### ADEPTUS PARTNERS LLC 3311 OLNEY SANDY SPRING RD OLNEY, MARYLAND 20832-1411 (301)929-9700

MAY 13, 2022

GENERATION HOPE
415 MICHIGAN AVENUE, NE NO. 430
WASHINGTON, DC 20017

### GENERATION HOPE:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 16, 2022.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

ADEPTUS PARTNERS LLC

## TAX RETURN FILING INSTRUCTIONS

FORM 990

### FOR THE YEAR ENDING

JUNE 30, 2021

Prepared for	GENERATION HOPE 415 MICHIGAN AVENUE, NE NO. 430 WASHINGTON, DC 20017
Prepared by	ADEPTUS PARTNERS LLC 3311 OLNEY SANDY SPRING RD OLNEY, MD 20832-1411
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 16, 2022.

### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning  $\ JUL\ 1$  , 2020, and ending  $\ JUN\ 30$  , 20  $\ 21$ 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax Taxpayer identification number 27-3554088 GENERATION HOPE

Name and title of officer or person subject to tax NICOLE LYNN LEWIS,

CEO		
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this		•
blank, then leave line <b>1b</b> , <b>2b</b> , <b>3b</b> , <b>4b</b> , <b>5b</b> , <b>6b</b> , or <b>7b</b> , whichever is applicable, blank (do not enter -0-). But, if you entered return, then enter -0- on the applicable line below. <b>Do not</b> complete more than one line in Part I.	0- on the	
,	41.	2,710,994.
	1b 2b	2,710,004.
	3b	
Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)  Form 1120-POL check here b Total tax (Form 1120-POL, line 22)  Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b	_
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b	
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax		
Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person subject	to tax wit	th respect to
(name of organization)	and tha	at I have examined a cop

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I múst contact the U.S. Treasury Financial Agent át 1-888-353-4537 no later than 2 business dáys prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

ERU firm name	do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the rea state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO PIN on the return's disclosure consent screen.	•
As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax ye	

regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of o	officer or person subject to tax
Part III	Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

X lauthorize ADEPTUS PARTNERS LLC

27303920832 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date  $\triangleright$  05/13/22 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

filing of	this form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-r	non-profits.			
Autor	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
All corp	orations required to file an income tax return other than Fe	orm 990-T	(including 1120-C filers), partnershi	ps, REMIC	s, and trusts	
-	se Form 7004 to request an extension of time to file incom					
				i		
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	dentification numb	er (TIN)
print	GENERATION HOPE				27-355408	R
File by the	·   1/2   1/		27 333400			
due date f	415 MICHIGAN AVENUE, NE. NO					
return. Sei instruction						
Enter th		e a separa	ate application for each return)			0 1
Applica	ition	Return	Application			Return
Is For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  05  Form 8870  NICOLE LYNN LEWIS - 415 MICHIGAN AVENUE, NE, SUITE 4  The books are in the care of WASHINGTON, DC 20017		11				
Form 99				TTT: NT	D CHITTE /	
_				UE, N	E, SUITE 4	.30 -
		2001				
		المطاهمان				
						shock this
		1				
DOX P	: If the for part of the group, encountries sox	, and acc	terra net with the harnes and three	- an momb	ord the extension is	1011
<b>1</b> 1	request an automatic 6-month extension of time until	MA	Y 16, 2022 to file	e the exem	npt organization retu	ırn for
	· —	anization's				
•	calendar year or					
•	*X tax year beginning JUL 1, 2020	, ar	nd ending JUN 30, 2021			
2 If	the tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final retur	n	
Ĺ	Change in accounting period					
					<del> </del>	
				0		
_	•	3a	\$			
	• •	O.F.	<b>6</b>	Λ		
_				30	<b>Φ</b>	
	nter the Return Code for the return that this application is for (file a separate application for each return)    Application   Return   Application   Seor   Code   Is For					
					, ,	
		(Silvot de	, t o o, 300 i o	LO al	7 51111 507 5 20 10	. paymont

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

## EXTENDED TO MAY 16, 2022

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public

<u> </u>	רטו נוופ	and en	ung U	ON 30, 2021	
В	Check if applicabl	e: C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		27-35540	88
	Initial return		om/suite	E Telephone number (202) – 73	
L	Final return termin		, 0		
Г	ated Amenoreturn	City or town, state or province, country, and ZIP or foreign postal code  WASHINGTON, DC 20017		G Gross receipts \$ H(a) Is this a group re	2,710,994.
F	Applic			for subordinates	
_	tion pendir	SAME AS C ABOVE			
_				H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or [ te: ► GENERATIONHOPE • ORG	527	1	list. See instructions
			I Veer	H(c) Group exemption	n number ► 1 State of legal domicile: DC
	art I	organization: X Corporation Trust Association Other ►  Summary	L Year	or formation: ZOIO N	State of legal domicile: DC
			т та	TT	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE PA	71/1 1	II, DINE I.	
na L	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets.
Š	1	·		3	23
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			23
<u>ფ</u>		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			16
ij				····	150
흦		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<del>                                     </del>	The difficulted business taxable meetine from 550 1,1 art 1, line 11		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		1,624,572.	2,690,185.
Revenue	9			29,091.	20,751.
	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		116.	58.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-29,994.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,623,785.	2,710,994.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		153,285.	206,487.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		980,149.	1,228,309.
Expenses	16a			0.	0.
per	h	Professional fundraising fees (Part IX, column (A), line 11e)	5.	-	-
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		452,838.	766,753.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,586,272.	2,201,549.
	19	Revenue less expenses. Subtract line 18 from line 12		37,513.	509,445.
Net Assets or	3			ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		1,414,936.	1,968,421.
ASS	21	Total liabilities (Part X. line 26)		241,154.	285,194.
]     	22	Net assets or fund balances. Subtract line 21 from line 20		1,173,782.	1,683,227.
P	art II	Signature Block			
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules an	nd statem	ents, and to the best of my	/ knowledge and belief, it is
true	e, correc	et, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.	
Sig	jn	Signature of officer		Date	
He		NICOLE LYNN LEWIS, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	NEIL E. BERGER NEIL E. BERGER	0	5/13/22 if self-employed	P00102223
Pre	parer	Firm's name ADEPTUS PARTNERS LLC		Firm's EIN ▶	20-1835208
Use	Only	Firm's address 3311 OLNEY SANDY SPRING RD			
		OLNEY, MD 20832-1411		Phone no. (3	01)929-9700
Ма	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	t III 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:  GENERATION HOPE SURROUNDS MOTIVATED TEEN PARENTS AND THEIR CHILDREN
	WITH THE MENTORS, EMOTIONAL SUPPORT, AND FINANCIAL RESOURCES THAT THEY
	NEED TO THRIVE IN COLLEGE AND KINDERGARTEN, THEREBY DRIVING A
	TWO-GENERATION SOLUTION TO POVERTY.
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 \$ 834,000. including grants of \$ 206,487. ) (Revenue \$ 20,751.)  SCHOLAR PROGRAM: RECRUITED/FUNDED NEW SCHOLARS FOR THE 2020/2021
	ACADEMIC YEAR RAISING TOTAL NUMBER OF GENERATION HOPE SCHOLARS IN DC,
	MD AND VA AND PROVIDING THEM WITH MENTORING, RESOURCES, AND TRAINING
	THROUGHOUT THE YEAR. CONDUCTED WORKSHOPS AND INFORMATION SESSIONS ON
	COLLEGE PREPAREDNESS TO PREGNANT/EXPECTING HIGH SCHOOL STUDENTS.
	· · · · · · · · · · · · · · · · · · ·
	HOPE CONFERENCE: CONDUCTED 8TH SUCCESSFUL HOPE CONFERENCE FOR SCHOLARS.
	THIS INCLUDED A FULL-DAY CONFERENCE WITH A PANEL DISCUSSION, WORKSHOPS,
	SEMINARS CONDUCTED BY LOCAL EXPERTS IN THE AREAS OF SELF-EMPOWERMENT,
	CAREER PREP, GOALS, HEALTHY RELATIONSHIPS, COLLEGE LIFE, ETC.
4b	(Code: ) (Expenses \$ 213,131. including grants of \$ ) (Revenue \$ )
	CHILDREN'S PROGRAM: PROVIDED THE CHILDREN OF OUR SCHOLARS AGES ONE TO
	FIVE WITH COGNITIVE AND FAMILY SUPPORT TO ENSURE THAT THEY ENTER
	KINDERGARTEN READY. WE RECRUITED SCHOLARS AND THEIR CHILDREN TO THE
	PROGRAM AS WELL AS MENTOR FAMILIES TO MATCH THEM WITH, PROVIDING
	MONTHLY EARLY CHILDHOOD INTERVENTIONS, RESOURCES AND SUPPORT IN MD, DC
	AND VA.
4c	(Code:) (Expenses \$ 579,875 • including grants of \$) (Revenue \$)
	NATIONAL IMPACT PROGRAM: A TRAINING AND COMMUNICATIONS PROGRAM THAT
	HELPS OTHER ORGANIZATIONS EXPAND THEIR SUPPORTS OF PARENTING COLLEGE
	STUDENTS AND INFORMS POLICY MAKERS OF THE NEEDS OF THIS POPULATION.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,627,006.
	Form <b>990</b> (2020)

### Part IV Checklist of Required Schedules

			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?							
	If "Yes," complete Schedule A	1	X					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		7.7				
	public office? If "Yes," complete Schedule C, Part I	3		X				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х				
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or							
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l				
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>							
_	Schedule D, Part III	8		X				
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?							
40	If "Yes," complete Schedule D, Part IV	9		X				
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		1				
••	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	Х					
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х				
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		X				
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in							
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X				
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х					
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37					
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х					
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Х					
	Schedule D, Parts XI and XII	12a	Λ					
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		х				
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. <del></del> a		<del></del>				
	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		Х				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any							
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to							
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,							
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines							
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,				
	complete Schedule G, Part III	19		X				
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X				
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	۵.		<sub>v</sub>				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X				

032003 12-23-20

Form 990 (2020) GENERATION HOPE
Part IV Checklist of Required Schedules (continued)

				L			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l			
	Schedule J	23		X			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x			
b	Schedule K. If "No," go to line 25a	24b					
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete						
		25b		x			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV						
_	instructions, for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV	28a		x			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X			
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//f						
	"Yes," complete Schedule L, Part IV	28c		Х			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х			
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х			
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		X			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	251					
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b					
30	If "Yes," complete Schedule R, Part V, line 2	36		x			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?						
	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	Х				
Pai							
	Check if Schedule O contains a response or note to any line in this Part V			NI-			
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   14		Yes	No			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
_	(gambling) winnings to prize winners?	1c	Х				

032004 12-23-20

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

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a Info b If at least one is reported on line 2a, did the organization file all required federal employment tax returne?  Note: If the sum of lines 1 and 2a is graster than 250, you may be required to effect gen instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, 'has it filed a Form 990-T for this year? If 'No' to line 2b, provide an explanation on Schedule 0  3c In Yes, 'has the filed a Form 990-T for this year? If 'No' to line 2b, provide an explanation on Schedule 0  3c In Yes, 'has the filed a Form 990-T for this year? If 'No' to line 2b, provide an explanation on Schedule 0  3c In Yes, 'has the filed a Form 990-T for this year? If 'No' to line 2b, provide an explanation on Schedule 0  3c In Yes, 'has the filed a Form 990-T for this year?  3c In Yes, 'has the filed a Form 990-T for this year?  3c In Yes, 'has the thing a Form 990-T for this year?  3c In Yes, 'has the time and or the foreign country year the name of the organization for prognation have an interest in year year the year year.  3c In Yes, 'has the file a Form 990-T for this year?  3c In Yes, 'has the file a Form 990-T for this year year than \$100,000, and did the organization solicit any contributions that were not tax deductibles or celetrable contributions?  3c If Yes, 'in did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or celetrable to centroly on the year year year.  3c In Yes, 'in did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or celetrable to centroly on year year.  3c In Yes, 'in did the organization include with every solicitation and express that provided?  3c In Yes, 'in All the organization include with ever					Yes	No
b If a least one is reported on line 2a, did the organization life all required toderal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gress income of \$1,000 or more during the year?  3a X  b If Yes, has it filed a Form 900-T for this year? If 'No' to line 3b, provide an explanation on Schedule C  3b A at any time during the calendary early diff the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a X  b If Yes, 'nest reth ename of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).  5a Was the organization have foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).  5b Was the organization on store for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c If Yes' to line 5a ors 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes' to line 5a ors 5b, did the organization the Form 8898-17  6c 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?  6c V If Yes' and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c V If Yes' and did the organization receive a payment in excess of \$75 made partly as a contribution and partly for godds and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  6d If Yes, 'indicate the number of Forms 8822 filed during the year  6d If Yes, 'indicate the number of Forms 8282 filed during the year  6d Did the organization received a contribution of qualified intellectual p	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructione)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-Tf for this year? If "No" to line 3b, provide an explanation on Schedule 0  3b If "Yes," has it filed a Form 990-Tf for this year? If "No" to line 3b, provide an explanation on Schedule 0  3b If "Yes," the standard year, did the organization have an interest in, or a signature or other authority over, a financial account? If year the name of the foreign country [such as a bank account, securities account, or other financial accounts?  4a X X S and S S S S S S S S S S S S S S S S S S S		filed for the calendar year ending with or within the year covered by this return	16			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b if 11*es*, This it filled a Form 990 Tor this year of 1** "Not for in 83,000 or more during the year?  4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c In 1**es*, "enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c Was the organization a party to a prohibeted tax shelter transaction?  5c In 1**es*, and in the organization in the form 8861*.  5c In 1**es*, and in the organization in the form 8861*.  5c In 1**es*, and in the organization in the form 8861*.  5c In 1**es*, and in the organization in the form 8861*.  5c In 1**es*, and in the organization in the form 8861*.  5c In 1**es*, and in the organization in the form 8861*.  5c In 1**es*, and in the organization in the form 8861*.  5c In 1**es*, and in the organization in the form 8861*.  5c In 1**es*, and in the organization organization in the organization organization in each of the value of the goods or services provided?  5c In 1**es*, indicate the number of Forms 8262 filed during the year.  5d In 1**es*, indicate the number of Forms 8262 filed during the year.  5d In 1**es*, indicate the number of Forms 8262 filed during the year.  5d In 1**es*, indicate the number of Forms 8262 filed during the year.  5d In 1**es*, indicate the number of Forms 8262 filed during the year.  5d In 1**es*, indicate	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
b If Yes, 'has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 44 At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account?  45 If Yes, 'enter the name of the foreign country [such as a bank account, securities account, or other financial accounts?  56 Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year?  58 Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year?  59 Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year?  50 Was the organization at the vagin rise and it was or is a party to a prohibited stax shelter transaction?  50 Was the organization shell organization file Form 8888.17.  60 Does the organization shell around gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  60 Did the organization shell amy receive deductible contribution an express statement that such contributions or gifts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c).  80 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  71 Tay 1 Was 1 of the organization notity the donor of the value of the goods or services provided?  72 Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to the form \$202?  82 Old the organization selle, exchange, or otherwise dispose of tangible personal property for which it was remediated to the payment of form \$202?  83 Old the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  74 Did the organization received any funds, directly or indirectly, to pay premiums on a pers		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4b If 'Yes,' Teat the mane of the foreign country ▶  5a Was the organization aparty to a prohibited for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b Was the organization to a provide the organization file Form 1886-17.  5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 1886-17.  5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 1886-17.  5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 1886-17.  5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 1886-17.  5d 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?  6d Variety of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8 If 'Yes,' fide the organization nority the donor of the value of the goods or services provided to the payor?  7b If 'Yes,' fide the organization nority the donor of the value of the goods or services provided to the payor?  7c X  7d If 'Yes,' findicate the number of Forms 8282 field during the year  9 If the organization received an contribution of crise, but as indirectly, on a personal benefit contract?  7c X  7d If the organization received an contribution of crise, but as indirectly, on a personal benefit contract?  7d If the organization received an contribution of crise, but as indirectly, an a personal benefit contract?  7d If the organization received an contribution of crise, but as indirectly, an a personal benefit contract?  7d If the organization received an contribution of crise, but as indirectly, and payorable place	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3а		X
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  P Did the organization received a contribution of qualified intellectual property, did the organization file form 8999 as required?  To I I I the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  To I I the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  To I I the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8999 as required?  To I I the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  B Joint the sponsoring organization make any taxable distributions under section 4966?  B Joint the sponsoring organization make any taxable distributions under section 4966?  B Joint the sponsoring organization make any taxable distributions under section 4966?  B Joint the sponsoring organization make any taxable distributions under section 4966?  B Joint the sponsoring organization make any taxable distributions under section 4966?  B Joint the sponsoring organization make any taxable distributions under section 4966?  B	6a					. v
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d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f) Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f) If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  h) If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the organization included on Form 990, Part VIII, line 12  10 Gross income from members or shareholders  11 Did  11 Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11 Did  12 Section 501(c)(12) organizations. Enter:  a Is the organization incensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  14 Did the	C			70		x
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	16			16		Х

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

_	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
		1 1	0.0		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23						
	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 0.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?			2		X			
3									
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or							
	more members of the governing body?			7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or							
	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:							
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
			_		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the	e form?	11a	Х				
b									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe							
	in Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approve	al by independer	nt						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?							
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a							
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participatio	n						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's							
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ MD , VA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Sectio	n 501(c)(3)	s only	) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Other (explain	n on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest	policy, and	d finar	ncial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records	▶						
	NICOLE LYNN LEWIS - (202)734-5838								
	415 MICHIGAN AVENUE. NE. SUITE 430. WASHINGTON. DO	c 20017							

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## 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.

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

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

(A) Name and title	(B) Average hours per	box	not c	Posi heck ss per	ition more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) N. LEWIS FOUNDER & CEO	40.00			х				139,462.	0.	6,928.
(2) M. BARRY	1.00			^				139,402.	0.	0,920.
MEMBER	1100	x						0.	0.	0.
(3) E. CARTER	1.00									
MEMBER		Х						0.	0.	0.
(4) J. CASH	1.00									
MEMBER	1 00	Х						0.	0.	0.
(5) V. CLARK	1.00	,,							0	0
MEMBER	1 00	Х						0.	0.	0.
(6) B. CORCORAN CARLSON	1.00	x						0.	0.	0.
MEMBER (7) P. DONATO	1.00	^						0.	0.	<u> </u>
MEMBER	1.00	Х						0.	0.	0.
(8) A. HEAVEN	1.00									
MEMBER		х						0.	0.	0.
(9) K. HULTQUIST	1.00									
MEMBER		Х						0.	0.	0.
(10) A. KRESS	1.00									_
MEMBER	1 00	Х						0.	0.	0.
(11) R. LINDER	1.00	,,							0	0
MEMBER	1.00	Х						0.	0.	0.
(12) M. MCCLOUD-MANLEY MEMBER	1.00	x						0.	0.	0.
(13) R. MORRISSEY	1.00							0.	0.	0.
MEMBER		x						0.	0.	0.
(14) K. MYERS	1.00									
MEMBER		Х						0.	0.	0.
(15) M. NAGORSKI	1.00									
MEMBER		Х						0.	0.	0.
(16) C. ROCHA	1.00								•	_
MEMBER	1 00	Х						0.	0.	0.
(17) R. SMITH ANDREWS	1.00	Ţ.							0.	_
MEMBER 032007 12-23-20		Х						0.	0.	0 • Form <b>990</b> (2020)

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Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	<u>, an</u>	<u>a H</u>	ıgne	st (	compensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more erson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	1	an	(F) stimate	
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		com fr org and	other pensation the anization d relation	e ion ed
(18) C. TAYLOR	1.00									$\Box$			
MEMBER (19) T. TORRES	1.00	Х						0.		0.			0.
MEMBER	1.00	x						0.		0.			0.
(20) R. VASSALLO	1.00									$\neg$			
MEMBER	4 00	Х						0.		0.			0.
(21) K. NUSSLE	4.00	X		x				0.		0.			0.
PRESIDENT (22) A. KISSEL	3.00	┝		┝				0.		<del>"  </del>			<u> </u>
BOARD VICE PRESIDENT	3.00	x		x				0.		0.			0.
(23) M. BROWN	2.00												
SECRETARY		Х		Х				0.		0.			0.
(24) G. BAKER CHAMBERS	3.00	١,,		3,7									^
TREASURER		Х	_	Х		-		0.		0.			0.
		┨											
		$\vdash$								7			
		L											
1b Subtotal								139,462.		0.		6,9	
c Total from continuation sheets to Part V								0.		0.		<del>.</del> 0	0.
d Total (add lines 1b and 1c)  Total number of individuals (including but n								139,462.	000 of reportable			6,9	<u> </u>
compensation from the organization	ot iiiiited to ti	1056	: 11516	eu a	DOV	e) wi	10 1	eceived more than \$100	,000 or reportable	;			1
compondation from the organization											$\Box$	Yes	No
3 Did the organization list any former officer,			key (	emp	loye	e, o	r hiç	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	•							•	the organization				Х
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or a</li></ul>									dual for convicos		4		
rendered to the organization? If "Yes," com	=						Ciai	ted organization of indivi	dual for services		5		Х
Section B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	ithir		/ear.				
(A) Name and business	address	NI	INC	FC:				<b>(B)</b> Description of s	ervices	Co	<b>(C</b> ompe	<b>))</b> nsatio	n
			<u> </u>					2223423333					
2 Total number of independent contractors (i	-	iot li	mite	d to		_	stec	d above) who received m	ore than				
\$100,000 of compensation from the organi	zation >	—				0					Form	990 (2	3030)
										- 1	-orm	33U (	∠U∠U)

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		Check if Schedule O contain	e a recnonce	or note to any li	ne in this Part VIII			
		Check if Schedule O contain	is a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè éxcluded
						function revenue	business revenue	from tax under
40				4 000				sections 512 - 514
nts	1 a	Federated campaigns	1a	4,000.				
ig j	b	Membership dues	1b					
ς, Ψ	c	Fundraising events	1c					
# Z		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contribution		201,247.				
Sig		All other contributions, gifts, grants,	′ <del></del>		1			
ig E	'			484,938.				
문원		similar amounts not included above		7,279.	-			
E D	_	Noncash contributions included in lines 1a-			0 600 105			
<u>a</u> C	h	Total. Add lines 1a-1f		T	2,690,185.			
				Business Code				
9	2 a	PROGRAM REVENUE		900099	20,751.	20,751.		
ا ہ جَ	b	)						
Se i	c							
E §	d							
P. E.		·						
Program Service Revenue	•	All ables a recommendation was a series						
_		All other program service revenu			20,751.			
$\rightarrow$		Total. Add lines 2a-2f			20,731.			
	3	Investment income (including div						
		other similar amounts)		<b>&gt;</b>	58.			58.
	4	Income from investment of tax-e	xempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c			1			
		` '						
		· · · · · · · · · · · · · · · · · · ·	(i) Cooitioo					
	7 a	· ······   <del> </del>	(i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>						
_	b	Less: cost or other basis						
ne		and sales expenses <b>7b</b>						
Ver	c	Gain or (loss) 7c						
Be		Net gain or (loss)		<b></b>				
her Revenue		Gross income from fundraising even						
됩		including \$	of					
		contributions reported on line 1c	<del></del>					
		•	′ I					
		Part IV, line 18			-			
		Less: direct expenses						
		Net income or (loss) from fundra		<b>D</b>				
	9 a	Gross income from gaming activ						
		Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming	g activities					
	10 a	Gross sales of inventory, less ret	urns					
		and allowances						
	h	Less: cost of goods sold						
$\dashv$		Net income or (loss) from sales of	inventory					
sn				Business Code				
e e	11 a	·						
lan	b							
Miscellaneous Revenue	c	•						
ĕ⊟	d	All other revenue						
_		Total. Add lines 11a-11d		<b>.</b>				
		Total revenue. See instructions			2,710,994.	20,751.	0.	58.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D-	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	206,487.	206,487.		
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	149,461.	102,281.	32,101.	15,079
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	927,718.	634,868.	199,255.	93,595
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	23,021.	15,754.	4,944.	2,323
9	Other employee benefits	38,143.	26,103.	8,192.	2,323 3,848
0	Payroll taxes	89,966.	61,761.	19,053.	9,152
11	Fees for services (nonemployees):	,	•	·	·
а	Management				
b	Legal				
	Accounting	50,073.	45,779.	1,670.	2,624
	Lobbying	5575151			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	364,728.	333,452.	12,163.	19.113
12	Advertising and promotion	10,526.	9,672.	450.	19,113 404
13	Office expenses	20,0200	3,0,20		
13 14	Information technology	35,604.	24,880.	4,317.	6,407
		33,0010	21,0001	1/31/1	0 / 10 /
15 16	Royalties	87,945.	53,831.	20,445.	13,669
	Occupancy	3,929.	2,771.	686.	472
7  8	Travel	3,323.	2,771.	000.	- 12
0	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	6,159.	4,616.	902.	641
9	Conferences, conventions, and meetings	0,133.	4,010.	302.	041
20	······				
21	Payments to affiliates	75,279.		75,279.	
22	Depreciation, depletion, and amortization	13,891.	6,630.	6,057.	1,204
3	Other expenses. Itemize expenses not covered	13,051.	0,030.	0,037.	1,203
<b>!4</b>	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.)				
а	SUPPLIES	43,043.	39,125.	2,194.	1,724
b	PROFESSIONAL DEVELOPMEN	14,710.	14,033.	,	677
c	TRAINING	14,486.	14,486.		
d	EDUCATION FUND	10,654.	10,654.		
	All other expenses	35,726.	19,823.	8,290.	7,613
25	Total functional expenses. Add lines 1 through 24e	2,201,549.	1,627,006.	395,998.	178,545
. <u></u> 26	Joint costs. Complete this line only if the organization	_ , , , , ,	=, -= : , 0 0 0 0	,	,010
.5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	oudoanonal campaign and fundralonly solicitation.				

Pai	πX	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			207,643.	1	282,200
	2	Savings and temporary cash investments			888,003.	2	1,500,383
	3	Pledges and grants receivable, net			195,329.	3	127,533
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial c	ontributor, or 35%			
		controlled entity or family member of any of	these perso	ons		5	
	6	Loans and other receivables from other disq	ualified pers	sons (as defined			
		under section 4958(f)(1)), and persons descr	ibed in sect	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			36,291.	8	
Ř	9		d expenses and deferred charges				31,097
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	219,780.			
	b	Less: accumulated depreciation	10b	205,349.	82,418.	10c	14,431
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			5,252.	15	12,777
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	3)	1,414,936.	16	1,968,421
	17	Accounts payable and accrued expenses			81,431.	17	204,724
	18	Grants payable				18	
	19	Deferred revenue	0.	19	78,800		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or t	former offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantial c	ontributor, or 35%			
jab		controlled entity or family member of any of				22	
_	23	Secured mortgages and notes payable to ur		<b>_</b>	150 502	23	
	24	Unsecured notes and loans payable to unrel			159,723.	24	0
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li	ines 17-24).	Complete Part X	0		1 (70
		of Schedule D		·····	0.	25	1,670
	26	Total liabilities. Add lines 17 through 25			241,154.	26	285,194
S		Organizations that follow FASB ASC 958,	check here				
ü		and complete lines 27, 28, 32, and 33.			E72 402		1 200 465
ala	27	Net assets without donor restrictions			573,403. 600,379.	27	1,308,465
g B	28	Net assets with donor restrictions			000,379.	28	3/4,/02
μ		Organizations that do not follow FASB AS	C 958, che	ck here  L			
ō		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fur				29	
SS	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate		<b>_</b>	1 172 702	31	1 602 227
ž	32	Total net assets or fund balances			1,173,782.	32	1,683,227
	33	Total liabilities and net assets/fund balances			1,414,936.	33	1,968,421

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,71		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,20		
3	Revenue less expenses. Subtract line 2 from line 1	3			45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,17	3,7	82.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	.,68	3,2	27.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CENERATION HODE Employer identification number 27-3554088

_			KATION HOP					7-3334000
Ра	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
Γhe	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(i	i).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	·					
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental unit describ	ned in
_		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov		nental unit described in	section 17	70/6\/4\/A\	(v)	
	X	An organization that norma	_					Loublic described in
′		•	•	illiai part or its support i	ioiii a gov	CITIITICITIAI	unit of from the general	public described in
		section 170(b)(1)(A)(vi). (Co	• •	dVAVest (Commission David				
8	H	A community trust describe						
9	ш	An agricultural research org				-	_	•
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of the collec	ge or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from (	contributio	ns, membership fees, a	nd gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)					
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting
		organization. You must c						•
b		Type II. A supporting orga			tion with it	s support	ed organization(s), by ha	avina
		control or management o	· ·					-
		organization(s). You mus			u p 0.00		manage are ear	5,501.00
c		Type III functionally inte			in connec	tion with :	and functionally integrat	ed with
Ŭ		its supported organization						ou with,
d		Type III non-functionally		•				ization(s)
u		that is not functionally int						
		•		• •	•		•	liveriess
_		requirement (see instructi	-	-				
е		Check this box if the orga					i Type i, Type ii, Type iii	
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		
Ť		r the number of supported o						
g		ride the following information  Name of supported	i about the supporte	d organization(s).  (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(II) EIIV	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No	, ,	, , , , , , , , , , , , , , , , , , ,
F . 4 .								<del> </del>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	781,410.	1,256,980.	1,744,263.	1,624,572.	2,692,407.	8,099,632.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	701 410							
4	Total. Add lines 1 through 3	781,410.	1,256,980.	1,744,263.	1,624,572.	2,692,407.	8,099,632.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,						226 002		
_	column (f)						226,002.		
6	Public support. Subtract line 5 from line 4.						7,873,630.		
	•••	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total		
	ndar year (or fiscal year beginning in)	(a) 2016 781,410.	<b>(b)</b> 2017 1,256,980.	(c) 2018 1,744,263.	(d) 2019 1,624,572.	(e) 2020 2,692,407.	(f) Total 8,099,632.		
	Amounts from line 4  Gross income from interest,	701,410.	1,230,300.	1,744,203.	1,024,372.	2,032,407.	0,055,052.		
0	•								
	dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources		28.	57.	116.	58.	259.		
9	Net income from unrelated business			3,1		301			
J	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.)			39.			39.		
11	<b>Total support.</b> Add lines 7 through 10						8,099,930.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	49,842.		
13	First 5 years. If the Form 990 is for th	ne organization's fi				501(c)(3)			
	organization, check this box and stop	here					<b>&gt;</b> □		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2020 (	line 6, column (f), c	divided by line 11, o	column (f))		14	97.21 %		
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	95.07 %		
16a	33 1/3% support test - 2020. If the	•		•		•			
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X		
b	33 1/3% support test - 2019. If the								
	and <b>stop here.</b> The organization qual	lifies as a publicly s	supported organiza	ation			▶□		
17a	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact				•	VI how the organiz	ation		
	meets the facts-and-circumstances to	•	•						
b	10% -facts-and-circumstances tes	<b>t - 2019.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the		•		•		. —		
	organization meets the facts-and-circ						<b>&gt;</b>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	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						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
		· ·		•			
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve						,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<del>//</del>
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations		I.,	
			Yes	No
	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		
	ion D. All Type III Supporting Organizations			
	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ıs).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in line 2a, above, 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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (e <i>xplain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	anization (see
	instructions)	_	-	

Schedule A (Form 990 or 990-EZ) 2020

Dai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizatione / · ·		7 3334000 Fage 7
	ion D - Distributions	(a)(b) Supporting Orga	anizations (continu	ıed)	Current Year
1		mnt nurnacca		1	Current real
	Amounts paid to supported organizations to accomplish exe	<del></del>		-	
2	Amounts paid to perform activity that directly furthers exemp	or purposes or supported		2	
_	organizations, in excess of income from activity		-	3	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS .	4	
4	Amounts paid to acquire exempt-use assets		5		
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		6	
6	Other distributions (describe in Part VI). See instructions.			7	
7	Total annual distributions. Add lines 1 through 6.	hidia ii			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•		
	(provide details in Part VI). See instructions.			8 9	
9	Distributable amount for 2020 from Section C, line 6			<u> </u>	
10	Line 8 amount divided by line 9 amount	/:)	(::)	10	(:::\
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior	าร	(iii) Distributable
			Pre-2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Dat IV Section A linear 1 2 the 50 4h 45 56 9 00 00 110 11b and 110 Dat IV Section B linear 1 and 2 Dat IV Section C
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; 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.)
	(See instructions.)
-	

### Form 8879-EO

### **IRS e-file Signature Authorization** for an Exempt Organization

, 2020, and ending JUN 30 , 20 21 2020, or fiscal year beginning JUL 1 Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Department of the Treasury ternal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization or person subject to tax

Taxpayer identification number

27-3554088

GEN	ERA	<b>TI</b>	ON	HO	PE

Name and title of officer or person subject to tax

NICOLE LYNN LEWIS.

CEO

Part I	Type of Return and Return Information	(Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter 0-). But, if you entered 0- on the

return, then enter to on the applicable line below. Do not complete more than one line in Fart it.	
1a Form 990 check here <b>X</b> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	16 2,710,994.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	31b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person subject	ct to tax with respect to
(name of organization) , (EIN)	
	- P - C Ab and man

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

Enter	 PARTNERS	I D DI T O D	and I add to the

**ERO firm name** 

five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, will/enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Part III | Certification and Authentication

27303920832

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date > 05/13/22

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2020)

023051 11-03-20