenses | |
| 8 Prior period adjustments | |
| 9 Other changes in net assets or fund balances (explain in Schedule O) | |
| Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . Yes | |
| Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . Yes 1 | |
| Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: | 3,308 |
| Accounting method used to prepare the Form 990: | |
| Accounting method used to prepare the Form 990: | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | No |
| Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis | |
| 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | No |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | |
| consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | No |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | |
| of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | |
| | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single | |
| Audit Act and OMB Circular A-133? | No |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b | |

Additional Data

Software ID: 20011406

Software Version: 20.0.2.0

EIN: 81-2072162 Name: America Engaged

Form 990, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS | ORIGINAL DATA - Production

DLN: 93493319143731

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 America Engaged

Employer identification number

81-2072162

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, Line 11 | The Form 990 is prepared by a Certified Public Accountant. A copy of the return is provided to the Organizations directors prior to filing. |
| Form 990, Part VI, Section B, Line 15 | No compensation. |
| Form 990, Part IX, Line 12b | Officers are required to disclose actual or potential conflicts of interest. |
| Form 990, Part VI, Section C, Line 19 | The Articles of Incorporation are available from the Virginia State Corporation Commission. Other governing documents are not available to the public. |
| Form 990, Part IX, Line 11-g | The amount 48,138 consist of Consulting 42,324 Recruiting 3,120 and Printing 2,694. |

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Schedule I (Form 990) 2020

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 dupli | icated if addit | Part III can be duplicated if additional space is needed. | | | | |
|---------------------------------|-----------------|---|---------------------------|----------------------------------|--|---------------------------------------|
| (a) Type of grant or assistance | tance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, PMV, appraisal, other) | (f) Description of noncash assistance |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (9) | | | | | | |
| (7) | | | | | | |
| Part IV Supplemental | I Informat | Supplemental Information. Provide the informati | on required in Part I, | line 2; Part III, colun | tion required in Part I, line 2; Part III, column (b); and any other additional information. | tional information. |
| Return Reference | Explanation | ion | | | | |
| Part I Line 2 | The Organ | The Organization requests a budget proposal and final report on use of funds. | posal and final report on | use of funds. | | |
| | | | | | | |

Schedule I (Form 990) 2020