** PUBLIC DISCLOSURE COPY **

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

Open to Public

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.

A F	or the	e 2020 calendar year, or tax year beginning $JUL 1$, 2020 and	ل ending	UN 30, 2021	
B Cr ap	neck if	C Name of organization		D Employer identifie	cation number
	Addre	ROCK THE STREET, WALL STREET			
	Name chang	Doing business as		36-47463	32
	Initial return Final return	3523 TRIMBILE ROAD	Room/suite	E Telephone number 615-556-	
	termin			G Gross receipts \$	1,867,372.
	Ameno return			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: MACKA CONNINGRAM		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		te: > WWW.ROCKTHESTREETWALLSTREET.COM		H(c) Group exemptio	
K Fo	orm of	organization: X Corporation	L Year	of formation: 2013 N	1 State of legal domicile; \mathbf{TN}
Pa		Summary			
اه		Briefly describe the organization's mission or most significant activities: A FII			rment
Governance		LITERACY PROGRAM SPECIALLY DESIGNED FOR H			
aria B		Check this box if the organization discontinued its operations or dispose	sed of more		sets.
Š				3	9
		Number of independent voting members of the governing body (Part VI, line 1b)			8 16
Activities &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			525
ξį		Total number of volunteers (estimate if necessary)			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
-	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
	8	Contributions and grants (Part VIII, line 1h)		Prior Year 1,132,560.	Current Year 1,865,296.
E E				0.	0.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		167.	1,057.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,019.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,132,727.	1,867,372.
一		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
g		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		383,210.	586,085.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē		Total fundraising expenses (Part IX, column (D), line 25) 225,50	65.		
ω̈	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		202,735.	184,089.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		585,945.	770,174.
_	19	Revenue less expenses. Subtract line 18 from line 12		546,782.	1,097,198.
Assets or d Balances			Ве	ginning of Current Year	End of Year
ssets		Total assets (Part X, line 16)		1,440,369.	2,541,414.
Net As		Total liabilities (Part X, line 26)		57,602.	61,449.
Ž급 Pa		Net assets or fund balances. Subtract line 21 from line 20		1,382,767.	2,479,965.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	unto and to the heat of mu	I knowledge and holiaf it is
		itles of perjury, I declare that I have examined this return, including accompanying schedules It, and complete. Declaration of preparer (other than officer) is based on all information of wh			Knowledge and belief, it is
ii uc,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on an information of wi	iicii pi epai ei	lias any knowledge.	
Sign		Signature of officer		Date	
Here		MAURA CUNNINGHAM, CEO			
icic	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN
Paid		KEN YOUNGSTEAD KEN YOUNGSTEAD	lo	5/16/22 if self-employ	P00320901
Prepa		Firm's name KRAFTCPAS PLLC			62-0713250
Use (Firm's address 555 GREAT CIRCLE ROAD			
		NASHVILLE, TN 37228		Phone no. 61	5-242-7351
May	the IF	AS discuss this return with the preparer shown above? See instructions			X Yes No

Pal	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:
	ROCK THE STREET, WALL STREET (RTSWS) IS A YEAR-LONG FINANCIAL LITERACY
	PROGRAM DESIGNED TO SPARK THE INTEREST OF HIGH SCHOOL GIRLS INTO
	CAREERS IN FINANCE. RTSWS PROGRAMS INSPIRE, EDUCATE AND EQUIP GIRLS
	WITH THE SKILLS TO SUCCEED FINANCIALLY THROUGHOUT THEIR LIVES.
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 \$ 461,419 • including grants of \$) (Revenue \$)
	OUR PROGRAMS ARE COMPOSED OF THREE COMPONENTS: FINANCIAL LITERACY
	WORKSHOPS, REAL WALL STREET EXPERIENCE FIELD TRIP AND MENTORING.
	CLASSROOM WORKSHOPS ON MONEY ARE HELD DURING A 5 WEEK PERIOD IN THE
	FALL SEMESTER AND ARE LED BY FEMALE FINANCIAL PROFESSIONALS. OUR
	OPEN-SOURCED CURRICULUM IS CUTTING-EDGE AS WE RIP FROM THE HEADLINES,
	AND DISCUSS PUBLIC AND ECONOMIC POLICY AND STOCK AND BOND MARKETS.
	WORKSHOPS HAVE COVERED TOPICS FROM CREDIT CARD DEBTS TO AUTO FINANCING
	TO BLOCKCHAIN AND BITCOIN INVESTING. THE RTSWS EXPERIENCE INCLUDES LIFE
	SKILLS, EXPOSURE AND COMMUNITY. THE WALL STREET FIELD TRIP IS A
	CAPSTONE EXPERIENCE WHEREBY STUDENTS ARE GIVEN A RARE GLIMPSE INTO
	CORPORATE OFFICE SETTINGS AND THE WORKPLACES AND WORKLIVES OF FEMALE
	PROFESSIONAL FINANCIERS, TREASURY OFFICERS, WEALTH MANAGERS,
41.	
4b	(Code:) (Expenses \$
	
	
	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 461,419.
	Form 990 (2020)

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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			
	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	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,	Ť		
•	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>	-		1
0	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.
	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			
	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	X	
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		X
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization asswered "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	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		 ₩
	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,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
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
20 a	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

032003 12-23-20

Form **990** (2020)

Form 990 (2020) ROCK THE STREET, WALL STREET

Part IV | Checklist of Required Schedules (continued)

Yee No Part IX, column (A), line 27 if , Yee, 1 complete Schedule (Parts I and III 22 X X 24 X 25 X 24 X 25 X 25 X 26 X	i ai	Continued)			
Part IX. column (A), line 27. if "ves," completes Schedule I, Parts I and III and ofference of the organization surrent and former officers, directors, fusited, so, ye employees, and highest compensation of the organization surrent and former officers, directors, fusited so, low employees, and highest compensation of the organization is current and former officers, directors, fusited so, we employees, and highest compensation of the last day of the year, that was issued after December 31, 2002? If "Yes," arrawer lines 24th through 24th and complete Schedule K. If "No," go to ima 25s. 24d b Dt the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d b both en organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d b to the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Dt the organization are acrow account other than a returning secror at any time during the year to defease any tax-exempt bonds? 25d Dt the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Dt the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Dt the organization approach outing the year? 25d In the organization are with a disqualified person in a prior year, and that the transaction have the disqualified person in a prior year, and that the transaction have the disqualified person in a prior year, and that the transaction have prevent in the organization with a disqualified person in a prior year, and that the transaction have prevent in the organization organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of mainly member of any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 25d Dt the organization receive on them 35th or		Dill		Yes	No
23 Did the organization answer "Yes" to Part WI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 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 24th through 24d and complete Schedule K. If "No," yo to line 25a 25b Did the organization marks and you proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization marks and you proceeds of tax-exempt bonds beyond a temporary period exception? 27d Did the organization and an an orbinal of "issuer for bonds outstanding scrow at any time during the year to defease any tax-exempt bonds? 27d Did the organization and as an 'on behalf of' issuer for bonds outstanding scrow at any time during the year? 27d Did the organization and an an orbinal and scrow account of the than a refunding scrow at any time during the year? 27d Did the organization and an an orbinal and scrow account of the scrow and that the transaction has not been reported on any of the organization scrow and that the transaction has not been reported on any of the organization spring from \$90 or \$90 EST? If "Yes," complete Schedule L, Part II 27d Did the organization aware that the angaged 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 professor and that the transaction has not been reported on any of the organization contribution or employee. Creator or founder, substantial contribution or employee. Creator or founder, substantial contribution or employee. Creator or founder, substantial contribution? 27d Did the organization member of any of these paracras? If "Yes," complete Schedule L, Part III 28d Was the organization and provide a business transaction wit	22				v
and former officers, directors, frustees, key employees, and highest compensated employees? # #*Yex,** complete Schedule L Part IV 23	22		22		
Schedule / Late to organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. b Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding estory at any time during the year? d Did the organization area that it is equally an expensive process benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I is 18 to organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I is 18 to organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization's prior forms 990 or 990-52? If "Yes," complete Schedule I, Part I is 18 to organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization's prior forms 990 or 990-52? If "Yes," complete Schedule I, Part I is 18 to organization prior 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 these persons? If "Yes," complete Schedule I, Part I is 25b IX 20 did the organization prior	20				
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," awaiver lines 24b through 24d and complete Schedule K. If "No," go to him 25a and a second control of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Obline to reginate the control of the second of the secon		,	23		х
sate day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. "Thio," go to the 25a. b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization are act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16)3, 601(04), 401(04),	24a				
Schedule K. If "No." yo to fire 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50 (E(A)), 50 (E(A)), 40 (E(A)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unity of the year? If "Yes," complete Schedule I, Part I 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 organizations prior forms 990 or 990 E27 ("Yes," complete Schedule I, Part I "Yes," complete Schedule II I "Yes," complete					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25c 26d 26d 26d 26d 26d 26d 26d 26			24a		Х
any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 24	b		24b		
d Did the organization act as an *no healer of *issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If *Yes,* complete Schedule I, *Part I	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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		any tax-exempt bonds?	24c		
b is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule I., Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity fordiuding 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 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L., Part IV 28 X 29 Did the organization one officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L., Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X X 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 30 X X 32 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77013 and 301.		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or 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	b				
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity fincluding an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IVI instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IVI 288 X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IVI 288 X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IVI 288 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part III 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization or sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part III 32 X 33 Did 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 Was		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of threse persons? If "Yes," complete Schedule L, Part II		,	25b		X
controlled entity or family member of any of these persons? f "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? ff "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ff "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? ff "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? ff "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? ff "Yes," complete Schedule L, Part IV 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? ff "Yes," complete Schedule II, Part IV 29c X 31 Did the organization ilquidate, terminate, or dissolve and cease operations? ff "Yes," complete Schedule II, Part II 30c X 32 Did the organization on Ilquidate, terminate, or dissolve and cease operations? ff "Yes," complete Schedule II, Part II 32c X 33 Did the organization on the standard of the organization related to any tax-exempt or taxable entity? ff "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34c X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? ff "Yes," complete Schedule R, Part V, line 2 35b X 35 Did the organization orbitated to any tax-exempt or taxable entity? ff "Yes," complete Schedule R, Part V III 34c X X X X X X X X X	26				
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If "Yes," complete Schedule R, Part V, line 2 36			35b		
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 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 In Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 In Enter the number of Part VI 11 In	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 12 Tenter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 13 X X Yes No			36		X
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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a respon	37	· · · · · · · · · · · · · · · · · · ·			
Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 38 X Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b 0 C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			37		X
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	38				
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	Day		38	X	<u> </u>
Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No 1a 3 b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X	Fal				
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Uneck if Schedule U contains a response or note to any line in this Part V	<u></u>	 T.,	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		Establishment and Park Barra 4000 Establ		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			H		
(gambling) winnings to prize winners?		The far families of Forms W Za included in line fat. Effect of infect applicable	4		
	С	(mark line) and the state of th	4-	¥	
	03300				(2020)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 16 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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If "Yes," complete Form 4720, Schedule O.

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

<u> </u>	· · · · · · · · · · · · · · · · · · ·						X				
Sec	tion A. Governing Body and Management						l				
		۱.	I	9[Yes	No				
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		긕							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	_ 1b_		8							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other								
	officer, director, trustee, or key employee?			. -	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision								
				" Г	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?		4		X				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?			.	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint	one or								
	more members of the governing body?			.	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, so	tockho	lders, or								
	persons other than the governing body?			.	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:								
а	The governing body?			L	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 real	ched a	t 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 Re	evenue	Code.)								
				_		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			.	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, 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 bod	y befor	e filing the form?	H	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			.	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?		12b		X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "Y	Yes," d	escribe								
	in Schedule O how this was done			.	12c		X				
13	Did the organization have a written whistleblower policy?			.	13	X					
14	Did the organization have a written document retention and destruction policy?			.	14	X					
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official				15a		X				
b	Other officers or key employees of the organization			.	15b		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 arranger	ment w	ith a								
	taxable entity during the year?			- 1	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
	exempt status with respect to such arrangements?			.	16b						
Sec	tion C. Disclosure				37~						
17	List the states with which a copy of this Form 990 is required to be filed ▶ TN , CA , GA , IL , K										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section 501(c)	(3)s	only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website X Another's website X Upon request Other (explain		,								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, a	and	financ	cial					
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books are the companied to the person who possesses the organization's books are the companied to the person who possesses the organization's books are the companied to the person who possesses the organization's books are the companied to the person who possesses the organization or the person of the person who possesses the organization of the person of the pers	oks and	d records								
	MAURA K CUNNINGHAM - 615-556-9226										
	3523 TRIMBLE ROAD, NASHVILLE, TN 37215										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	n 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 6	Key employee	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) MAURA CUNNINGHAM CEO	50.00	Х		Х				88,056.	0.	0
(2) ANDERS HALL	4.00	Λ		^		\vdash		00,030.	U• _	0
BOARD CHAIR	4.00	х		х				0.	0.	0
(3) KATE BURKE	1.00									
DIRECTOR		Х	L	L		L		0.	0.	0
(4) MEREDITH JONES	1.00									
DIRECTOR	1	Х	_			_		0.	0.	0
(5) MATTHEW STONE	1.00									
DIRECTOR (6) LISA WARREN	1 00	Х				-		0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0
(7) AUTHUR STEINMETZ	1.00							0.	<u> </u>	0
DIRECTOR	1,00	х						0.	0.	0
(9) CLAIRE FEFER	1.00									
DIRECTOR (START 6/23/21)		Х						0.	0.	0
(10) REGINALD SANDERS	1.00							_	_	
DIRECTOR (START 6/23/21)		Х				_		0.	0.	0
						_				

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Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (((D)	(E)			(F)	
Name and title	Average	(do		Posi heck i) than c	one	Reportable	Reportable			mated	
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation			ount of	
	week (list any					17 11 43	<u> </u>	from the	from related organizations			ther	n.
	hours for	direct				_		organization	(W-2/1099-MISC	اد		ensatic m the	וונ
	related	ee or	stee			nsate		(W-2/1099-MISC)		′		nizatior	n
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee					•	related	
	below	vidua	itutio	Officer	key employee	hest coloyee	Former				organ	ization	IS
	line)	Indi	Inst	0#i	Key	E Hig	윤			\dashv			
										\dashv			
										\dashv			
										+			
										+			
										+			
			++++							+			
										\top			
										\top			
1b Subtotal							▶	88,056.	().		(0.
c Total from continuation sheets to Part VI								0.).		(0.
d Total (add lines 1b and 1c)								88,056.	().		(0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													0
										_	`	res l	No
3 Did the organization list any former officer,	director, truste	ee, k	сеу е	empl	oye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for se	uch individual									.	3		<u>X</u>
4 For any individual listed on line 1a, is the su	•								•				
and related organizations greater than \$150											4	- 1	<u>X</u>
5 Did any person listed on line 1a receive or a					,			· ·					
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	oers	on .				<u>L</u>	5		X
Section B. Independent Contractors									100.000				
1 Complete this table for your five highest con										nsatio	on fron	n	
the organization. Report compensation for t	ine calendar ye	ear e	nair	ig w	ith c	or wi	tnin T		ear.		(0)		
(A) Name and business	address	NC	ONE	7				(B) Description of s	ervices	Сс	(C) mpens		
		-110	7111					1					
					_		_						
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					C								
											- 0	an (00	

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			Check if Schedule O contai	ns a response i	or note to any lir	ne in this Part VIII			
			Officer if Schedule O contain	ns a response	or note to any in	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
ts st	1	а	Federated campaigns	1a					
irar		b	Membership dues	1b					
e, E		С	Fundraising events	1c					
if ts			Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributio		57,160.				
Sig			All other contributions, gifts, grants		•				
e Ei			similar amounts not included above		808,136.				
등문		~	Noncash contributions included in lines 1a		000,2000	-			
o		_				1,865,296.			
O B		n	Total. Add lines 1a-1f			1,003,290.			
					Business Code				
ce	2	а							
ēΞ		b							
S Z		С							
am		d							
Program Service Revenue		е							
Pr		f	All other program service reven						
			Total. Add lines 2a-2f						
	3	9	Investment income (including d						
	·		other similar amounts)			1,057.			1,057.
						1,037.			1,057.
	4		Income from investment of tax-						
	5		Royalties	(i) Real					
				(i) Real	(ii) Personal	4			
	6	а	Gross rents 6a			_			
		b	Less: rental expenses 6b			_			
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>o</u>			and sales expenses 7b						
Revenue		_	Gain or (loss) 7c			-			
ě			Net gain or (loss)						
<u>بر</u> ۳									
ther	8	а	Gross income from fundraising eve	*					
ŏ			including \$						
			contributions reported on line 1						
			Part IV, line 18			_			
			Less: direct expenses						
			Net income or (loss) from fundra		<u></u>				
	9	а	Gross income from gaming acti						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
			Net income or (loss) from gamir						
	10	а	Gross sales of inventory, less re	eturns					
		-	and allowances	I					
		h		10b		-			
$\overline{}$		_	Net income or (loss) from sales	or inventory	Business Code				
S			MICCELL ANDOLLO IN	ICOME		1 010			1 010
Miscellaneous Revenue	11		MISCELLANEOUS IN		900099	1,019.			1,019.
lan en		b							
g çe		С				-			
Mis		d	All other revenue						
		е	Total. Add lines 11a-11d			1,019.			
	12		Total revenue. See instructions .)	1,867,372.	0.	0.	2,076.

Secti	on 501(c)(3) and 501(c)(4) organizations must comple				
	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	88,055.	35,222.	17,611.	35,222
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	458,696.	297,184.	18,783.	142,729
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	39,334.	20,345.	2,167.	16,822
1	Fees for services (nonemployees):	-			
а	Management				
	Legal	6,538.		6,538.	
	Accounting	16,010.		16,010.	
	Lobbying				
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 0.)	32,727.	24,789.	779.	7,159
12	Advertising and promotion	52,727.	24,705.	7734	7,133
3		26,436.	18,741.	3,716.	3 979
	Office expenses	39,395.	35,455.	1,970.	3,979 1,970
4	Information technology	37,373.	33, ±33•	1,570.	1,570
5	Royalties	33,333.	20,000.	3,333.	10,000
6	Occupancy	461.	461.	3,333.	10,000
7	Travel	401.	401.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates		4.7.6		
2	Depreciation, depletion, and amortization	293.	176.	29.	88
3	Insurance	3,118.	2,339.	779.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	14,474.		7,237.	7,237
b	TAXES AND LICENSES	8,898.	5,019.	3,879.	
С	BUSINESS MEALS AND ENTE	2,392.	1,674.	359.	359
d	VOLUNTEER APPRECIATION	14.	14.		
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	770,174.	461,419.	83,190.	225,565
<u>5</u> 6	Joint costs. Complete this line only if the organization	,	,	,	==,==
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here (1997)				

Form **990** (2020)

Check here

if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,430,984.	1	2,449,063.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			5,000.	3	79,399.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
ä	9	Prepaid expenses and deferred charges			4,014.	9	12,874.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	371.	10c	78.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1	1 110 260	15	0 541 414	
	16	Total assets. Add lines 1 through 15 (must e			1,440,369.	16	2,541,414.
	17	Accounts payable and accrued expenses	442.	17	4,289.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su		·		00	
Lia	00	controlled entity or family member of any of t	· -	······	57,160.	22	57,160.
	23 24	Secured mortgages and notes payable to un Unsecured notes and loans payable to unrela			37,100.	24	37,100.
	25	Other liabilities (including federal income tax,				24	
	20	parties, and other liabilities not included on li					
		- CO-le - de la D				25	
	26	Total liabilities. Add lines 17 through 25			57,602.	26	61,449.
		Organizations that follow FASB ASC 958, o	check he	re 🕨 🗓	3 : / 3 3 = 1		V= / = = V
es		and complete lines 27, 28, 32, and 33.					
anc	27				1,182,767.	27	2,479,965.
Bala	28				200,000.	28	0.
l bu		Organizations that do not follow FASB AS					
Ξ		and complete lines 29 through 33.	,	, <u> </u>			
ō	29	Capital stock or trust principal, or current fun	nds			29	
sets	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32				1,382,767.	32	2,479,965.
	33	Total liabilities and net assets/fund balances			1,440,369.	33	2,541,414.
					-		Form 990 (2020)

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,86						
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,1					
3	Revenue less expenses. Subtract line 2 from line 1	3	1,09						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,38	2,7	67 .				
5	Net unrealized gains (losses) on investments								
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	2,47	9,9	65.				
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 O.								
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	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X 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	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 Scho								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	225					
			Form	990	(2020)				

032012 12-23-20

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

Employer identification number

Name of the organization ROCK THE STREET, WALL STREET 36-4746332 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	107,989.	671,129.	702,139.	1132560.	1865296.	4479113.
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						
4	Total. Add lines 1 through 3	107,989.	671,129.	702,139.	1132560.	1865296.	4479113.
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,						
	column (f)						721,044.
6	Public support. Subtract line 5 from line 4.						3758069.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	107,989.	671,129.	702,139.	1132560.	1865296.	4479113.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		131.	251.	167.	1,057.	1,606.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		5.			1,019.	1,024.
11	Total support. Add lines 7 through 10						4481743.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	83.85 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	66.45 <u>%</u>
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· >
					Sche	dule 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	one m, produce comp								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(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 performed, 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									
16	3 received from disqualified persons									
k	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									
8 Se	Public support. (Subtract line 7c from line 6.)									
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 6	(a) 2010	(6) 2017	(6) 2010	(4) 2019	(6) 2020	(i) iotai			
	dividends, payments received on securities loans, rents, royalties, and income from similar sources									
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	E 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 assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.)									
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,			
							>			
	ction C. Computation of Publi					1 1				
	Public support percentage for 2020 (li		•			15	<u>%</u>			
16	Public support percentage from 2019					16	<u>%</u>			
	ction D. Computation of Inves					T T				
	Investment income percentage for 20					17	<u>%</u>			
18	Investment income percentage from 2					18	7:			
198	33 1/3% support tests - 2020. If the						. □			
	more than 33 1/3%, check this box ar									
K	33 1/3% support tests - 2019. If the						. \square			
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported 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		
_		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c blowly, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 39% controlled entity of a person described in line 11a above? c A 39% controlled entity of a person described in line 11a above? 1 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 organizations officers, directions, or furthered and line 12a above? 1 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 organizations officers, directions, or furthered within the tax year? I Myo', "described in Part VI how the supported organizations of the transported organization had more frain one supported supported organization organization and the supported organization and the part of the benefit camer of unit to purposes of the supported organization had more frain one supported organization between than the supported organization and programation and prog	Pa	Supporting Organizations (continued)			
a A person who directly or indirectly controls, either above or together with persons described in lines 11b and 11b blow, the governing body of a supported organization? A 35% controlled entity of a person described in line 11a above? A 35% controlled entity of a person described in line 11b above? B 4 35% controlled entity of a person described in line 11b a of 11b above? B 5 4 35% controlled entity of a person described in line 11b a of 11b above? B 5 5 4 35% controlled entity of a person described in line 11b above? B 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				Yes	No
11a blow, the governing body of a supported organization? b A family member of a person described in liter 1a above? c A 35% controlled entity of a person described in liter 1a above? d A 35% controlled entity of a person described in liter 1a and 1b above? If "Yes" to line 11a, 11b, or 11c, provide segment of the provided organizations. 1 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 feed at least a majority of the organization's officers, directives, or unutless at all times during the tax year? "Pu", "described in PRTM Now the supported organization's deficiency directively operated, supervised, or controlled the organization's activities. If the organization had more supported supported organization of the than the supported organization of the than the supported organization organization or the than the supported organization organization or controlled the supported organization organizat	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A Amily member of a person described in line 11a above? A A S9% controlled entity of a person described in line 11a or 11b above? Bestion B. Type I Supporting Organizations Did the growing body, members of the governing body, officers acting in their official capacity, or membership of one or not supported organizations three the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees at all times during the tax year? Did the growing body, members of the governing body, officers acting in their official capacity, or membership of one or not supported organizations three than the organizations of the organizations of the government of the growing supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operated or controlled the organization or activities of the supported organization related mong the supported organization operated and mong the supported organization operated and mong the supported organization operated in the supporting organizations. Part VI how providing such benefit carred out the purposes of the supported organizations? If 'Yes,' explain in Part VI how control or management of the supporting Organizations. 1 Were a majority of the organizations of seriors or trustees during the tax year also a majority of the directors or trustees of each of the organizations were vested in the same presons that controlled or managed by supported organizations. 1 Were an anjority of the organizations or serior or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same presons that controlled or managed by supported organizations provide to such of the supported organizations, by the last day of the fifth month of the organization provide to such of its supported organizations, by the last day of the fifth month of the organization provide to such of its supported organization, and the provided organi	а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
a A3% controlled netty of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide potation in the property of the potation in the property of the potation of the power to regularly appoint or dect at least a majority of the organizations officers, effectively operated superinations have the power to regularly appoint or dect at least a majority of the organization officers of the power to regularly appoint or dect at least a majority of the organizations officers of the power to regularly appoint or dect at least a majority of the organization of officers of the power to appoint and/or remove officers, directors, or trustees were allocated among the supported organization of what conditions or restrictions, if any applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization when the supported organization of the through the property of the organization of the purposes of the supported organizations when the supported organization of the purposes of the supported organizations (if any applications). Section C. Type II Supporting Organizations 1 Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is directors or trustees of each of the organization is directors or trustees of each of the organization was vested in the same persons that controlled or management of the supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, and (iii) coupse of the organization of the organization of the during the provided organization of the		11c below, the governing body of a supported organization?	11a		
Section B. Type I Supporting Organizations 1 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 of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of officers, directors, or trustees at all times during the tax year? "I'm", "describe in PAT VI I now the supported organization of directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated 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. 2 Did the organization operated supervised, or controlled the supporting organization of the supporting organization. 3 Exection C. Type II Supporting Organizations 4 Were an anjority 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 PArt VI how control or management of the supporting organizations. 5 Section C. Type II Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of the date of notification, to the extent not previously provided? 1 Did the organization provide to each of the date of notification, and (ii) copies of the organization's powering documents in effect on the date of notification, and (iii) copies of the organization's powering of organizations work received in provided curing the provided organizations and provided organ			11b		
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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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-function	ally integrated	Type III supporting orga	anization (see
	instructions)			•

Schedule A (Form 990 or 990-EZ) 2020

Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations _{(continued}	<u> </u>	
Secti	on D - Distributions			Current	Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	0	
		(i)	(ii)	(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distribu Amount fe	
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				
<u>a</u>	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 Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							
SCHEDULE A, PART II							
THE ORGANIZATION CHANGED THE ACCOUNTING PERIOD TO JUNE 30 IN 2017.							
THE AMOUNTS IN COLUMN (A) REPRESENT SUPPORT							
RECEIVED FROM 1/1/2017 TO 6/30/2017. COLUMNS (B), (C), (D) AND (E)							
REPORT THE RESULTS FOR THE YEARS ENDING 6/30/2018, 6/30/2019, 6/30/2020							
AND 6/30/2021, RESPECTIVELY.							

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
AMERICAN HONDA	200,000.	110,365.
BROADRIDGE FINANCIAL	100,000.	10,365.
INVESCO	100,000.	10,365.
JACKSON NATIONAL	100,000.	10,365.
JP MORGAN	110,000.	20,365.
LPL FINANCIAL	130,000.	40,365.
TD AMERITRADE - FT. WORTH	150,000.	60,365.
TD AMERITRADE - OMAHA	527,394.	437,759.
TD AMERITRADE - ST. LOUIS	100,000.	10,365.
TRACY SEDLOCK	100,000.	10,365.
Total Excess Contributions to Schedule A, Part II, Line 5		721,044.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number ROCK THE STREET, WALL STREET 36-4746332

Organization type (check one):							
Filers of	:	Section:					
Form 990 or 990-EZ		$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990-PF		501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\bigsim \frac{1}{2} \$\text{\$\te						
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

ROCK THE STREET, WALL STREET

36-4746332

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$57,160.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ROCK THE STREET, WALL STREET

36-4746332

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** ROCK THE STREET, WALL STREET 36-4746332 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ROCK THE STREET, WALL STREET **Employer identification number** 36-4746332

Pa			imilar Funds or	Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised	d funds	(b) Funds and other accounts				
1	Total number at end of year	(a) Donor advised	a idilus	(w) i dilde and other accounts				
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in w	vriting that the assets hel	d in donor advised f	unds				
Ū	are the organization's property, subject to the organization's							
6	Did the organization inform all grantees, donors, and donor ad							
	for charitable purposes and not for the benefit of the donor or							
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No				
Pai								
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a h	istorically important land area				
	Protection of natural habitat		Preservation of a c	ertified historic structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a	conservation easement on the last				
	day of the tax year.			Held at the End of the Tax Year				
а	Total number of conservation easements			2a				
b								
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c				
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure					
	listed in the National Register			2d				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the org	anization during the tax				
	year ▶							
4	Number of states where property subject to conservation eas	ement is located						
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of					
	violations, and enforcement of the conservation easements it	holds?		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing conserva	ation easements during the year				
								
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservation	easements during the year				
	▶ \$							
8	Does each conservation easement reported on line 2(d) above	• •						
	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation		•					
	balance sheet, and include, if applicable, the text of the footness.	ote to the organization's	financial statements	that describes the				
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tres	euros or Otho	r Similar Assats				
I a	Complete if the organization answered "Yes" on Form		asures, or other	Ollilla Assets.				
			nue statement and h	palanaa ahaat warka				
ıa	If the organization elected, as permitted under FASB ASC 958	•						
	of art, historical treasures, or other similar assets held for pub			erance or public				
h	service, provide in Part XIII the text of the footnote to its finan			noe shoot works of				
D	If the organization elected, as permitted under FASB ASC 958	· ·						
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lurthera	nce of public service,				
	provide the following amounts relating to these items:			• \$				
	(i) Revenue included on Form 990, Part VIII, line 1			. .				
2		neuroe or other similar as						
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP ASP			iii, provide				
_	the following amounts required to be reported under FASB AS	~		• \$				
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X							
IJ	ASSELS INCIDUED IN FUITH 330, FAILA			🕶 🛡				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

	t III Organizations Maintaining Co	ollections of Ar				r Othe	r Sim		<u>+ / 4033</u>		age ∠
									•	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, cneck	any of the	rollowing that	make s	ignitic	ant use of i	เร		
	collection items (check all that apply):		. —								
a	Public exhibition	d			hange progra						
b	Scholarly research	е	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co								art XIII.		
5	During the year, did the organization solicit or				•					_	٦
Da	to be sold to raise funds rather than to be ma								Yes		_ No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" or	Form	990, Part I	IV, line 9, o	r	
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								п ,		٦
	on Form 990, Part X?								Yes		_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:				<u> </u>		_	
							\vdash	_	Amour	nt	
	Beginning balance						- 1	1c			
	Additions during the year						- 1	1d			
е	Distributions during the year							1e			
f	Ending balance							1f	<u> </u>		٦
	Did the organization include an amount on Fo		•				•		Yes	F	_ No
Par	If "Yes," explain the arrangement in Part XIII.										
ı aı	t V Endowment Funds. Complete it								() 5		le e el e
4.	Parionia a of consultations	(a) Current year	(b) ⊦	rior year	(c) Two yea	rs dack	(a) II	iree years ba	ick (e) Fou	r years	раск
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	•	e (line 1o	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment										
С	· · · · · · · · · · · · · · · · · · ·	%									
	The percentages on lines 2a, 2b, and 2c shou	•									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are held ar	nd administer	ed for th	ne orga	anization			1
	by:									Yes	No
	(i) Unrelated organizations										
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizate								<u>3b</u>		
Do:	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipme							_			
	Complete if the organization answered										
	Description of property	(a) Cost or o		` ,	t or other		ccum	I	(d) Boo	ok valu	ie
		basis (investr	nent)	basis	(other)	de	precia	tion			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment				F 026			0.50			7.0
	Other				5,036.			,958.			<u>78.</u>
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colun	nn (B). line 1	0c.)			🕨 📗			78.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			0-4/40332 Page
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1) Financial derivatives	(c) Doon raide	(e) memor or rangament cost of on	a crycar mamer raide
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>	>	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	g-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,631,491
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	764,119.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	764,119
3	Subtract line 2e from line 1			3	1,867,372
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,867,372
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Witl	n Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,534,293
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	764,119.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	764,119
3	Subtract line 2e from line 1			3	770,174
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	770,174
Pai	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b	and 2b; Part V, line 4	; Part)	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal infor	mation.		
PAI	RT X, LINE 2:				
RTS	SWS QUALIFIES AS A NOT-FOR-PROFIT ORGANIZAT:	ION E	XEMPT FROM	FED:	ERAL
INC	COME TAXES UNDER SECTION 501(C)(3) OF THE I	NTERN	AL REVENUE	COD	E
<u>ACC</u>	CORDINGLY, INCOME TAXES ARE NOT PROVIDED. R	<u>rsws</u>	FILES A U.S	. F	EDERAL
FOE	RM 990 FOR ORGANIZATIONS EXEMPT FROM INCOME	TAX.			
MAN	NAGEMENT PERFORMS AN EVALUATION OF ALL INCO	ME TA	X POSITIONS	TA:	KEN OR
			_		
EXI	PECTED TO BE TAKEN IN THE COURSE OF PREPARI	NG RT	SWS'S INCOM	E T	AX RETURN
			_		
TO	DETERMINE WHETHER THE INCOME TAX POSITIONS	MEET	A "MORE LI	KEL.	Y THAN
NO	" STANDARD OF BEING SUSTAINED UNDER EXAMIN	ATION	BY THE APP	LIC	ABLE
m	7717G NUMUODIMING WANGERSON WAS DEDUCTED I	-ma -			
ב ∆יוי ∆ Σ	CING AUTHORITIES. MANAGEMENT HAS PERFORMED	rus E	VALLIATION ()	Η Δ	I.I. INK'('MH'

TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ROCK THE STREET, WALL STREET **Employer identification number** 36-4746332

LINE 4A, FORM 990, PART III, PROGRAM SERVICE ACCOMPLISHMENTS: COMPTROLLERS, ACCOUNTANTS, AND ENTREPRENEURS. THIS IS OFTEN THE FIRST TIME OUR STUDENTS HAVE BEEN TO SUCH A SETTING. OUR ONE-ON-ONE OR ONE-ON-TWO MENTORSHIP PROGRAM IS DESIGNED TO ENCOURAGE GIRLS TO TAKE CHARGE OF THEIR FINANCIAL LIVES AT AN EARLY AGE, HELP THEM TRANSITION TO COLLEGE, PROVIDE STEM SKILLS TRAINING, JOB SHADOWING AND FIRST-TIME JOB COACHING. OUR MENTORS PROVIDE GUIDANCE TO THEIR PROTEGEES ABOUT COLLEGE MAJOR/MINOR PREPARATION, CAREER INTERESTS, AND LIFE CHALLENGES. DURING THE YEAR ENDING JUNE 30, 2021, WE SERVED 803 GIRLS IN 29 SCHOOLS IN 15 DIFFERENT CITIES. FORM 990, PART VI, SECTION B, LINE 11B: THE CEO REVIEWS THE 990 THEN SUBMITS TO BOARD OF DIRECTORS FOR APPROVAL.

UPON THE BOARD OF DIRECTORS' APPROVAL OF THE 990, THE EXECUTIVE DIRECTOR SIGNS OFF ON SUBMITTAL.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE CEO IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND THE FULL BOARD IS INVOLVED IN THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	APPLE LAPTOP	07/01/13	SL	5.00	1	16	1,573.				1,573.	1,573.		0.	1,573.
2	DESK CHAIRS - 2	07/01/14	SL	7.00	1	16	311.				311.	311.		0.	311.
3	FILING CABINETS - 2	02/01/14	SL	7.00	1	16	1,087.				1,087.	1,000.		87.	1,087.
4	APPLE DESKTOP	10/19/15	SL	5.00	1	16	1,468.				1,468.	1,395.		73.	1,468.
5	EQUIPMENT	11/27/17	SL	2.00	1	16	198.				198.	198.		0.	198.
6	IPAD MINI	01/19/19	SL	3.00	1	16	399.				399.	188.		133.	321.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						5,036.				5,036.	4,665.		293.	4,958.
	* GRAND TOTAL 990 PAGE 10 DEPR						5,036.				5,036.	4,665.		293.	4,958.

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone