Public Disclosure Copy Return of Organization Exempt From Income Tax

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public

▶ 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.

Inter	rnal Rever	nue Service	► Go to www.irs.g	gov/Form990 for instructions	and the late	st information.		Inspection				
A	For the	2019 calend	dar year, or tax year beginning	, 20								
В	Check if	applicable:	C Name of organization DESIG	N CONNECT CREATE			D Employer identification number					
	Address	change	Doing business as				46-51	169169				
\Box	Name ch			if mail is not delivered to street add	ress)	Room/suite		none number				
$\overline{\Box}$	Initial ret		8150 N. CENTRAL E		,	1200	(214) 728-6219					
\Box		ırn/terminated		country, and ZIP or foreign postal co	ode.		(===/					
\exists	Amende		DALLAS, TX 75206-				G Gross	receipts \$ 371,381.				
		on pending	F Name and address of principal of			H(a) Is this a gr		or subordinates? Yes No				
ш	Applicati	on pending	WANDA GASS, 8150 N CENT		TY 75206-							
_	Tay-eye	mpt status:	▼ 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)				st. (see instructions)				
<u>'</u>		•			(1) 01 321	H(c) Group e						
_			esignconnectcreate. Corporation Trust Associ		I Voor of for							
	art I			ation Other ►	L Year of for	mation: 2014	IVI State	of legal domicile: TX				
		Summa	<u>, </u>		illiaa ma							
4	1		cribe the organization's miss					I TO BE SUCCESSFUL				
nce			NCE, TECHNOLOGY, EN			(STEM) COU	RSES					
rna			R TO CLOSE THE GENI									
Ve	2		box ► ☐ if the organization				1 1	its net assets.				
5	3		voting members of the gove				3					
•ŏ თ	4		independent voting member				4	7				
itie	5		per of individuals employed i				5	32				
Activities & Governance	6		per of volunteers (estimate if	- · · · · · · · · · · · · · · · · · · ·			6	37				
Ac	7a	Total unrel	ated business revenue from	Part VIII, column (C), line 12	2		7a	0.				
	b	Net unrelat	ted business taxable income from Form 990-T, line 39				7b	0.				
						Prior Yea	r	Current Year				
Ф	8	Contributio	ons and grants (Part VIII, line	e 1h)		331	748.	360,110.				
n	9	Program se	ervice revenue (Part VIII, line	e 2g)			,100.	10,348.				
Revenue	10	Investment	restment income (Part VIII, column (A), lines 3, 4, and 7d)				59.	923.				
ď	11		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									
	12		ue-add lines 8 through 11 (,411.	371,381.				
_	13 Grants and similar amounts paid						7310.	25,000.				
	14		aid to or for members (Part I		25,000.							
(0	15		her compensation, employee	110	,553. 166,826							
Expenses	16a		al fundraising fees (Part IX, o			110	, 555.	100,020.				
oen												
EX	17	Total fundraising expenses (Part IX, column (D), line 25) ► 11,12 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)				127	702	00 120				
	18		nses. Add lines 13–17 (must				793.	88,420.				
	19		ess expenses. Subtract line		,		346.	280,246.				
_ v	_	neveriue ie	iss expenses. Subtract line	To Iron line 12			972.	91,135.				
Net Assets or Fund Balances	00	Tatal acces	to (Dout V. line 10)			Beginning of Curi		End of Year				
Sse	20		- ()				,221.	283,649.				
let A	21		, , , ,				,139.	7,432.				
_			or fund balances. Subtract	line 21 from line 20		185	,082.	276,217.				
_	art II		re Block									
			, I declare that I have examined this e. Declaration of preparer (other that					ny knowledge and belief, it is				
		T.			- Willow prop	aror nao any miowies						
C:						09 Date	/23/2	020				
Si	_	Signati										
He	ere		DA GASS, PRESIDENT									
		1,	r print name and title									
Pa	id	Print/Type	preparer's name	Preparer's signature		Date	Check [
	epare	Jonath	nan Tucker	Jonathan Tucker		09/23/2020	self-emp	P00311453				
	epare se Onl	Lives's see	me > Jonathan B Tuc	ker CPA		Firm's	s EIN ▶					
US	e Oill	Firm's add	dress ▶ 23537 Kingslan		Katy, T	X 77494 Phon	e no. (7	13)256-8341				
Ma	y the IF		this return with the preparer					. X Yes No				

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	·
	TO EMPOWER YOUNG WOMEN TO BE SUCCESSFUL	
	IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS (STEM) COURSES	
	IN ORDER TO CLOSE THE GENDER GAP IN STEM CAREERS.	
2	Did the organization undertake any significant program convices during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	K No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	< No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to complete the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:)(Expenses\$ 230,827.including grants of\$ 25,000.)(Revenue\$ 10,348.) OFFERED 8 PHYSICS CAMP SESSIONS AND 2 STEM CAMP SESSIONS THAT SERVED 286 YOUNG WOMEN. THROUGH CONTINUED PARTNERSHIPS WITH AUSTIN ISD, DALLAS ISD, DUNCANVILLE ISD, FORT WORTH ISD,GRAND PRAIRIE ISD, MESQUITE ISD, RICE UNIVERSITY, AND UNIVERSITY OF TEXAS AT DALLAS. THIS INCLUDED 2 NEW SESSIONS FOR MIDDLE SCHOOL GIRLS IN GRAND PRAIRIE.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	١
710	, (Expenses #	,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses > 230, 827	

Part IV

Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 × 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X 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 × 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 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," × 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 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X 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 X c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII × d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets × Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X × Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b × Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 × 13 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 × Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		×
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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		×
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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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? <i>If "Yes," complete Schedule R, Part I </i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		×
35a	or IV, and Part V, line 1	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c	×	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 32 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b × Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a × If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over. 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 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? . . . × Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 × b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6h Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a × 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 7c X If "Yes," indicate the number of Forms 8282 filed during the year 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 X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . 10b Section 501(c)(12) organizations. Enter: 11 11a Gross income from other sources (Do not net amounts due or paid to other sources 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... Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? × 14b 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 15 × If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.

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. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . × 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a × × 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a × **b** 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 × b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Did the organization have a written whistleblower policy? 13 × 14 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X 15b × If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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 ▶ Wanda Gass, 8150 N. CENTRAL EXPY #1200, DALLAS, TX 75206-1995 (214)728-6214

Form 990 (2019)

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

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations	box, office Individua	unles er and	Post check nless pe and a d Officer Institution		e than of is both or/trus	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	below dotted line)	trustee	al trustee		Key employee	Highest compensated employee				
(1) WANDA GASS	40.00									
PRESIDENT		×		×				0.	0.	0.
(2) JENNIFER WISINSKI SECRETRY	0.50	×		×				0.	0.	0.
(3) RICHARD WYMAN TREASURER	0.50	×		×				0.	0.	0.
(4) MARSHALL BARTLETT DIRECTOR	0.50	×						0.	0.	0.
(5) SHAUNNA BLACK DIRECTOR	0.50	×						0.	0.	0.
(6) ED BULL DIRECTOR	0.50	×						0.	0.	0.
(7) KANIKA CARVER DIRECTOR	0.50	×						0.	0.	0.
(8) MEAGAN POLLOCK EXECUTIVE DIRECTOR	30.00	×						54,010.	0.	0.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emp	olo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (d	continue	d)
	(A) Name and title		box,	officer and a director/trustee) compensation col		(E) Report compen from re organize (W-2/1098)	ortable Estimated am ensation of other related compensatizations from the							
(15)		dotted line)	Ď	tee			sated							_
														_
(16)														
(17)														
(18)														_
(19)														_
(20)														_
(21)														_
(22)														—
(23)														_
														_
(24)														
(25)														
1b c	Subtotal								54,010.		0.		0) .
d	Total (add lines 1b and 1c)								54,010.		0.		0) .
2	Total number of individuals (including bureportable compensation from the organ		d to th					e) w	ho received mor	e than \$1	00,000	of		
	· · · · · · · · · · · · · · · · · · ·												Yes No	<u> </u>
3	Did the organization list any former employee on line 1a? <i>If "Yes," complete</i>	Schedule J	for s	uch	indi	ividu	ual					3	×	
4	For any individual listed on line 1a, is the organization and related organizations individual												×	
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or inc			×	
Secti	on B. Independent Contractors	,	,						,					_
1	Complete this table for your five hig compensation from the organization. Rep													
	(A) Name and business address								(B) Description of serv		(C) Compensation			
														_
														_
														—
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	e) who				

REV 06/02/20 PRO

Form 990 (2019)

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) Total revenue Revenue excluded Related or exempt business revenue from tax under function revenue sections 512-514 Federated campaigns Contributions, Gifts, Grants 1a and Other Similar Amounts Membership dues 1b Fundraising events 1c С **d** Related organizations e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f 360,110. Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f. 360,110. **Business Code** Program Service Summer camp fees 611710 2a 10,348. 10,348. 0. 0. Revenue All other program service revenue . . **Total.** Add lines 2a–2f 10,348. Investment income (including dividends, interest, and other similar amounts) 923. 923. 0. 0. 4 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal Gross rents 6a Less: rental expenses Rental income or (loss) Net rental income or (loss) (i) Securities (ii) Other Gross amount from sales of assets other than inventory 7a Other Revenue Less: cost or other basis and sales expenses 7b Gain or (loss) . . d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . 8a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . 9a Less: direct expenses 9b Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10b Less: cost of goods sold . . . Net income or (loss) from sales of inventory. Miscellaneous **Business Code**

371,381.

11,271.

11a

d

All other revenue

Total. Add lines 11a-11d. **Total revenue.** See instructions

Revenue

0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising Do not include amounts reported on lines 6b. 7b. (A) Total expenses Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 <u>25,0</u>00. 25,000. 2 Grants and other assistance to domestic individuals. See Part IV, line 22 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 5 Compensation of current officers, directors, trustees, and key employees 53,095. 0. 54,010. 915. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 0. 93,548. 91,963. 1,585. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 7,980. 0. 9 200. 7,780. 11,288. 10 Payroll taxes 11,088. 200. 0. 11 Fees for services (nonemployees): Management Legal 0. 6,500. 6,500. 0. Accounting 5,500. 0. 5,500. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11a amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1,256. 12 Advertising and promotion 12,256. 1,000. 10,000. 13 14,037. 812. Office expenses 16,719. 1,870. 14 0. Information technology 7,602. 0. 7,602. 15 Royalties Occupancy 16 0. 17 4,197. 2,911. 1,286. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 317. 4,073. 3,640. 116. 20 21 Payments to affiliates 4,610. 1,000. 22 Depreciation, depletion, and amortization . 3,610. 0. 23 2,479. 95. 2,384. 0. 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PARTICIPANT MEALS 0. 6,347. 6,347. 0. PARTICIPANT SUPPORT 11,770. 11,770. 0. 0. C Participant Transportation 6,367. 5,815. 552. 0. d All other expenses 25 **Total functional expenses.** Add lines 1 through 24e 280,246. 230,827. 38,290. 11,129. 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) . . .

Form **990** (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	130,149.	1	135,486.
	2	Savings and temporary cash investments	50,059.	2	50,982.
	3	Pledges and grants receivable, net		3	85,525.
	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		_	
	6	Loans and other receivables from other disqualified persons (as defined		5	
	6	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	9,253.
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 18,449.			
	b	Less: accumulated depreciation 10b 16,046.	7,013.	10c	2,403.
	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)	187,221.	16	283,649.
	17	Accounts payable and accrued expenses	911.	17	7,432.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
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		00	
iak	00			22	
_	23 24	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, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	1 000	05	
	26	Total liabilities. Add lines 17 through 25	1,228. 2,139.		7 422
(0	20	Organizations that follow FASB ASC 958, check here ► 🗵	2,139.	20	7,432.
ınces		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	110,717.		137,625.
O B	28	Net assets with donor restrictions	74,365.	28	138,592.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
0 0	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et,	32	Total net assets or fund balances	185,082.	32	276,217.
Z	33	Total liabilities and net assets/fund balances	187,221.	33	283,649.

Public Disclosure Copy

Form 990 (2019) Page **12**

omi 98	(2019)				Pa	ge IZ				
Part	XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1		37	1,3	81.				
2	Total expenses (must equal Part IX, column (A), line 25)									
3	Revenue less expenses. Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4									
5	Net unrealized gains (losses) on investments	5								
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line									
	32, column (B))	10		27	76,2	17.				
Part	Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII		• • •	_						
4	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other				Yes	No				
1		wolair	<u> </u>							
	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?		. 2	a l		×				
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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?			2b	×					
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	n a							
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov the audit, review, or compilation of its financial statements and selection of an independent account			c c	×					
	If the organization changed either its oversight process or selection process during the tax year, e									
	Schedule O.									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	orth in	I	a		×				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_	I							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits	. 3	b	200					

REV 06/02/20 PRO Form **990** (2019)