# Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Α	For the	2019 caleng	dar year, or tax year beginning , 2019, and ending	9		, 20			
В	Check if	applicable:	C Name of organization TRENTON KAPPA FOUNDATION INC			er identification number			
	Address	change	Doing business as		22-38	19005			
$\overline{\Box}$	Name ch		Number and street (or P.O. box if mail is not delivered to street address)	E Telepho	one number				
$\exists$	Initial ret	_	849 WEST STATE		(770)	366-3082			
$\exists$		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
$\exists$	Amende		TRENTON, NJ 08618			receipts \$ 127,259.			
H		ion pending	F Name and address of principal officer:	H(a) Is this a gr	oup return for	subordinates? Yes X No			
	Аррисан	ion pending	CARDEL LOCKE, 465 MEADOW RD APT 10105, PRINCETON , NJ 085	40 H(b) Are all s	ubordinate	s included? 🗌 Yes 🗌 No			
_	Tax-exe	mpt status:	X 501(c)(3)	If "No," a	attach a list	t. (see instructions)			
<u>.</u>		:►N/A		H(c) Group e	xemption r	number ►			
<u>-</u> -		organization:	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forms	ation: 2000	M State o	of legal domicile: NJ			
	art I	Summa							
Г	1	Driefly dee	cribe the organization's mission or most significant activities: The fo	nundation st	rive to	provide eduation			
d)	'	briefly des	nities to youth in need within but not limited	1 to Merce	r Cour	itv			
)		opportu	mittes to youth in need within but not rimited	kehone e	ducati	on			
Activities & Governance	_	The Fou	indation wors to provide computer, seminar, wors box $ ightharpoonup$ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.			
Vel	2	Check this	S DOX ► If the organization discontinued its operations of disposed		3	12			
Ö	3	Number of			4	12			
<b>ං</b> ජ	4	Number of	f independent voting members of the governing body (Part VI, line 1b	" · · · ·	5	0			
E E	5	Total num	ber of individuals employed in calendar year 2019 (Part V, line 2a)		6	8			
Ϋ́	6	Total num	ber of volunteers (estimate if necessary)		7a	0.			
Ac	7a	Total unre	lated business revenue from Part VIII, column (C), line 12						
	b	Net unrela	ted business taxable income from Form 990-T, line 39		7b	Current Year			
				Prior Yes					
a	8		ons and grants (Part VIII, line 1h)	75	,404.	127,234.			
Revenue	9	Program s	service revenue (Part VIII, line 2g)						
	10	Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d)		21.	25.			
Œ	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			127,259.			
	12	Total rever	revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 75, 425.						
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)						
	14		paid to or for members (Part IX, column (A), line 4)						
10	4.5	Salaries o	other compensation, employee benefits (Part IX, column (A), lines 5-10)						
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)						
en Den	. b		draising expenses (Part IX, column (D), line 25)	L. Kar	Special Lib	200 所以对别的			
Ä	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	66	,396.	106,152.			
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,396.	106,152.			
	19	Povenue	less expenses. Subtract line 18 from line 12		,029.	21,107.			
_		nevenue	less expenses. Subtract line 10 from line 12	Beginning of Cu		End of Year			
ls or		T-4-1	oto (Bort V. line 46)		,874.	128,981.			
8	20		ets (Part X, line 16)	10,	70720				
Net Assets	21		ilities (Part X, line 26)	107	,874.	128,981.			
			s or fund balances. Subtract line 21 from line 20	1 107	7074.	120,002.			
F	art II		ure Block			my knowledge, and balief it is			
U	nder pen	alties of perjur	y, I declare that I have examined this return, including accompanying schedules and sta etc. Declaration of preparer Other than officer) is based on all information of which prepa	atements, and to the arer has any knowl	edge.	illy kilowiedge and benef, it is			
	ue, cone	Ct, and comple	C A A COMPANIE HALL HALL HALL HALL HALL HALL HALL HAL			112/22			
			Carant norto			113/20			
	ign	Signa	ature of officer	Da	te				
Н	ere		RDEL LOCKE, TREASURE						
		Туре	or print name and title						
D	oid	Print/Typ	pe preparer's name Preparer's signature	Date	Check				
	aid	JOHN	RADETICH EA MBA JOHN RADETICH EA MBA	10/01/2020	self-em	ployed P01242362			
	repar	er		Firm	n's EIN ▶	01-0743413			
U	se Or	11V -	ddress ▶ 4361 ROUTE 42, TURNERSVILLE, NJ 08012			56)740-5100			
M	av the I	RS discuss	s this return with the preparer shown above? (see instructions)			NV DN-			

art	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:
	The foundation strive to provide eduation
	opportunities to youth in need within but not limited to Mercer County The Foundation wors to provide computer, seminar, workshops, education
	The Foundation wors to provide computer, seminar, workshops, education
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 56,545. including grants of \$ 0.) (Revenue \$ 69,345.)
	Academic scholarships and book awards given to deserving Mercery
	County students to help promote and advance their education eddeavors
4b	(Code: ) (Expenses \$ 46,368. including grants of \$ 0.) (Revenue \$ 53,003.)
	Foundation provides Sub grants to help support the chapter's
	Guide Right activities for young men. The Guide Right program provides
	programming role model mentors and financial assistance for the
	at risk youth in the Trenton Mercer County community.  The Kappa League is a series of activities and work shops designed
	to help young hisgh school male students develope their leadership
	activities. The goal of the league is to help the students
	achieve worthy goals for themselves and to make meaningful contributions to their
	community.
	0 \(\text{Decompt}\)
4c	(Code: ) (Expenses \$ 3,240. including grants of \$ 0.) (Revenue \$ 4,886.)
	Callaboration with agencies across multiple sectors, including education health and social welfare in Mercer County. Trenton Kappa
	Foundation supports schools, social service provides, faith institutions and
	civic associations through donations that aid initiative centering around
	school-readiness and success strateies that have the greatest
	poisitve impact on children's immediate needs as well as long
	term developement.
	***************************************
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	
70	Total program out too expenses F

Form 990			P	age 3
Part I	V Checklist of Required Schedules		/es	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	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		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	LIBRINI	×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI	11a		×
b	ether securities in Part Y line 12 that is 5% or more	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a		14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+	×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part I	Checklist of Required Schedules (continued)	Ye	es N	_
		- 1	3 14	_
22	Part IV column (A) line 27 If "Yes." complete Schedule I, Parts I and III	22	;	<u>×</u> _
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		<u>×</u> _
24a	through 2/d and complete Schedule N. II. No., up to life 200 · · · · · · · · · · · · · · · · · ·	24a		×_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c 24d		
d	Did the organization act as an "On henalf of issuer for bollus outstanding at any time dams and your			
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		<u>×</u> _
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? If "Yes," complete Schedule L, Part II	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			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	28a 28b	-	×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
С	mr. II. Web-Dehedule I. Dort IV	28c		×
29	"Yes," complete Schedule L, Part IV			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 31		×
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	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? If "Yes," complete Schedule R, Part 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		×
35a	Did the organization have a controlled entity within the meaning of section 512(0)(13)?			
ł	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	1000		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes." complete Schedule R, Part V, line 2	00		×
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	01		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 115 and	38	×	
Pa	rt 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
	Tates the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	Mak	
_	a Enter the number reported in Box 3 of Form 1090. Enter 10 if not applicable	0		
	and the second with booking withholding rules for reportable payments to vendors and	100		
(	reportable gaming (gambling) winnings to prize winners?	1c	×	

art \	I I O liones (continued)		· ·	Ne
		145244	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 24	2h	4.4	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		A CAPACI
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		×
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	30		
4a	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)?	1120		84.5
b	If "Yes," enter the name of the foreign country			2.4
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	,13), (Ca	×
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	_	×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	6b		
	gifts were not tax deductible?	75.20		
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	7a		×
	and anyther provided to the payor?	7b		+
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	1		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		×
	required to file Form 8282?	14.14		
d	K #V-a " indicate the number of Forms 8282 life() Quilliq the year	7e		×
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		×
f	Did the organization receive any variety and the premiums, directly or indirectly, on a personal benefit contract?.  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7g		
g	If the organization, during the year, pay premium, and the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	1	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	GP (A)	7	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organizations maintaining donor advised funds sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	9a		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9b	_	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		For	<b>新建制</b>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation tees and capital contributions included on Fact vin, into 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of old blue little			
11	Section 501(c)(12) organizations. Enter:	2-17		
а	Gross income from members of shareholders		7	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	, i		
	against amounts due or received from them.)	12	а	
12a	to the state of the state of received or accrued during the Vear			
b	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	to the state of the second to issue qualified health plans in more than one state?	13	а	
а	Note: See the instructions for additional information the organization must report on Schedule O.		3	
	The states in which	V-		
b	the organization is licensed to issue qualified health plans			
	the organization is licensed to issue qualified relating plants			
4.4	Enter the amount of reserves on hand	14	а	×
14a	TOO Is well an explanation on Schedule U.	14	_	
t	IT "Yes," has it filed a Form 720 to report these payments? If 170, provide an explanation of seminaration of	r		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of excess parachute payment(s) during the year?	1 1	5	
	cyocoo baracinato bayinondo amino y am	100		
4.5	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	? 1	6	200
16		ica a		15
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part Vi response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 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 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 X 5 6 × 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a × × Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . 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 . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 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 × 11a **b** 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 X 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 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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? 15a × 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 16b 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. ☐ Upon request ☐ Other (explain on Schedule O) Another's website Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19

CARDEL LOCKE, 465 MEADOW RD APT 10105, PRINCETON , NJ 08648 (770)366-3082

State the name, address, and telephone number of the person who possesses the organization's books and records ▶

and financial statements available to the public during the tax year.

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01111 330 (2010)	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization	nor any related	Jorga	al IIZi	10	11 00	nihe	1130	Loca arry our rone		
(A) Name and title	(B)  Average hours per week (list any hours for related organizations	or directo	unles	s pe	tion more	than coth is the both is Highest compensated employee	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)	Istee	trustee		66	pensated				
(1) RENARD SMOOTS	2.00	×						0.	0.	0.
CHAIRMAN (2) CARDEL LOCKE TREASURER	2.00			×				0.	0.	0.
(3) FRED GREEN SECRETARY	1.50	×						0.	0.	0.
(4) SHAWN COPELAND EX DIR	1.50	×						0.	0.	0
(5) CARL GIBBS MEMBER	1.50	×						0.	0.	0
(6) GARY GRAY MEMBER	1.50	×						0.	0.	0
(7) GLENN LANG ED D MEMBER	1.50	×						0.	0.	0
(8) TERRENCE LAGGETT MEMBER	1.50	×						0.	0.	0
(9) ROCKY PETERSON MEMBER	1.50	×						0.	0.	0
(10) BRIAN TAYLOR MEMBER	1.50	×						0.	0.	0
(11) WALTER DREW SMITH MEMBER	1.50	×						0.	0.	. 0
(12) EDDIE ROBERTS MEMBER	1.50	×						0.	0.	. 0
(13)										
(14)										

Part V	Section A. Officers, Directors, T	rustees, l	Cey E	mŗ	oloy	ees	s, and	H	ighest Compe	nsated Em	ploy	ees (COI	านเทนย	<u> 30)</u>
	(A) Name and title	(B) Average hours per week	(do no box, u office	ot ch inles	Posi eck s pe	tion more rson irecte	than or is both or/truste	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensatio from related	on	(F Estimated of ot comper	) I amou her nsation	nt
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organization (W-2/1099-MI	SC)	from organiza related org	tion an	
(15)														
(16)				-										
(17)														
(18)			-											
(19)														
(20)			-	-										
(21)			-	+										
(22)														
(23)			+-	+	+									
(24)														
(25)														
1b c	Subtotal	rt VII, Sect	ion A	,		•		<b>A A</b>			0.			0.
2	Total number of individuals (including b reportable compensation from the organ	ut not limit	ed to	tho	se l	iste	d abov	ve)	who received m	ore than \$10	0,00	0 of	24	
3	Did the organization list any former	officer, d	Jfor	SUC	ch ir	ıaıv	Iauai						Yes	No X
4	For any individual listed on line 1a, is to organization and related organization individual	he sum of s greater	repor than 	tabl \$15	le co 50,0 	omp 00?	ensat If "Y	ion 'es,	and other comp " complete Sch	pensation from the period of t		4		×
5	Did any person listed on line 1a receive for services rendered to the organization	or accrue on? If "Yes,	comp " com	oen: iple	sation	on f	rom a	ny ι <i>I fo</i>	unrelated organi r such person	zation or ind	ividu 	al 5		×
Sect	on B. Indopendent Contractors												100.0	inn of
1	Complete this table for your five his compensation from the organization. Re	ghest comp	npens ensat	ate ion	d ir for	nder the	calenc	nt dar	contractors that year ending with	or within the	orga	2111241011		year.
	(A) Name and business a								(B) Description of			(C) Compen		
								$\perp$						
								$\pm$						
2	Total number of independent contractived more than \$100,000 of compe	ctors (inclu	iding	but	nc	t li	mited	to	those listed at	ove) who				•

Membership dues	ntains a res	ponse	or note to any	line in this Pa	rt VIII		· · · · <u>L</u>
b Membership dues				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
g Total. Add lines 2a-2f  3 Investment income (incomposition other similar amounts) 4 Income from investment 5 Royalties 6a Gross rents 7a Gross income from events (not including \$ _ 1	tributions) fts, grants, uded above ncluded in	1a		127,234.			
other similar amounts) 4 Income from investment 5 Royalties 6 Gross rents 6 Gross rental expenses 6 Gross rental expenses 6 Gross amount from sales of assets other than inventory 6 Less: cost or other basis and sales expenses . 7 Gross income from events (not including \$ 1 of contributions report 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from activities. See Part IV, b Less: direct expenses c Net income or (loss) from a Gross sales of invertiers and allowances b Less: cost of goods so c Net income or (loss) from the sales of the s	e revenue						
b Less: rental expenses c Rental income or (loss) d Net rental income or (lo 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss) . d Net gain or (loss) . d Net gain or (loss) . d Net gain or (loss) . events (not including \$ 1 of contributions repor 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) fro 9a Gross income from activities. See Part IV, b Less: direct expenses c Net income or (loss) fro 10a Gross sales of invereturns and allowances b Less: cost of goods so c Net income or (loss) fro 11a b All other revenue .	of tax-exen	 npt bor	nd proceeds	25.	. 25.	0.	0.
7a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses .  c Gain or (loss) .  d Net gain or (loss) .  8a Gross income from events (not including \$ 1 of contributions report 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from activities. See Part IV, b Less: direct expenses c Net income or (loss) from a Gross sales of inverteurns and allowances b Less: cost of goods so c Net income or (loss) from the same and allowances b Less: cost of goods so c Net income or (loss) from the same and allowances b Less: cost of goods so c Net income or (loss) from the same and allowances b Less: cost of goods so c Net income or (loss) from the same and allowances b Less: cost of goods so c Net income or (loss) from the same and allowances b Less: cost of goods so c Net income or (loss) from the same and allowances b Less: cost of goods so c Net income or (loss) from the same and the			(ii) Personal				6.44
and sales expenses . 7th C Gain or (loss) . 7th d Net gain or (loss) .  8a Gross income from events (not including \$ 1 of contributions report 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from activities. See Part IV, b Less: direct expenses c Net income or (loss) from activities. See Part IV, b Less: direct expenses c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities and allowances b Less: cost of goods so c Net income or (loss) from activities a	(i) Secur		(ii) Other			T Z Sugar se i se s	
of contributions reported to the contributions of contributions reported to the contributions of contributions reported to the contributions of contributions reported to the contributions reported to the contributions of contributions of contributions reported to the contributions reported to the contributions reported to the contributions of contributions reported to the contributions reported t		•	•				
9a Gross income from activities. See Part IV, b Less: direct expenses c Net income or (loss) from 10a Gross sales of inverteurns and allowances b Less: cost of goods socc Net income or (loss) from 11a b C All other revenue	27,234. ted on line	8a 8b	nts ▶				
returns and allowances b Less: cost of goods so c Net income or (loss) fro  11a b c d All other revenue	n gaming ine 19 om gaming a	9a 9b					
Wiscellaneous  Bevenue  C  d All other revenue  Total Add lines 11a-1	id	10a 10b invento	ory ▶				
_   0   OTAL (\dd \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			Business Code	160gme91770.2			
12 Total revenue. See ins			<b>&gt;</b>	127,259	25	. 0	. 0

orm 990					
Part	Statement of Functional Expenses 1501(c)(3) and 501(c)(4) organizations must comple	te all columns. All o	ther organizations r	nust complete colum	n (A).
Section	n 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response of	or note to any line i	n this Part IX		<u> L</u>
Do no	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	, and 10b of Part VIII.  Grants and other assistance to domestic organizations				
1	and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	993.	993.	0.	0.
С		993.	7,551		
d e	The state of the s		and the second s		
f					
g	are used at a second supposed 10% of line 25, column			0.	0.
12	Advertising and promotion	1,325.	1,325.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20					
21	Payments to affiliates				
22	*		705		0.
23	·	725	. 725		
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.)	A TOS PRINCES		0	. 0.
	a Scholar ship	5,000	. 5,000 90,751		
		1 00 753	u u / 5 l	- 1	• 1

, ~~,	and 10b of Part VIII.				
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .		7		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		2 E		
	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			24100 (27 27 0 5) 4 4 4	
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 persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
b	Legal			0.	0.
C	Accounting	993.	993.	<u> </u>	
d	Lobbying			NEW COLUMN COLUMN TO SERVICE STATE OF THE SERVICE S	
e	Professional fundraising services. See Part IV, line 17	9		4: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				0.
40	Advertising and promotion	1,325.	1,325.	0.	0.
12	Office expenses				
13	Information technology				
14	Royalties				
15	Hoyaities				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	725.	725	0.	0
23	Insurance	125.	725		
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.)	and a section.	F 000	0.	0
a	Scholar ship	5,000.	5,000	•	
Ŀ		90,751.	90,751	•	
(	Program Cost	3,704.	3,704	-	
	Due/Fees	1,732.	1,732		
	All other expenses	1,922.	1,922	•	
25	Total functional expenses. Add lines 1 through 24e	106,152.	106,152	. 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)				Form <b>990</b> (201

Pa	rt X	Balance Sheet	+ Y		🗆
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		(B) End of year
			107,874.	1	128,981.
	1	Cash—non-interest-bearing		2	
		Savings and temporary cash investments		3	
	3	Accounts receivable, net		4	
	4	Loans and other receivables from any current or former officer, director,			
1	5	trustee key amployee creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
i	6	Loops and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(b).		7	
ts	7	Notes and loans receivable, net		8	
Assets	8	Inventories for sale or use		9	
A	9	Prepaid expenses and deferred charges	CANCEL (22/19/3)		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
İ	b	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		16	128,981.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	107,074.	17	120/001.
	17	Accounts payable and accrued expenses		18	
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		2131	
es	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
Ħ		controlled entity or family member of any of these persons		22	
Liabilities		Secured mortgages and notes payable to unrelated third parties		23	
_	20	Unsecured notes and loans payable to unrelated third parties		24	
	24	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
- un	+=-	Organizations that follow FASB ASC 958, check here ▶ 🗵			
S		and complete lines 27, 28, 32, and 33.	107,874	. 27	128,981.
<u>a</u>	27	Net assets without donor restrictions		28	120,301.
Ö	28	Net assets with donor restrictions	E PART E VENT	7	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
7.		Capital stock or trust principal, or current funds		29	
ts (	29	Paid-in or capital surplus, or land, building, or equipment fund		30	
O.	30	Retained earnings, endowment, accumulated income, or other funds.	.	31	
Ā.	32	Total net assets or fund balances	. 107,874		128,981.
Z	33	Total liabilities and net assets/fund balances		. 33	128,981.
_	33	Total Institute and The			Form <b>990</b> (2019

Dogo	4	2
raye		-

Form 990	(2019)			
Part	The state of New Association			
	Check if Schedule O contains a response or note to any line in this Part Al	12	7,25	19
1	Total revenue (must equal Part VIII, column (A), line 12)		6,15	
2	Tatal averages (must equal Part IX column (A), line 25)		21,10	
3	Because less expanses Subtract line 2 from line 1		7,8	
4	Not assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	10	1,0	14.
5	Net uprealized gains (losses) on investments			
6	Donated services and use of facilities			
7	levestment expenses			
8	Drive period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule U)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part A, line	1	28,9	81.
	32. column (B))		20,3	01.
Part	The state of the second paragraphs			
	Check if Schedule O contains a response or note to any line in this Part XII		Yes	No
			11 334	15,
1	Accounting method used to prepare the Form 990: X Cash Accrual Other Other explain in			
	Accounting method used to prepare the roll so. Explain in lf the organization changed its method of accounting from a prior year or checked "Other," explain in			
		2a		×
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2.00	1 1000	27
	If "Ves" check a box below to indicate whether the financial statements for the year were compliced			
	and the second basis consolidated Dasis, Of POUI,		- 16	
	Consolidated basis   Both consolidated and separate basis	2b		×
b	the state of the project 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			-
	penarate basis, consolidated basis, or both:			
	Consolidated basis     Roth consolidated and separate basis			
		2c	1	1
С				1-1-1-
	If the organization changed either its oversight process or selection process during the tax year, explain or			
	O to a shale O		111111111111111111111111111111111111111	
0-	the findered sword, was the organization required to undergo an audit or audits as set forth in the	-		×
			+-	+-
4.	the promised sudit or sudits? If the organization did not undergo the	9		
a	If "Yes," did the organization undergo the required addit of addits. If the organization undergo such audits . required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .			
	REV 06/02/20 PRO	Fo	orm 99	0 (2019

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

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

2019

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

me of the organization								
ENTON KAPPA FOUNDATION INC 22-3819005								
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.  The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
The organization is not a private foundation	n because it is:	of churches describe	d in <b>sect</b> i	ion 170(l	b)(1)(A)(i).			
1 A church, convention of churches	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
	taal aamilaa araar	sization described in 9	RECHON 1	(UIDII I IV	P()()()()			
The selection organization	operated in coni	unction with a hospita	al describ	ed in <b>se</b> c	ction 170(b)(1)(A)(iii)	. Enter the		
hospital's name, city, and state:						il described in		
hospital's name, city, and state:  5 An organization operated for the section 170(b)(1)(A)(iv). (Complete Section 170(b)(1)(A)(iv).	ete Part II.)					unit described in		
6 A federal, state, or local governm	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).							
and the second s	470/b\/1	MAMvi) (Complete Pa	art II.)					
9 An agricultural research organization or university or a non-land-grant	ation described i college of agric	n <b>section 170(b)(1)(A</b> ulture (see instruction	s). Enter t					
university:  10 🔀 An organization that normally re	ceives: (1) more	than 331/3% of its sup	port from	contribu	utions, membership f	ees, and gross		
receipts from activities related to support from gross investment i	ncome and unre	lated business taxable See section 509(a)	e income (2). (Com	(less sed olete Par	ction 511 tax) from bitt till.)	usinesses		
						out the nurnoses		
<ul> <li>11  An organization organized and of</li> <li>12  An organization organized and of</li> </ul>	perated exclusiv	vely for the benefit of,	to perform	m the tur	nctions of, or to carry	section 509(a)(3).		
of one or more publicly suppor	ted organization	s described in section	porting or	anizatio	n and complete lines	12e, 12f, and 12g.		
a Type I. A supporting organization supporting organization.	s) the power to r	te Part IV. Sections	and B.	officy of a	io allocations			
b Type II. A supporting organ control or management of t	ization supervise he supporting or	ed or controlled in cor ganization vested in t	nnection v he same (	persons	triat oorition or arrange			
c Type III functionally integr	rated. A support	ing organization opera	ere Lairi	T, OCOLI	0110 11, 21			
d Type III non-functionally integree that is not functionally integree requirement (see instruction	grated. The orgai ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	nd D, an	nd Part V.			
e Check this box if the organ functionally integrated, or T	ization received Type III non-func	a written determination tionally integrated sup	on from th	e IRS tha	at it is a Type I, Type	II, Type III		
f Enter the number of supported of	organizations .							
g Provide the following information	about the supp	orted organization(s).	(iv) Is the o	manization	(v) Amount of monetary	(vi) Amount of		
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you docur	ır goveming	support (see instructions)	other support (see instructions)		
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
	Landa and Landa and Landa Control of the Control of	A CONTRACTOR OF THE PARTY OF TH	1000		1	[		

Schedule	A (Form 990 or 990-EZ) 2019			470(-)(4)	(A)(iv) and 17	70(b)(1)(A)(vi)	
Part l		ions Descri	bed in Section	ons 170(b)(1)	(A)(IV) and II	failed to qua	lifv under
	The state of the s	hay an lina	5 / OF BOIL	- 20 1 1 1 1 1 1 1 1 1	Oldanieanon	terme and all all and all all all and all all all and all all all all all all all all all al	
	Part III. If the organization fails to	qualify unde	r the tests list	ed below, pi	ease complet	or are my	
Section	on A. Public Support				(d) 2018	(e) 2019	(f) Total
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(6) 2010	
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				all in Villa in		
5	The portion of total contributions by each person (other than a governmental unit or publicly				7. (a)		
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	440					
6	Public support. Subtract line 5 from line 4	3 - 3 1 - 1 - 1		- 44	Sim Value of the		
Sect	ion B. Total Support			1	(-1) 0019	<b>(e)</b> 2019	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(i) Total
7	Amounts from line 4					-	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		a grant Tellor		Zen .	12	
12 13	Gross receipts from related activities, et First five years. If the Form 990 is for organization, check this box and stop h	the organizati	on's first, seco	ond, third, four	th, or fifth tax	year as a sec	tion 501(c)(3) ▶ □
Sec	C. O restation of Bublic Suppl	ort Percenta	ide				%
14	Dublic avanest percentage for 2019 (line	6 column (f)	divided by line	11, column (f	))	15	%
15							
16	and as a second of the order						· ▶ □
	box and stop here. The organization que 331/3% support test—2018. If the organization que 331/3% support test—2018.						
1	The ergonization	an allialities as	a nubliciv suu	DOLLEG OLGANIE	actor	•	
17	10% or more, and if the organization meets the "facts-and-circumstances" test, the organization qualifies as a publicly supported Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	b 10%-facts-and-circumstances test— 15 is 10% or more, and if the organ Explain in Part VI how the organization supported organization	meets the "I	acts-and-circu	imstances" tes	st. The organiz	ation qualifies	as a publicly ▶ □
18		did not check	a box on line	13, 16a, 16b, 1	1/a, or 1/b, cn	IECK IIIIS DOX a	10 366

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

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

Title organization rand to quanty						
n A. Public Support	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
lar year (or fiscal year beginning in)	(a) 2015	(5) 2010	(0) 2011	1-1-1-1		
Gitts, grants, contributions, and membership fees	E 560	2 500	2.500	2,500.	3,820.	16,888.
received. (Do not include any "unusual grants.)	5,568.	2,300.	2,300.	2,000.		
sold or services performed, or facilities 1						
furnished in any activity that is related to the						
organization's tax-exempt purpose						
Gross receipts from activities that are not an						
F						
		! 		1		
organization's benefit and either paid to					1	
•						
The value of services or facilities						
furnished by a governmental unit to the			ļ			
		2 500	2 500	2 500	3.820.	16,888.
Total. Add lines 1 through 5	5,568.	2,500.	2,300.	2,300.		
Amounts included on lines 1, 2, and 3						
received from disqualified persons .						
Amounts included on lines 2 and 3	İ				ļ	
received from other than disqualified	]				ļ	
persons that exceed the greater of \$5,000						
or 1% of the amount on line 13 for the year			<del>                                     </del>			
Add lines 7a and 7b					BRAIT ABOURDANCE	
						16,888.
	THE PARTY OF				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(-) 001E	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
						16,888.
	5,568	2,500	2,300	27333		
Gross income from interest, dividends,						
payments received on securities loans, rents,		1 101				2,817.
	1,/16	1,101	•			
Unrelated business taxable income (less						
section 511 taxes) from businesses						
•		1 101				2,817.
	1,716	1,101	•			
Net income from unrelated business	Į.			Ì		
		1 266				2,569.
•	1,203	1,366	•		+	
	Ì					
	1					
			2 500	2 500	3 820	. 22,274.
and 12.)	8,48	ion's first seco	and third four	th or fifth tax	vear as a sect	ion 501(c)(3)
First five years. If the Form 990 is for	the organizat	1011 5 11151, 5000	ma, tima, loai		,	🕨 🗆
tion C. Computation of Public Suppo	ort Percenta	age	o 12 polymn (	P)	15	75.82 %
Public support percentage for 2019 (line	e 8, column (t)	, alvided by iiii	e 13, column (	1))	<u> </u>	50.77 %
Public support percentage from 2018 S	chedule A, Pa	entage	· · · · · ·	· · · · ·		
tion D. Computation of investment i	ncome Pero	Jeniaye	t by line 12 or	alumn (fl)	17	12.65 %
Investment income percentage for 2019	(line TUC, col	umn (1), aivide(	ມ ມy ແດຍ 13, CC	линн (I <i>))</i>	18	15.82 %
Investment income percentage from 20	Te Schedule /	A, Part III, IIIne 1	ov on line 14	and line 15 is	more than 331	
331/3% support tests—2019. If the orga	anization did f	re The organiza	ation qualifies	and mie 10 is is a publicki sur	ported organiza	ation . $\triangleright$
17 is not more than 331/3%, check this bo	x and stop ne	te. The Organiza	ation qualifies e	a 10a and line	16 is more than	331/a% and
331/3% support tests—2018. If the organ	nization did no	t check a box o	ALIEUT 14 OF III	e 13a, and illie iee se s nublielu	supported ora:	anization $ ightharpoonup$
line 18 is not more than 331/3%, check this	s pox and stol	nere. The orgi	amzanon qualli	shook this be	v and see inst	ructions >
Drivete foundation If the eventiration	aid not check	a pox on line '	14. 19a. or 19b	), Check this DC	ול מווע שכל ווושנו	uotivila F 🗀
	An Public Support  dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose.  Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5.  Amounts included on lines 1, 2, and 3 received from disqualified persons.  Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b.  Public support. (Subtract line 7c from line 6.)  ion B. Total Support  Indar year (or fiscal year beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop he public support percentage for 2019 (line Public support percentage for 2019 (line Public support tests—2018. If the organization income percentage for 2018 Investment income percentage for 2018 Investment income percentage for 2018 Investment income percentage for 2018 Investment income percentage for 2018 Investment income percentage for 2018 Investment income than 331/3%, check this	an A. Public Support  Idar year (or fiscal year beginning in) ▶  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.  Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5.  Amounts included on lines 1, 2, and 3 received from disqualified persons  Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.).  Ion B. Total Support  Indar year (or fiscal year beginning in) ▶  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.).  **First five years.* If the Form 990 is for the organization, check this box and stop here  Investment income percentage for 2019 (line 8, column (f) Public support percentage from 2018 Schedule A, Pation D. Computation of Investment Income Percentage from 2018 Schedule A, Pation D. Computation of Investment Income Percentage for 2019 (line 10c, colinvestment income percentage for 2019 (line 10c, colinvestment income percentage for 2019 (line 10c, colinvest	The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5.  Amounts included on lines 1, 2, and 3 received from disqualified persons.  Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  Add lines 7a and 7b.  Public support. (Subtract line 7c from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from smillar sources.  Unrelated business taxable income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the organization's first, sector organization, check this box and stop here.  The value of sectors and sectors of public support percentage from 2018 Schedule A, Part III, line 15 tion D. Computation of Investment Income percentage from 2018 Schedule A, Part III, line 13 13/3% support tests—2019. If the organization did not check a box on line 18 is not more than 33/3%, check this box and stop here. The organization line 18 is not more than 33/3%, check this box and stop here. The organization line 18 is not more than 33/3%, check this box and stop here. The organization line 18 is not more than 33/3%, check this box and stop here. The organization line 18 is not more t	In A. Public Support  lar year (or fiscal year beginning in)  lar year year (or fiscal year beginning in)  lar year year (or fiscal year beginning in)  lar year (or	In A. Public Support  Iar year (or fiscal year beginning in) ►  (a) 2015 (b) 2016 (c) 2017 (d) 2018  Total support (Do not include any "unusual grants.")  For serecived, (Do not include any "unusual grants.")  For serecived, (Do not include any "unusual grants.")  For serecived, (Do not include any "unusual grants.")  For serecived (Do not include any "unusual grants.")  For serecived (Do not include any "unusual grants.")  For serecived (Do not include any "unusual grants.")  For serecived from activities that are not an unrelated trade or business under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5.  Amounts included on lines 2 and 3 received from disqualified persons.  Amounts included on lines 2 and 3 received from disqualified persons.  Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.).  For B. Total Support  Idar year (or fiscal year beginning in) Amounts from line 6.).  For B. Total Support and year beginning in the public support. (Subtract line 7c from line 6.).  For B. Total Support.  For series years, lift the Form year subtract the year subtract the year subtract the year subtract the year subtract the year subtract the year subtract the year subtract the year subtract the year subtract the year subtract the year subtract the year subtract the year subtract the years. If the Form year is the year year year year year year year yea	an A. Public Support  air year (or faces) year beginning in) ▶  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019  Gifts, grants, contributions, and membership fees received, (b) or or include any "unusual grants."    Gifts, grants, contributions, and membership fees received, (b) or or include any "unusual grants."    Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levited for the organization's the extent purpose.    Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levited for the organization's brenefit and either paid to or expended on its behalf  The value of services or facilities within the organization without charge.    Total, Add lines 1 through 5.    Amounts included on lines 1.2, and 3 received from disqualified persons Add lines 1 through 5.    Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 5,000 or 1% of the amount on line 13 for the year Add lines 7 and 7 b.    Add lines 7 and 7 b.    Amounts from line 6.    On B. Total Support  Idar year (or fiscal year beginning in) ▶    Amounts from line 6.    On B. Total Support  Idar year (or fiscal year beginning in) ▶    Amounts from line 6.    On B. Total Support (subtread line 7 or from line 6.)    On B. Total Support (subtread line 7 or from line 6.)    On B. Total Support (subtread line 7 or from line 6.)    On B. Total Support (subtread line 7 or from line 6.)    On B. Total Support (subtread line 7 or from line 6.)    On B. Total Support (subtread line 7 or from line 6.)    On B. Total Support (subtread line 7 or from line 6.)    On B. Total Support (subtread line 7 or from line 6.)    On B. Total Support (subtread line 7 or from line 6.)    On B. Total Support (subtread line 7 or from line 6.)    On B. Total Support (subtread line 7 or from line 6.)    On B. Total Support (subtread line 7 or from line 6.)    On B. Total Support (subtread line 7 or from line 6.)    On B. Total Sup

### Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Contion /	AII	Sunno	rtina.	Organizations
Section <i>F</i>	4. All	Suppo	9	0.34

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status
- under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
  - Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefi from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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chedule	e A (Form 990 or 990-EZ) 2019			
Part l	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	33	L UK	371
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	4.6 11 Average of a parage described in (a) above?	11b	-	-
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes to a, b, birc, provide detail in a second and a second a second and a second a second and a second a second and a second a second and a second a second a second a second and a second a second a second and a second a	1110		
Secti	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		Yes	s No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
0	tion D. All Type III Supporting Organizations			
Sec			Ye	s N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	× 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> ho organization maintained a close and continuous working relationship with the supported organization(s).	w 2	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		3	
Sac	The Standard Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year to the organization satisfied the Activities Test. Complete line 2 below.  The organization satisfied the Activities Test. Complete line 2 below.			
	The supported a governmental entity. Describe in Part VI now you supported a government of	tity (see	e instr	uctio
2	Activities Test Answer (a) and (b) below.	_	Y	es
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes how the organization was responsive to those supported organizations, and how the organization determine that these activities constituted substantially all of its activities.	, ed	2a	
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		2b	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		3a	
	<ul> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</li> </ul>	ach _	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	rriet	on Nov 20. 1970 (explo	in in Part VI). See
Type III Non-Functionally Integrated 303(3)/9 September 1     Check here if the organization satisfied the Integral Part Test as a qualifying tinstructions. All other Type III non-functionally integrated supporting organizations.	atio	no made dompine	ons A through E.  (B) Current Year
Section A—Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(5) 0
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		1459 - <u>15</u>	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	4		
see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5 Net value of non-exempt-use assets (subtract title 1 than 5 by 025	6		
6 Multiply line 5 by .035.	7		
7 Recoveries of prior-year distributions	8		
8 Minimum Asset Amount (add line 7 to line 6) Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<del>                                     </del>	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
<ul> <li>emergency temporary reduction (see instructions).</li> <li>7 Check here if the current year is the organization's first as a non-functional instructions).</li> </ul>	ally ir	ntegrated Type III suppo	orting organization (s

Schedule A (Form 990 or 990-EZ) 2019

Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)	
	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
	Amounts paid to perform activity that directly furthers exel organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	Elifo d'allocation d'allocation de la company de la compan	(a)	(ii)	(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		<u></u>	
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.	and the second		
3	Excess distributions carryover, if any, to 2019			
а	From 2014	the second	edifferent automobile artist	
b	From 2015			
С	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)		· 图1000 · 2000	
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:	n - maritae 1986		
a	Excess from 2015			-X
b	Excess from 2016	Logo Attack		
c	Excess from 2017			
d				
	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section III, line 12; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
*****	

### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

RENTON KAPPA FOUNDATION	INC				22-3819005	
Fundraising Activitie	s. Complete if th	e organiza	ation answ	ered "Yes" on F	orm 990, Part IV,	line 17.
Form 990-EZ filers are	e not required to	complete	this part.	uning activities. C	book all that apply	
1 Indicate whether the organiza	ation raised funds t	hrough any	of the folic	wing activities. C	ment grants	
a   Mail solicitations		e	Solicitati	on of non-govern	ment grants	
b Internet and email solicita	itions	f [	」Solicitati	on of government	grants	
c Phone solicitations		g [	] Special f	undraising events	5	
d In-person solicitations						
a Distance association bostons	writton or oral agre	ement with	any individ	lual (including offi	cers, directors, trust	ees,
2a Did the organization have a vorkey employees listed in Fo	ver 000 Part VII) o	rentity in C	onnection v	with professional t	fundraising services	Yes 🗌 No
b If "Yes," list the 10 highest p	7111 990, 1 ait vii/ 0	- Althor Gum	drainara) a.	irculant to agreem	ents under which th	e fundraiser is to be
<b>b</b> If "Yes," list the 10 highest p	aid individuals or e	entities (iun	uraisers) pr	isuant to agreen	iorno ariasi mineri ar	
compensated at least \$5,000	by the organization	on.				
		fin Did fur	draiser have	(iv) Gross receipts	<ul><li>(v) Amount paid to (or retained by)</li></ul>	(vi) Amount paid to
(i) Name and address of individual	(ii) Activity	custody	or control of	from activity	fundraiser listed in	(or retained by) organization
or entity (fundraiser)		contri	butions?		col. (i)	
		Yes	No			
1						
2						
2						
3						
4						
-						
5						
6						
7						
7						
8						
9						
3						
10						
Total	<u></u>		)	<u> </u>	<u>                                     </u>	
3 List all states in which the	organization is reg	istered or l	icensed to	solicit contribution	ons or has been not	fied it is exempt from
registration or licensing.						
	***************************************					
	*****					

		gross receipts greater than	(a) Event #1 Golf Outing	(b) Event #2 Bowling	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	70,883.	5,001.		75,884.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	70,883.	5,001.		75,884.
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
-	7	Food and beverages				
	8	Entertainment	42,626.	2,146.		44,772
	9	Other direct expenses .				
		Direct expense summary. A	dd lings 4 through 9 in C	olumn (d)		44,772
	40	Direct expense summary. A	dd iirics 4 arrodgir o m o	( )		31,112
	10	Net income summary. Subti	ract line 10 from line 3, c	olumn (a)		
a	11 rt III	Net income summary. Subtr	ract line 10 from line 3, cone organization answe	ered "Yes" on Form	990, Part IV, line 19,	
Pa I	11	Net income summary. Subtr	ract line 10 from line 3, cone organization answers.  Z, line 6a.	ered "Yes" on Form	990, Part IV, line 19,	or reported more th
_	11	Net income summary. Subtr	ract line 10 from line 3, cone organization answe	olumn (d)	990, Part IV, line 19,	or reported more th
_	11	Net income summary. Subtr	ract line 10 from line 3, c ne organization answe Z, line 6a.  (a) Bingo	ered "Yes" on Form	990, Part IV, line 19,	or reported more th
	11 rt III	Net income summary. Subti Gaming. Complete if the \$15,000 on Form 990-E	ract line 10 from line 3, c ne organization answe Z, line 6a.  (a) Bingo	ered "Yes" on Form	990, Part IV, line 19,	or reported more th
Delises	11 rt III	Net income summary. Subting Gaming. Complete if the \$15,000 on Form 990-E	ract line 10 from line 3, c ne organization answe Z, line 6a.  (a) Bingo	ered "Yes" on Form	990, Part IV, line 19,	or reported more th
benses	11 rt III	Net income summary. Subting Gaming. Complete if the \$15,000 on Form 990-E	ract line 10 from line 3, c ne organization answe Z, line 6a.  (a) Bingo	ered "Yes" on Form	990, Part IV, line 19,	or reported more th
penses persuac	11 rt III 1 2 3	Rent/facility costs	ract line 10 from line 3, c ne organization answe EZ, line 6a.  (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	990, Part IV, line 19,  (c) Other gaming	or reported more th  (d) Total gaming (add col. (a) through col. (c))
Certago	11 rt III 1 2 3	Rent/facility costs Other direct expenses	ract line 10 from line 3, cone organization answers.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo	990, Part IV, line 19,  (c) Other gaming	or reported more the distribution (d) Total gaming (add col. (a) through col. (c))
Delises	11 rt III 1 2 3	Rent/facility costs	ract line 10 from line 3, come organization answers.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo	990, Part IV, line 19,  (c) Other gaming  6	or reported more the distribution (d) Total gaming (add col. (a) through col. (c))
benses	11 1 2 3 4 5	Gaming. Complete if the \$15,000 on Form 990-E  Gross revenue	ract line 10 from line 3, come organization answers.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo  Yes9  No  column (d)	990, Part IV, line 19,  (c) Other gaming  6  Yes%  No	or reported more the distribution (d) Total gaming (add col. (a) through col. (c))
benses	11 1 2 3 4 5 6	Gaming. Complete if the \$15,000 on Form 990-E  Gross revenue	ract line 10 from line 3, come organization answers.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo  Yes9  No  column (d)	990, Part IV, line 19,  (c) Other gaming  6  Yes%  No	or reported more the distribution (d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	11 1 2 3 4 5 6 7 8 9 9	Ret income summary. Subting Gaming. Complete if the \$15,000 on Form 990-E  Gross revenue	ract line 10 from line 3, cone organization answers.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo  Yes %  No  column (d)	990, Part IV, line 19,  (c) Other gaming  7 No No	or reported more the distribution (d) Total gaming (add col. (a) through col. (c))
Direct Expenses	11 1 2 3 4 5 6 7 8 9 a b	Ret income summary. Subting Gaming. Complete if the \$15,000 on Form 990-E  Gross revenue	ract line 10 from line 3, che organization answered.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo  Yes	990, Part IV, line 19,  (c) Other gaming  6  Yes % No	or reported more the (d) Total gaming (add col. (a) through col. (c))

	25			Page 3
chedule	G (Form	990 or 990-EZ) 2019	Yes	☐ No
11'	Does th	990 or 990-EZ) 2019  ne organization conduct gaming activities with nonmembers?		
12	is the of	organization a grantor, beneficiary or trustee of a trust, or a member of a partitioning of the partition of a		☐ No
				%_
а	The org	e the percentage of gaming activity conducted in:  ganization's facility		%
		- 1 P 101		
14	record			
		ss >		
		the organization have a contract with a third party from whom the organization receives gaming ue?	☐ Yes	. □ No
b	If "Vos	ue?		
С	if "Yes	s," enter name and address of the third party:		
		<b></b>		
	Addre	ess >		
16	Gami	ng manager information:		
	Name			
	Gami	ng manager compensation ► \$		
	Desc	ription of services provided ▶		
	□D	irector/officer		
17		datory distributions: e organization required under state law to make charitable distributions from the gaming proceeds	to	
а				es 🗌 No
t	Ente sper	in the state gaming license?  If the amount of distributions required under state law to be distributed to other exempt organizations at in the organization's own exempt activities during the tax year   \$ the organization's own exempt activities during the tax year   \$ the organization of the control of the organization of the control of the control of the organization of the organiz	ns (iii) an	id (v): and
Par	rt IV	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any add See instructions.	itional in	formation.
		REV 06/02/20 PRO Schedule G	(Form 990 c	or 990-EZ) 2019

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

# 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.

OMB No. 1545-0047
2019
Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer Identification number
TRENTON KAPPA FOUNDATION INC	22-3819005
	ith the heard
Pt VI, Line 11b: The organization process and reviews the 990 w	Itil the board
prior to submission.	
Pt VI, Line 12c: Enforcement of conflict policy. Officers are r	equied to report
to the board any know conflicts at each board meeting.	
***************************************	
	# 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Name
TRENTON KAPPA FOUNDATION INC

Employer Identification No. 22-3819005

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
omputer	1,880.	1,880.	0.	0.
ank Charges	42.	42.	0.	0.
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			-	
				_
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			_	_
			_	_
Total to Form 990, Part IX,	İ			1