EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury

A For the 2019 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

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

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

JUL 1, 2019

Open to Public Inspection

OMB No. 1545-0047

and ending JUN 30, 2020 Check if applicable: C Name of organization D Employer identification number Address change LOUISVILLE ASSET BUILDING COALITION, INC **-***3568 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 701 W ORMSBY AVENUE 201 502-574-5687 termin-ated 163,082. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return LOUISVILLE, KY 40203 H(a) Is this a group return Applica-F Name and address of principal officer: CHRISTOPHER MURPHREE Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.LABCSERVICES.ORG **H(c)** Group exemption number **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2014 M State of legal domicile: KY Part I Summary Briefly describe the organization's mission or most significant activities: BUILD AN ECONOMIC FOUNDATION FOR Activities & Governance INDIVIDUALS AND FAMILIES BY PROMOTING FINANCIAL STABILITY AND ASSET 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) 15 15 Number of independent voting members of the governing body (Part VI, line 1b) <u>11</u> 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 39 7b **Current Year** 227,593. 163,065. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 17. 40. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 227,633. 163,082. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 1,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 164,244. 146,676. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 45,850. 24,137. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 210,094. 171,813. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -8,731.17,539. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 55,359. 49,651. 20 Total assets (Part X, line 16) 0. 3,023. 21 Total liabilities (Part X, line 26) 359. 46,628. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CHRISTOPHER MURPHREE, PROGRAM DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature JEFFREY K MCCAFFREY P00938853 Paid Firm's name DEMING MALONE LIVESAY & OSTROFF PSC **-***4249 Preparer Firm's address > 9300 SHELBYVILLE RD STE 1100 Use Only LOUISVILLE, KY 40222-5187 Phone no. (502)426-9660 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	Statement of Program Service Accomplishments	37
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	C 7 7 M T2
	LOUISVILLE ASSET BUILDING COALITION (LABC) IS A BROAD PUBLIC/PRI	
	COLLABORATIVE DEDICATED TO PROMOTING FINANCIAL STABILITY AND ASS	
	BUILDING FOR INDIVIDUALS AND FAMILIES BY PROVIDING DIRECT SERVICE	JES AND
	LINKAGES TO OTHER COMMUNITY RESOURCES, LABC STRIVES TO BUILD AN	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience	enses, and
	revenue, if any, for each program service reported.	
4a)
	PROMOTING FINANCIAL STABILITY AND ASSET BUILDING FOR INDIVIDUALS	3 AND
	FAMILIES.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$	<u> </u>
4d	Other program services (Describe on Schedule O.)	
→u		
4e	144 500	
		Form 990 (2019)
		(2013)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			3,7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		- V
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		- V
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		Α.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Α.
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 11/1	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	па	21	
D		11b		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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 for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			₩.
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2019) LOUISVILLE ASSET B Part IV Checklist of Required Schedules (continued)

			_	_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
2 4a	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		X
	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 24d		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		X
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	. .		X
25-	Part V, line 1	34		X
	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 entity	35a		<u> </u>
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t 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			
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
•	(gambling) winnings to prize winners?	1c	Х	
	· ·			

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

		_	Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 1									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	b If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	,									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a									
D	Gross income from other sources (Do not net amounts due or paid to other sources against									
100	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?	100								
		12a								
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
а	Note: See the instructions for additional information the organization must report on Schedule O.	104								
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand	1								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		х						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
			202							

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 15			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►KY		_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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			
	THE ORGANIZATION - 502-574-5687			
	701 W ORMSBY AVENUE, STE 201, LOUISVILLE, KY 40203			

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.

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

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

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TAMEKA LAIRD CHAIR	1.00	X		х				0.	0.	0.
(2) TINA LENTZ	1.00	^	_	<u> </u>				0.	0 •	· ·
VICE CHAIR	1.00	Х		x				0.	0.	0.
(3) ADAM HALL	1.00	22		**		\vdash			<u> </u>	
TREASURER		x		x				0.	0.	0.
(4) JOHNNEVITT	1.00							•		
SECRETARY		х		X				0.	0.	0.
(5) DEBORAH WILLIAMS	1.00									
SECRETARY		X		Х				0.	0.	0.
(6) SCOTT LOVE	1.00									
DIRECTOR		X						0.	0.	0.
(7) DAVID DUTSCHKE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JANET FULTON	1.00									_
DIRECTOR	1 00	Х						0.	0.	0.
(9) ANGELA BYERS	1.00								0	
DIRECTOR	1 00	Х	_					0.	0.	0.
(10) CLARE WALLACE DIRECTOR	1.00	Х						0.	0.	0.
(11) LIZ ALKIRE	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(12) MARSHA BERRY	1.00								•	
DIRECTOR	1 00	Х	_			_		0.	0.	0.
(13) KRISTIE ADAMS	1.00	,,						_	0	0
DIRECTOR	1.00	Х	_			_		0.	0.	0.
(14) ANDREW PLEASANT	1.00	Х						0.	0.	0.
(15) BRAD WILLIAMS	1.00	_	<u> </u>					0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(16) CHRITOPHER MURPHREE	20.00		\vdash			\vdash	\vdash	0.	0.	
EXECUTIVE DIRECTOR		1		х				20,769.	0.	0.
		\vdash	\vdash			\vdash				
		1								

Form **990** (2019)

Part VII Section A. Officers, Directors, Tru		ploy	/ees			ghe	st C					(E)	
(A) Name and title	(B) Average	(C) Position			1		(D) Reportable	(E) Reportable		E-	(F) timate	2d	
Name and title	hours per		(do not check more than one box, unless person is both a					compensation	compensatio			nount (
	week	\vdash	cer an	d a di	irecto	or/trus	tee)	from	from related	ı		other	
	(list any hours for	irector						the	organization			pensa	
	related	e or di	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the anizati	
	organizations	truste	al trus		yee	omper		(** 27 1000 111100)			•	d relate	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizatio	ons
	line)	<u>P</u>	lus	# ₀	Key	훈曲	윤						
		1											
				П									
		_		Ш									
		1											
		Π											
		_											
		$\left\{ \right.$											
1b Subtotal		4						20,769.		0.			0.
c Total from continuation sheets to Part \								0.		0.			0.
d Total (add lines 1b and 1c)								20,769.		0.			0.
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed ak	OOV	e) wh	no r	eceived more than \$100	,000 of reportab	le			0
compensation from the organization												Yes	No
3 Did the organization list any former office													
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the								•	the organization				v
and related organizations greater than \$15Did any person listed on line 1a receive or									idual for convices		4		X
rendered to the organization? If "Yes," col					-			•			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of the organization. Report compensation for										npens	ation 1	rom	
(A)					VICII	OI W		(B)			(0		
Name and busines	s address	N	INC	3				Description of s	ervices	С	ompe	nsatio	า
							\dashv						
							\dashv						
							\dashv						
	<i>r</i> . 1		**				\perp						
Total number of independent contractors\$100,000 of compensation from the organ		ot li	mite	d to		se lis)	stec	a above) who received m	nore than				
									I		Form	990 (2	2019)

Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 22,493. d Related organizations 1d 85,050. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 55,522 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 163,065. h Total. Add lines 1a-1f ... **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 17. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold **c** Net income or (loss) from sales of inventory **Business Code Miscellaneous** 11 a d All other revenue e Total. Add lines 11a-11d 163,082. Total revenue. See instructions

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).

Δ.	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	1 000	1 000		
	and domestic governments. See Part IV, line 21	1,000.	1,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	40.000	22 000	4 000	4 000
	persons described in section 4958(c)(3)(B)	40,000.	32,000.	4,000.	4,000
7	Other salaries and wages	89,472.	88,528.	944.	
8	Pension plan accruals and contributions (include			_	
	section 401(k) and 403(b) employer contributions)	6 550		252	000
9	Other employee benefits	6,750.	6,283.	258.	209
10	Payroll taxes	10,454.	9,732.	399.	323
11	Fees for services (nonemployees):				
а	Management				
b	Legal	11 =10		11 -10	
С	Accounting	11,713.		11,713.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,745.		1,745.	
12	Advertising and promotion	1,579.	1,579.		
13	Office expenses	2,068.	1,925.	79.	64
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	694.	646.	27.	21
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	916.	853.	35.	28
23	Insurance	3,435.		3,435.	
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 0.)				
а	VOLUNTEER RECOGNITION	1,117.	1,117.		
b	MEMBERSHIP DUES	685.	685.		
С	MISCELLANEOUS	185.	172.	7.	6
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	171,813.	144,520.	22,642.	4,651
<u> </u>	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)

Form 990 (2019) Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			48,318.	1	46,574.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		6,125.	3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in se	ction 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net				7	
SSe	8	Inventories for sale or use				8	
Net Assets or Fund Balances Liabilities Assets	9	Prepaid expenses and deferred charges				9	3,077
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,400.			
	b	Less: accumulated depreciation	10b	10,400.	916.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			55.050	15	10 651
	16	Total assets. Add lines 1 through 15 (must eq			55,359.	16	49,651
	17	Accounts payable and accrued expenses				17	3,023
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
≝		trustee, key employee, creator or founder, sub-					
ă		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate		. –		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24). Complete Part X			
		of Schedule D			0.	25	3,023
	26	Total liabilities. Add lines 17 through 25			0.	26	3,043
es		Organizations that follow FASB ASC 958, ch	eck ne	e 🕨 🔼			
Š	07	and complete lines 27, 28, 32, and 33.			55,359.	07	46,628
gaig	27	Net assets without donor restrictions			33,337.	27	40,020
<u> </u>	28	Net assets with donor restrictions				28	
Ĭ		Organizations that do not follow FASB ASC	958, CN	eck nere			
ō	20	and complete lines 29 through 33.		1		29	
ers	29	Capital stock or trust principal, or current funds				30	
455	30	Paid-in or capital surplus, or land, building, or e				31	
et /	31	Retained earnings, endowment, accumulated i			55,359.	32	46,628
Z	32	Total net assets or fund balances Total liabilities and net assets/fund balances			55,359.	33	49,651
	00	Total habilities and het assets/fully baidfices			33,333.	00	Form 990 (2019

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1				82.		
2	Total expenses (must equal Part IX, column (A), line 25)	2				13.		
3	Revenue less expenses. Subtract line 2 from line 1	3			•	31. 59.		
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				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10		46	, 6	28.		
Pa	rt XII Financial Statements and Reporting	-						
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Cash Other							
	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?		<u>.</u>	2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,					
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,					
	review, or compilation of its financial statements and selection of an independent accountant?		2	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	o. 🗌					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit					
	Act and OMB Circular A-133?		[;	За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		;	3b				