Return of Organization Exempt From Income Tax OMB No. 1545-0047 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev. January 2020) 2019 ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20 Inspection B Check if applicable: C Name of organization D Employer Identification number Address change DISMAS, INC. Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 23-7376100 initial return 2424 CHARLOTTE AVE. Room/suite 615-297-4511 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated NASHVILLE TN 37203 Amended return Name and address of principal officer: 3,463,651 Application pending KAY KRETSCH H(a) Is this a group return for subordinates Yes 2424 CHARLOTTE AVE. H(b) Are all subordinates included? NASHVILLE 37203 If "No," attach a list. (see instructions) Tax-exempt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527 WWW.DISMAS.ORG Form of organization: X Corporation Trust H(c) Group exemption number Association Year of formation: Summary M State of legal domicile: TN 1 Briefly describe the organization's mission or most significant activities: Governance SEE SCHEDULE O 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 3 70 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 70 4 6 Total number of volunteers (estimate if necessary) 12 5 7a Total unrelated business revenue from Part VIII, column (C), line 12 108 6 b Net unrelated business taxable income from Form 990-T, line 39 Ō 7b 0 8 Contributions and grants (Part VIII, line 1h) Current Year 9 Program service revenue (Part VIII, line 2g) 1,364,479 3,450,475 10 Investment income (Part VIII column (A), lines 3, 4, and 7d) 48,972 12,902 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 321 0 158,077 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 274 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 571,849 3,463 651 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 16aProfessional fundraising fees (Part IX, column (A), line 11e) 323,592 519,641 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 186,885 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 407,260 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 797,320 730,852 19 Revenue less expenses. Subtract line 18 from line 12 316,961 840,997 2,146,690 Beginning of Current Year 20 Total assets (Part X, line 16) End of Year 21 Total liabilities (Part X, line 26) 4,949,427 10,986,200 22 Net assets or fund balances. Subtract line 21 from line 20 1,562,980 5,430,863 3,386,447 Signature Block 5,555<u>,</u>337 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. OLL 2020 KRETSCH INTERIM CEO Type or print name and title Print/Type preparer's name

Sign Here Preparer's signature Paid Check PTIN STEPHEN BYRD if STEPHEN BYRD Preparer 10/09/20 self-employed Firm's name EDMONDSON BETZLER & DAME, P01342260 Use Only 110 WINNERS CIRCLE N., STE. Firm's EIN 🕨 26-2451997 BRENTWOOD, IN 37027-5272 May the IRS discuss this return with the preparer shown above? (see instructions) 615-916-3100 For Paperwork Reduction Act Notice, see the separate instructions. X Yes No Form 990 (2019)

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	Briefly describe the organization	n's m	nission:				3.**********	
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			Name of the state					
	Did the organization undertake							
4	Did the organization undertake prior Form 990 or 990-EZ?	any						□ v
	If "Yes," describe these new se					,		Yes X No
3	Did the organization cease con-				nanges in how it conducte	any program		
-	services?		ing, or make o	agranioant G	ianges in now a conducts	, any program		Yes X No
	If "Yes," describe these change	s on	Schedule O.	• • • • • • • • • • • • • • • • • • • •				[] TES [21] 140
4	Describe the organization's pro-	J 1	5 :	mplishment	s for each of its three lard	est program services, as	measured by	
	expenses. Section 501(c)(3) and the total expenses, and revenue	d 50	1(c)(4) organi	zations are	required to report the ame	ount of grants and allocati	ons to others,	
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4d	Other program services (Describ	e or	1 % :					
10	(Expenses \$		includi	ng grants o) (Revenue \$)
	Total program service expenses			914,	147			^^^
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Form 990 (2019) DISMAS, INC.

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			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_ 2	X	
_	candidates for public office? If "Ves." complete Schedule C. Port I			4.2
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	╀—	X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	١.		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		<u> </u>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-	 	11
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	ľ	-	
	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			-
44	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			
b	***************************************	11a	X	
	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11b		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			77
ď	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Ī	X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
• 7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u> </u>
	Part VIII lines 1c and 8c2 # "Vos" complete Schoolide Consults			~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	-	X
	ff "Yes," complete Schedule G, Part III	19	1	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		+	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

0000400	Oneckist of Required Schedules (Continued)					
22	Did the organization report most than \$5,000 of greats as all as a sistence to a feed down its fall it.			<u></u>	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	on				v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			22		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ı				
	employees? If "Yes," complete Schedule J	i		23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	• • • • • •			1-	+
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24h				
	through 24d and complete Schedule K. If "No," go to line 25a	2 2 12		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the y	ear				+
	to defease any tax-exempt bonds?			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		• • • • • • • • • • • • • • • • • • • •	24d		
25a		s benef	fit	,		1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	prior	.,			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990	-EZ?				
	If "Yes," complete Schedule L, Part			25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any co	urrent				
	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	<i>.</i>		26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee	, key				İ
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these					
	persons? If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L	, Part				
_	IV instructions, for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor	?				
b	"Yes," complete Schedule L, Part IV	· · · · · · ·		28a	ļ	X
C	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		• • • • • • • • • • • • • • • • • • • •	28b	<u> </u>	X
Ü	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule			28c	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ivi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	29		1-2
-	conservation contributions? If "Yes," complete Schedule M			1 20		-
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule	N Dar		30	ļ <u>.</u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	IV, Fai	· · · · · · · · · · · · · · · · · · ·	31	 	
	complete Schedule N. Part II			32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regula	tions			<u> </u>	1
	sections 301 7701-2 and 301 7701 32 If "Voc." complete Schodule B. Boot I			33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	 III.			<u> </u>	
	or IV and Part V line 1			34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		*			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ition				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Par			37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b	and				
*********	19? Note: All Form 990 filers are required to complete Schedule O.			38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance					
 -	Check if Schedule O contains a response or note to any line in this Part V			**** <u>***</u>		Щ.
,		, ,	٠	(2:02:3:2****	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable garning (gambling) winnings to prize winners?	,		1c		X

Form 990 (2019) **DISMAS** 23-7376100 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X If "Yes," enter the name of the foreign country ▶ b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 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? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess pusiness holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 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 Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b 14b

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N.

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

excess parachute payment(s) during the year?

Form 990 (2019)

16

X

X

15

16

	DISMAS,		23-7376100
Part VI	Governance,	Management, an	d Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"
	response to line	e 8a, 8b, or 10b belov	w, describe the circumstances, processes, or changes on Schedule O. See instructions
	Check if Sched	lule O contains a resp	onse or note to any line in this Part VI

I a Enter the number of voting members of the governing body at the end of the tax year If the governing body designate only only rights among members of the governing body, or if the governing body designate forms authority to an executive committee or similar committee, explain on Schedule 0. In 70 In	Sec	tion A. Governing Body and Management					(
18 Effect the number of voling members of the governing body at the end of the tax year If there are marked differences in wholing myths among members of the governing body or If the governing body delegated throat authority to an executive committee or similar committee, explain on Schedule (0) b. Einst the number of volting members of the governing documents and the submittee of similar committee, explain on Schedule (0) c. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, director, trustee, or key employees to an amagement company or other person? 2.						Voc	No
if the governing body delegated travel for aghits among members of the governing body of if the governing body delegated travel to committee, explain on Schredule C. b. Enter the number of voting members included on line 1s, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business reationship with any other officer, director, trustees, or key employee thave a family relationship or a business reationship with any other officer, director, trustees, or key employee to a management company or other person? 3	1a	Enter the number of voting members of the governing body at the end of the tax year	1a	70		163	140
if the governing body elegated broad authority to an executive committee or aimilar committee, explain on Schedule C. I. be Their the number of voltage marrises iniciated on line 1st, above, who are independent. committee, explain on Schedule C. I. be Their the number of voltage marrises iniciated on line 1st, above, who are independent. committee, explain on Schedule C. I. can be a supervised on the committee of the property of the property of the property of the preson? 2					\dashv		
be Either the number of voting membershi included on line 1s, above, who are independent. 2 Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee? 3 Did the organization of elegate control pover management dudies customanly performed by or under the direct supervision of efficiers, directors, intelleges, or key employees to a management company or other person? 4 Did the organization notes again spinificant changes to its governing obcoluments since the profer zom 900 was filed? 5 Did the organization have members of stockholders to its governing obcoluments since the profer zom 900 was filed? 6 Did the organization have members of stockholders? 7 Did the organization have members of stockholders? 8 Did the organization have members of stockholders? 8 Did the organization have members of stockholders? 9 Did the organization of the pranization reserved to (or subject to approval by) members, stockholders, or presence other than the governing body? 9 Did the organization of the pranization reserved to (or subject to approval by) members, stockholders, or presence other than the governing body? 9 Did the organization on some professes of the pranization reserved to (or subject to approval by) members, stockholders, or presence other than the governing body? 9 Did the organization on some professes of the provision of the professes of the prof							
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independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Differ officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ KAY KRETSCH List the states with vertically during the tax year.	15						
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20 State the name, address, and telephone number of the person who possesses the organization's books and records ► KAY KRETSCH 2424 CHARLOTTE AVE.				-			
KAY KRETSCH 2424 CHARLOTTE AVE.	20		•				
	NZ		3	61	5-29	7-45	511

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

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

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

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

Check this box if neither the orga	3 8			janiz	ation	comp	ensated any current officer, o	director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for	(d bo	o not c ix, unle ficer an	(C Posit heck r ss per id a dir	tion nore th son is I rector/t	an one ooth an rustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Former Highest compensated	(in 2 toos mico)	(**2103341100)	related organizations
(1) GERALD BROWN	10 00								
CEO	40.00			x			160,000	o	10 305
(2) BOB ADAMS				-	_		100,000	<u> </u>	10,385
	0.00				-				
BOARD MEMBER	0.00	X					0	0	0
(3) ANTHONY ALLEN	0.00								
BOARD MEMBER	0.00	X					0	o	o
(4) BRYCE ATKINS									
BOARD MEMBER	0.00	x					0	0	0
(5) JIM AYLWARD	Control of the Contro								<u> </u>
BOARD MEMBER	0.00	x		-			0	•	
(6) JULIA BAKER	9 . 0 0	Α	-	\dashv		_	U	0	0
	0.00								
DEVELOPMENT CO-CHAIR	0.00	X		x			0	0	0
(7) CHRIS BLAIR	0.00								
BOARD MEMBER	0.00	X					0	o	0
(8) ELLEN BONNER	0.00								
BOARD MEMBER	0.00	x					o	o	0
(9) DAVID BRIGGS	A CONTRACTOR OF THE CONTRACTOR								
	0.00		İ					:	
FINANCE CHAIR	0.00	X		X			0	0	0
(10) VIRGINIA BURNETT	0.00	:		-					
BOARD MEMBER	0.00	X					0	0	0
(11)LISA BUTTON	0.00								
BOARD MEMBER	0.00	X					0	o	0

Part VII Section A. Officers	, Directors, Tru	stees	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (ist any hours for	off	o not ci x, unle: icer an	Pos heck ss pe id a d	rson i irecto	s both r/truste	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	telated organizations below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(** 2 .655 Mice)	(***2 (055***********************************	organization and related organizations
(12) GABRILLE CHAP	0.00									
60ARD MEMBER (13) JENNIFER CHAR	100	X						0	0	0
BOARD MEMBER (14) PAUL CONNELLY	0.00	x						0	0	0
(14) PAUL CONNELLY BOARD MEMBER AT LARG	0.00	x	-	x				0	0	•
(15) STEVE COOK	0.00	A		Δ					0	0
CHAIR ELECT (16) LEE CUMMINGHA	0.00	x		x				0	0	0
BOARD MEMBER	0.00	x						0	0	0
(17) RON DAVIS	0.00									
60ARD MEMBER (18) MIKE DIMLER	0.00	X						0	0	. 0
BOARD MEMBER (19) CHARLENE DONC	0.00	x						0	0	0
BOARD MEMBER	0.00 0.00	x					j	o	0	0
1b Subtotal	s to Part VII, S	 ectior				l	>	160,000		10,385
d Total (add lines 1b and 1c) Total number of individuals (inclease reportable compensation from the compensa	uding but not lim	ited to		 se li	sted	abo\	► /e) v	160,000 who received more than \$10	0,000 of	10,385
 Did the organization list any form employee on line 1a? If "Yes," or For any individual listed on line 1 	ner officer, direcomplete Schedula, is the sum of	ctor, tr	ustee or suc	ch in	ndivid mpel	<i>dual</i> nsatio	on a	nd other compensation from	ı the	Yes No
organization and related organiz individual 5 Did any person listed on line 1a for services rendered to the organization	receive or accru	e com	 ipens	 satic	on fro	a	ny u	nrelated organization or indi	vidual	4 X
Section B. Independent Contractors 1 Complete this table for your five	highest compen	sated	inde	pen	dent	cont	ract	ors that received more than	\$100,000 of	
compensation from the organiza	tion. Report com (A)	npens	ation	for	the o	calen	dar	year ending with or within th	e organization's tax year. (B) on of services	(C) Compensation
	N. S.									
	AND AND AND AND AND AND AND AND AND AND				***************************************					
	THE RESIDENCE OF THE PROPERTY					_			, , , , , , , , , , , , , , , , , , , ,	
Total number of independent cor	ntractors (includi	ng bu	t not	limit	ted t	o tho	se li	sted above) who		
received more than \$100,000 of	compénsation fr	om th	е огд	aniz	zatio	n ▶			0	Form 990 (2019)

Form 990 (2019) DISMAS,
Part VIII Statement of

	H38846	Check if				ains a	respon	se or note	to any line in thi	s Part VIII		
				- VI (VIII - VIII CONTRACTOR OF THE PROPERTY OF				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
ts s	1a	Federated camp	aigns		A STREET, LANGE	1a		***************************************				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership due			- management	1b]			
s, G	С	Fundraising ever	nts		ишелиоп	1c]			
ift ar/	ď	Related organiza	tions		WINDSTAN	1d						
S,E	е	Government grants (co			- COLONIES CONTENIES COLONIES COLONIES COLONIES COLONIES COLONIES COLONIES CONTENIES COLONIES	1e	2,	.221,845				
n S	f	All other contributions,	gifts, grants,		No.							
tte The		and similar amounts no	t included ab	ove		1f	1,	.228,630				
d it	g	Noncash contributions i	ncluded in lit	nes 1a-1f	A PARTICIPATION OF THE PARTICI	1g 3	6					
ဗီ င်	h	Total. Add lines	1a1f		CONTRACTOR OF THE PARTY OF THE			<u> </u>	3,450,475			
				000				Business Code	<u> </u>			
e Ce	2a	PROGRAM FEE	s						12,902	12,902		
Program Service Revenue	b				and and a second							
r Jen	С											
gra	d						, ,					
Pro	е			. 3 7 .								
		All other program		2	8 :			L	10 000			
		Total. Add lines						>	12,902			I .
	3	Investment incon		ding div	ridends	, interes	st, and	_				
		other similar amo					<i></i>					
	4	Income from inve		3	xempt	bond pr	oceeds .	,				
	5	Royalties	· · · · · · · · · · · · · · · · · · ·) Real			<u>P</u>				
	c.	Crass roots		<u>i (</u>	ij Keai	-	(11) 1	Personal	_			
	_	Gross rents	6a	1 1	West of the second				-			
	b	Less: rental expenses Rental inc. or (loss)	6b 6c	1	orac.	-						
	d	, , ,		\	77000	L						
		Gross amount from	5 01 (1033		ecunties			Other				
		sales of assets other than inventory	7a	1	CATHERE .							
e e	ь	Less: cost or other			20000000							
Other Revenue	_	basis and sales exps.	7b	2000								
Şe	C	Gain or (loss)	7¢	-								
-Fe	d	Net gain or (loss)),		A CONTINUES.							
듄	8a	Gross income from	fundraising	g events		ПТ						
-		(not including \$			DE DE LE CONTROL DE CO							
		of contributions rep	orted on lin	ne 1c).	A COLUMN TO STATE OF THE STATE							
		See Part IV, line 18				8a						
	b	Less: direct expe	nses		The state of the s	8b						
	C	Net income or (lo	ss) from	fundra	ising e	vents		>				
	9a	Gross income from			and and and and and and and and and and							
		See Part IV, line 19				9a						
		Less: direct expe				9b						
		Net income or (lo		- 1	activi	ties	····	<u></u>				
	10a	Gross sales of in		ess								
		returns and allow			amountains.	10a						
		Less: cost of goo	,			10b						
	С	Net income or (lo	ss) from	sales	of inver	tory		Business Cart				
sig [44-	\			TOTAL STATE OF			Business Code	274			074
걸	11a	MISCELLANEC							274			274
scellaneous Revenue	d	•		1	ware personal state of the stat							
	7	All other revenue			Į							
Σ		Total. Add lines		3				L	274			
	12	Total revenue.			ř			·····	3,463,651	12,902	0	274
					4						<u> </u>	

Form 990 (2019)

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule Ocontains a response or note to any line in this Part IX (A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b. Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 34,077 170,385 102,231 34,077 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 281,252 261,078 10,087 10,087 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,397 27,170 27,232 Other employee benefits 33,964 3,397 34,040 3,404 3,404 10 Payroll taxes Fees for services (nonemployees): Management 2,212 2,212 Legal 34,571 34,571 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule ().) 117,669 82,731 30,934 4,004 58,545 58,545 12 Advertising and promotion Office expenses Information technology 14 Royalties 15 112,770 101,493 11,277 16 Occupancy 11,077 Travel 9,969 1,108 17 Payments of travel or entertainment expenses for any federal, state, or local public difficials Conferences, conventions, and meetings 18,556 1,856 1,856 14,844 19 99,404 89,464 9,940 20 Payments to affiliates 21 59,259 Depreciation, depletion, and amortization 65,843 6,584 22 23 Insurance 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.) INSURANCE 58,402 37,961 20,441 FUNDRAISING 50,810 50,810 b UTILITIES 34,989 31,490 3,499 c 34,214 34,214 RESIDENT MATERIALS All other expenses 98,258 48,581 41,960 7,717 е 1,316,961 914,729 215,347 186,885 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) .

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 796,301 394,856 1 Savings and temporary cash investments 38,721 Pledges and grants receivable, net 28,649 3 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable net 7 Inventories for sale or use 8 Prepaid expenses and deferred dnarges 15,501 734 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 10,660,963 b Less: accumulated depreciation _____<u>_10b</u>| 99,002 4,098,904 10,561,961 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33) 4,949,427 10,986,200 16 277,859 17 Accounts payable and accrued expenses 73,875 17 18 Grants payable 18 Deferred revenue 19 19 <u>|</u> Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 1,106,085 5,293,375 23 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 179,036 63,613 Total liabilities. Add lines 17 through 25 1,562,980 5,430,863 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 3,186,447 5,555,337 200,000 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, on land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 3,386,447 32 5,555,337 10,986,200 Total liabilities and net assets/fund balances 4,949,427

2		_		-2	.,	4	-1	11	11
_	1	_	•		•	•	_	.,	

Page **12**

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)	3,463,651 1,316,961
1 Total revenue (must equal Part VIII, column (A), line 12)	1,316,961
2 Total expenses (must equal Part IX, column (A), line 25)	0 116 600
3 Revenue less expenses. Subtract line 2 from line 1	2,146,690
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	3,386,447
5 Net unrealized gains (losses) on investments 5	
6 Donated services and use of facilities 6	22,200
7 Investment expenses 7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain on Schedule O) 9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
32, column (B))	5,555,337
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
	Yes No
1 Accounting method used to prepare the Form 990: 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	
c 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	
Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	
Single Audit 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b

Part VIII Section A. Onic	ers, Dii	rectors, tru	Stee	5, N	ey 🖂	ubio	yees	s, ar	id Highest Compensated	Employees (continuea)	
(A) Name and title		(B) Average hours per week (list any	ь	x, unk	Pos check ess pe	erson	than o is both ir/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	The state of the s	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(20) JOLENE DRES	SEL	NAME OF THE PARTY	 		 						
BOARD MEMBER		0.00	x						0	o	o
(21) SARAH FAIRB	ANK										
BOARD MEMBER	· · · · · · ·	0.00	x						0	0	o
(22) BRET FITCHP	ATRI	1 ()									
BOARD MEMBER		0.00	x						0	o	0
(23) JON FRERE		0.00									
BOARD MEMBER		0.00	x						o	o	o
(24) PATRICK FRO	GGE	0.00									
BOARD MEMBER		0.00	X						o	0	o
(25) BRADEN GALL		0.00									
BOARD MEMBER	·	0.00	x						o	o	0
(26) MICHAEL GEN	GLEF	0.00									
BOARD MEMBER		0.00	X						o	o	О
(27) DMETRIA GIB	SON	0.00									
BOARD MEMBER		0.00	x						0	0	0
1b Subtotal	3							>			
c Total from continuation si d Total (add lines 1b and 1c	-	Part VII, S	ectio	ท A 		 		>			
2 Total number of individuals reportable compensation from	4.5	1 1	_	to th	ose l	isted	i abo	ve) י	who received more than \$10	00,000 of	
	į	A Landau I A			1-		1				Yes No
employee on line 1a? If "Yes	s," comj	olete Schedu	ile J t	for st	uch i	ndivi	dual				3
4 For any individual listed on li organization and related org	anizatio	ns greater ti	nan \$	150,	0003	If "	Yes,"	con	nplete Schedule J for such		
individual 5 Did any person listed on line	1a rec	eive or accru	 ie co	 mpe	 nsati	on fr	om a	 iny L	urelated organization or ind	 iividual	4
for services rendered to the Section B. Independent Contract	organiz	ation? If "Ye	s," co	mpl	ete S	che	dule .	J for	such person		5
1 Complete this table for your	five hig	hest comper	ısate	d ind	leper	nden	t con	trac	tors that received more than	1 \$100,000 of	
compensation from the orga	nization (A)	n. Report cor ess address	npen	satio	n for	the	caler	ndar		he organization's tax year. (B) ion of services	(C) Compensation
Natio	and Dusan	ess address							Descript	ion of services	Compensation
											
		non-more memory of the contract of the contrac									
	1	T T T T T T T T T T T T T T T T T T T									
	-	eseco									
		Name of the state									
Total number of independen received more than \$100,00	t contra <u>0 of c</u> or	ctors (includ	ing b rom t	ut no	ot lim Irgan	ited izati	to the	ose l	listed above) who		
DAA	- Transcript										Form 990 (2019)

Part VII Section A. Officer	s, Dire	ctors, Tru	stee	s, Ke	y Eı	mplo	yees	s, an	d Highest Compensated	Employees (continued)	
(A) Name and title		(B) Average hours per week (list any	bo	io not o x, unio ficer a	Pos check ess pe	erson i	s both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	ott	hours for related ganizations below otted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(28) DARON HALL	***************************************	0.00	.								
BOARD MEMBER (29) DYLAN HALL		0.00	X						0	0	
BOARD MEMBER		0.00	x						0	0	(
(30) DAVID HART											
PROGRAM CHAIR		0.00	X		x				0	o	(
(31) TODD HENRY	2	100									
BOARD MEMBER		0.00	x						0	o	(
(32) JAMAAL HIPPS	- Francisco										
PROFESSIONAL CHAIR		0.00	x		x				0	o	(
(33) DON HOLMES	Yana and an an an an an an an an an an an an an	1									
BOARD MEMBER		0.00	X						o	0	(
(34) DONALD HOLME	s	<u>U.U</u>	23								
HR/GOVERNANCE CHAIR		0.00	x		x			-	o	o	(
(35) ALFRED DEGRA	FIN	REID :	Ī						<u> </u>	<u> </u>	
BOARD MEMBER		0.00	x						0	0	(
1b Subtotal	3	Part VII S						>			
d Total (add lines 1b and 1c)	3	J		,,,,,,	· · · · ·			١			
2 Total number of individuals (in reportable compensation from				to th	iose	listed	d abo	ve)	who received more than \$1	00,000 of	
3 Did the organization list any fe	ormer	officer, dire	ctor,					-	·		Yes No
employee on line 1a? If "Yes, 4 For any individual listed on lin organization and related orga	e 1a, is nization	the sum o	f rep han s	ortab \$150	ele co ,000	ompe ? <i>If</i> "	ensat Y <i>es,</i> '	ion a " <i>con</i>	nplete Schedule J for such	n the	3
individual 5 Did any person listed on line		ive or accr	ue co	mpe	at	ion f	rom a	 anv i	unrelated organization or inc	lividual	4
for services rendered to the o	rganiza	tion? If "Ye	∋s," c	ompi	lete .	Sche	dule	J foi	r such person		5
Section B. Independent Contract 1 Complete this table for your fi		est compe	nsate	ed inc	depe	nder	nt cor	ntrac	tors that received more tha	n \$100,000 of	
compensation from the organ	ization.	Report co	mper	satio	on fo	r the	cale	ndar T	year ending with or within t	he organization's tax year. (B) tion of services	(C) Compensation
Name a	nd bùsines	ss address						 	Descrip	tion of services	Compensation
	III III	IIII.								**************************************	
	-10000010000000000000000000000000000000	No. of the Control of									
		Parameter									
		Occumposos						 			
Total number of independent	00-1	dore (in alt	dina '	h., et -	ot !:-	nita d	to 11-		listed above) who		
2 Total number of independent received more than \$100,000									noted above) MIIQ		Form 990 (201

INC.

Part VII Section A. Officers	, Dir	ectors, Tru	stee	s, K	ey E	mple	yee:	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	The control of the co	(B) Average hours per week (list any	Di Oi	ox, uni	Pos check ess pa and a c	erson	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	0000000	hours for related rganizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key empioyee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(36) ERIC JACKSON	all lill recoverage	0.00									
MARKETING CHAIR	THE RESERVE	0.00	X		X	ļ			0	0	0
(37) CHRIS KINCADE	J	ANARUS									
BOARD MEMBER	one	0.00	x						o	o	0
(38) AMANDA JONES	AND SALES	The state of the s									
BOARD MEMBER		0.00	x						o	0	0
(39) LYNDA JONES		A commence of the commence of									
BOARD CHAIR	roanfarons.	0.00	X		x				0	0	0
(40) CARL KELDIE	TA COMPRESSIONAL	2000000			**						<u> </u>
BOARD MEMBER		0.00	X						o	0.	0
(41) KAY KRETSCH	a commune	мониции									
There are		40.00									_
INTERIM CEO (42) STEVE LUTTREI	L	0.00	X		X				0	O	0
	vannunga	0.00									
BOARD MEMBER		0.00	X						0	0	0
(43) BRANDEE MADDE	Ŋ	0.00									
BOARD MEMBER		0.00	X						0	0	0
1b Subtotal	ļ			<u>.</u> .				>			
c Total from continuation sheet d Total (add lines 1b and 1c)	is to	ran vii, s	ectio	n A			• • •	>			
Total number of individuals (incl reportable compensation from the	udin	g but not lim	ited	to the	ose I	isted	abo	ve) v	who received more than \$10	00,000 of	
3 Did the organization list any forr	ner	officer, direc	ctor, f	truste	e, k	ey e	nploy	yee,	or highest compensated		Yes No
employee on line 1a? If "Yes," of For any individual listed on line organization and related organization	1a, is ation	the sum of as greater th	repo an \$	rtabl 150,	e co: 000?	mpe	nsati /es,"	on a	plete Schedule J for such	ı the	3
individual 5 Did any person listed on line 1a	rece	ive or accru	e coi	 mper	 nsatí	 on fr	 om a	 ny u	inrelated organization or indi	ividual	4
for services rendered to the orga Section B. Independent Contractors	anıza	tion? <i>If "Ye</i> :	s," cc	mple	ete S	che	dule .	J for	such person	***************************************	5
Complete this table for your five compensation from the organization.	hiah	est compen	sate	d ind	eper	iden	t con	tract	tors that received more than	\$100,000 of	
Name and b	(A) usines	s address	IPCII	Jano	11 101	LI IÇ	COICI	iuai	Description	(B) on of services	(C) Compensation
		X вестина и и и и и и и и и и и и и и и и и и									Comportation
	***************************************	COLUMN TO THE PARTY OF THE PART									
	O DESCRIPTION OF THE PERSON OF	ANNUAR SEEDING									
	1	-									
		Continue of the Land									
		A STATE OF THE STA									
2 Total number of independent cor	- -	toro (in alta)	nc L		+ I* *	انجلا	. A. E.		ished about No.		
received more than \$100,000 of	com	pensation fr	om t	ut no he or	umi gani	iced 1 izatio	ortoo on ►	-se II	sied above) who		
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Part VII Section A. Officers	, Dir	e¢t	tors, Tru	stee	s, Ke	y E	nplo	yees	, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title		Av h per (lis	(B) verage ours r week st any urs for	bo of	ox, unk fficer a	Pos check ess pe nd a c	erson i lirecto	than o	an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
		rgar b	elated nizations elow ed line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensaled employee	Former	(** 2 1000 Hillor)	(** <u>2</u> 1000 IIIG9)	related organizations
(44) LETHIA MANN		2.17	0.00									
60ARD MEMBER (45) DAWN MASON	altocamicovarum automo	THEOLOGIC	0.00	X	<u> </u>					0	0	0
OPERATIONS COMMITTEE	The second secon		0.00	x		x				0	0	0
(46) CHERYL MAYES		S - F -	0.00									
BOARD MEMBER (47) JOYCE MCDANIE	T.	L	0.00	X	-			Н		0	0	0
(1) JOION HODINAL		C	0.00									
BOARD MEMBER (48) JOHN MCKENNON	1	C	00.0	X						0	0	0
BOARD MEMBER		1.2.3	00.0	x						0	0	0
(49) CHELSEA MOUBA	RA	1 8										
BOARD MEMBER	ton a ton a	0).00).00	x						o	О	0
(50) JULIE PERREY		-										
BOARD MEMBER		l. ä.,	0.00	x						0	0	0
(51) ANHTUAN PHAN	000000000000000000000000000000000000000	0	00.0									
BOARD MEMBER	110	C	00.0	X						0	0	0
c Total from continuation shee	ets to	P	art VII, S	ectio	 эп А		 		>			
d Total (add lines 1b and 1c) Total number of individuals (inc.)	dudin	g b	out not lin	nited	to th	ose i	isted	abo	ve) v	who received more than \$10	00,000 of	
reportable compensation from											,	Yes No
3 Did the organization list any for employee on line 1a? If "Yes," or the state of the state	comp	leti	e Schedu	ile J	for si	uch i	ndivi	dual				3
For any individual listed on line organization and related organi individual	1a, i izatio	s tr ns	greater tl	han \$	5150,	0003	? If "	Yes,"	on a con	and other compensation from applete Schedule J for such	n the	4
5 Did any person listed on line 1a	гесе	eive	or accru	ie co	mpe	nsati	on fr	om a	ny ι			
for services rendered to the org Section B. Independent Contractor	3 .	atic	on <i>? IT "Ye</i>	S, " C	ompi	ete S	cne	auie .	J TOF	such person	<u> </u>	5
Complete this table for your five compensation from the organize	e high	nes	t comper	nsate	d ind	lepe	nden	t con	trac	tors that received more than	\$100,000 of	
Name and	(A)	55 2	ddress	преп	Sauc	101	uic	Carci	iuai		(B) ion of services	(C) Compensation
	. Torontomore	mediremente								,5500.121	our or con recou	Compensation
	WANNER IIII	ATTACABLE NAME OF TAXABLE PARTY.			······································							
		- Cocococo								B1 B10 11		
	TOWN TOWN TO THE T	ALTERNACION ALTERNACION										
	WANTED THE PERSON NAMED IN COLUMN 1	1 AND STREET,										
	111000000000000000000000000000000000000	Anderstander										
Total number of independent or received more than \$100,000 or	ontra	cto	rs (includ	ling b	out no	ot lim	ited	to the	ose	listed above) who		
DAA	1	٠,٠٠	10uu011 l	- 9111	<u>.</u>	. y a :	،دانادا	J11 P				Earn 990 (2019)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title		(B) Average hours per week (list any	bo	x, unle	Pos check ess pe nd a c	rson i	than o s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	oj:	hours for related ganizations below otted line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(52) APRIL PRESLEY BOARD MEMBER	T-COMMON CONTRACTOR OF THE COMMON CONTRACTOR O	0.00	x				-		0	0	
(53) JOAN PUGH BOARD MEMBER	TO THE REAL PROPERTY OF THE PARTY OF THE PAR	0.00	x						0	0	
(54) JOLENE RAMIRE	Z	0.00									
BOARD MEMBER (55) GALE ROBINSON	Water Committee	0.00	X						0	0	
BOARD MEMBER (56) BURNS ROGERS	WHITE CONTRACTOR OF THE PARTY O	0.00	x						0	0	
BOARD MEMBER (57) JOHN ROWLEY	WARRIED WARRIE	0.00	x						0	0	C
BOARD MEMBER	- Telegraphic	0.00	x						0	0	C
(58) MIKE RUSTICI BOARD MEMBER		0.00 0.00	x						0	O	C
(59) PHIL RYAN BOARD MEMBER	vonent woman will work	0.00	x						0	0	(
1b Subtotal	ets to	Titonage		on A				>		,	
d Total (add lines 1b and 1c) Total number of individuals (increportable compensation from				to th	ose	listed	i abo	ve) v	who received more than \$1	00,000 of	
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line 	mer compi	officer, dire	ctor, <i>ile J</i> f ren	trust for s	ee, k uch i	ey e Indivi	mplo idual	yee, 	or highest compensated	n the	Yes No
organization and related organi individual	izatior rece	ive or accru	han S Je co	150 mpe	,000′ nsati	? <i>If "</i> ion fi	Yes,' om a	<i>con</i> any u	nplete Schedule J for such unrelated organization or inc		4
for services rendered to the org Section B. Independent Contracto	3 1	ition? If "Ye	s," c	ompi	ete S	Sche	dule	J for	such person		5
Complete this table for your five compensation from the organization.	ation.	Report cor	nsate	ed inconstant	depe on fo	nder r the	t cor cale	ntrac ndar	year ending with or within t	he organization's tax year.	(C)
Name and	busines	address							Descrip	(B) tion of services	(C) Compensation
	111111111111111111111111111111111111111	o decominate Campon de constitución de constit									
		принимення принимення									
	www.ionianianianianianianianianianianianianian	TERROPORTION PROPERTY.									
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶											

Section A. Officers,	Dire	ectors, Iru	istee:	s, K	ey E	mple	oyee:	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	,	(B) Average hours per week (list any	bo	x, uni	Po: check ess pe	erson	than o is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	org	hours for related ganizations below otted line)	Individual frustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(60) JIM SHULMAN		o vizanocaviani			<u> </u>						
DOND MEMBER		0.00									
61) MARCUS SHUTE		0.00	X	-					0	0	<u> </u>
		0.00									
BOARD MEMBER		0.00	X						0	0	d
(62) KEN SLEDGE											
BOARD MEMBER		0.00	x						o	0	
(63) THOMAS STEARN									- U	0	O
		0.00									
NOMINATING CHAIR (64) CHUCK TAYLOR	-	0.00	X		X				0	0	0
(64) CHUCK TAYLOR		0.00									
BOARD MEMBER		0.00	x						o	o	o
(65) PATRICK THEOR	1	3									
BOARD MEMBER		D.00	,							_	
(66) PATRICK THEOR		0.00	X		-				0	0	0
	. f	0.00									
SECRETARY		0.00	X		X				0	0	0
(67) KLAUS THIEME		0.00								7	
BOARD MEMBER		0.00	x						o	o	0
1b Subtotal							,	•			
c Total from continuation sheets	s to I	Part VII, S	ectio	n A]	▶			
d Total (add lines 1b and 1c) Total number of individuals (inclu	dina	but not lim	ited t	o the	ee li	etad	abos	<u> </u>	uho roccived mare then 640	90.000 -f	
reportable compensation from the	e org	anization I	• • • • • • • • • • • • • • • • • • •	O tric	J3C II	3150	auu	/e/ v		,000 or	
3 Did the organization list any form	er o	fficer direc	otor t	n into	- k				a. h.: - L		Yes No
employee on line 1a? If "Yes," co	mple	te Schedu	ile J fo	or su	ich ir	divid	lual				3
For any individual listed on line 1 organization and related organization	a, is t	the sum of	геро	rtabl	e cos	mpei	nsatio	on ai	nd other compensation from	ı the	
individual ,										****	4
5 Did any person listed on line 1a for services rendered to the organ	eceīv nizat	re or accru ion? /f "Ye	e con	nper mole	satio	on fro	om ai	ny ui	nrelated organization or indi	vidual	_
Section B. Independent Contractors		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	more	- (C O	Cilec	ruic J	101	such person		5
1 Complete this table for your five	ighe	st compen	sated	inde	epen	dent	cont	ract	ors that received more than	\$100,000 of	
compensation from the organizati Name and bu	A)	Report con	ipens	atio	1 TOF	tne (calen	dar		ie organization's tax year. (B) in of services	(C)
Name and Da	siness	address					_		Description	on of services	(C) Compensation
Orrespond		- Andrews									
****		CHENTON									
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-		NOT THE REAL PROPERTY.									
OVVINITATION	:	The state of the s									
Orange Company	+				,		\dashv				
vivoenovo											
2 Total number of independent con	tracto	ors (includi	ng bu	ıt no	t limi	ted t	o tho	se li	sted above) who		
received more than \$100,000 of c	omo:	ensation fr	om th	e or	gani	zatio	n ▶		·		- 000
	:]	and the same of th									Form 990 (2019)

Part VII Section A. Officers	Dir	er	tors. Tru	stee	s K	ev F	mnle	2000	e ar	nd Highest Compensated	Employage (sections 4)	raye
(A) Name and title Average inours per week			(B) verage hours	(0	do not	Po: check	(C) sition more	than d	ne	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		() hk ro ingle	ist any ours for elated inizations oelow	or director	Τ_	officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
		dat	ted line)	ustee	trustee		99	pensate				
(68) TERRY VO		and the same of th	0.00									
BOARD MEMBER		- 8	0.00	x						О	o	(
(69) STACY WIDELIT	Z	(0.00									
DEVELOPMENT CO-CHAIR		(0.00	X		X				0	0	
(70) TAMEKA WINSTO	N	1 - 4	0.00									
BOARD MEMBER (71) TERRY WOODALI			0.00	X						0	0	
	W. (************************************	Company	0.00									
BOARD MEMBER (72) EVELYN YEARGI	N T	C	0.00	X						0	0	
(/2) HVEHIN LEARGI	TA .		.00									
BOARD MEMBER		Ċ	0.00	X						0	0	C
	All parts and a second											
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	пинатическа дописания	-										
1b Subtotal	7701111											
 c Total from continuation sheet 	s to	P	art VII, Se	ctio	n A			 	•			
d Total (add lines 1b and 1c) Total number of individuals (incl	udino	a L	ut not lim						(e) u	who received more than \$10	10,000 of	
reportable compensation from the	ne or	ga	nization)	<u> </u>		300 11	Sicu	apor	7C) V	who received more than \$10		
3 Did the organization list any form employee on line 1a? If "Yes," or	ner c	offi leh	cer, direc	tor, t	ruste	e, ke	ey er	nploy	/ee, ı	or highest compensated		Yes No
organization and related organiz	ation	u IS	greater th	repo an \$	парі 150,(e co: 300?	mpei <i>If "</i> Y	rsatio 'es," i	on ar com	nd other compensation from	i the	3
individual Did any person listed on line 1a	recei	IVÇ	or accrue	e cor	nper	isatio	on fro	om ai	av ur	nrelated organization or indi	vidual	4
for services rendered to the orga Section B. Independent Contractors	iniza s	IUO	n/ IT Yes	s, co	mpie	te S	chec	lule J	tor.	such person		5
Complete this table for your five compensation from the organiza	high tion.	es R	t compens	sated	inde ation	epen	dent	cont	racto	ors that received more than	\$100,000 of	
Name and b	(A) usines	sa	ddress							Description	(B) on of services	(C) Compensation
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	- TOTAL STREET	- non-manuscript										
	WHITEMOOD WITH THE	(m/calammacam), was					,,,,,					
	A	Chicamontatum						+				
	W	Mannesson Course										
2 Total number of independent cor	ntrac	tor	s (includit	ng bu	ıt no	limi	ted to	o tho	se lis	sted above) who		
received more than \$100,000 of DAA	comp	рé	nsation fr	om th	ne or	gani	zatio	n ▶				Form 990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

DISMAS, INC.

23-7376100

P	at l	Reas	son for Pu	blic	Cha	arity	Statu	s (All or	ganizatio	ns must o	complet	e thi	is part.) See instructio	ns.	
he	orga	nization is not	a private four	ndatio	ı be	cause	it is: (F	or lines 1	through 12,	check only	one box.)			
1		A church, co	nvention of cl	nurche	s, o	rasso	ciation	of churche	es describe	d in section	170(b)(1	1)(A)	(i).		
2		A school des	scribed in <mark>sec</mark>	tion 1	70(I	b)(1)(A	A)(ii). (A	Attach Sch	edule E (Fo	rm 990 or 9	990-EZ).)				
3		A hospital or	a cooperative	e hosp	ital :	service	e organ	ization de	scribed in s	ection 170	(b)(1)(A)((iii).			
4													D(b)(1)(A)(iii). Enter the hos	pital's name,	
		city, and stat			and community of the co									• ,	
5		An organizat	tion operated	for the	ber	nefit of	a colle	ge or univ	ersity owne	d or operat	ed by a go	overn	mental unit described in		
	section 170(b)(1)(A)(iv). (Complete Part II.)														
6								entai unit d	escribed in	section 17	'0(b)(1)(A	ι)(ν).			
7	X												or from the general public		
	_	described in	section 170(b)(1)(A)(v	i). (Co	mplete	Part II.)	• •	•					
8	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1														
9		An agricultur	ral research o	rganiz	atior	ı desc	ribed in	section '	170(b)(1)(A)(ix) operat	ed in conj	juncti	on with a land-grant college		
	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														
	$\overline{}$	university:		THE REAL PROPERTY.	or littlement										
10		An organizat	ion that norm:	ally red	eive	es: (1)	more t	han 33 1/3	3% of its su	port from (contributio	ons, n	nembership fees, and gross		
		receipts from	1 activities rela	ated to	its	exemp	t functi	ons—subj	ect to certa	in exception	ns, and (2) no i	more than 33 1/3% of its		
		acquired by t	the organization	neni ir op afte	icon	ne and	i unreia 1075	itea busine See secti	ess taxable	income (les	ss section	511 \	tax) from businesses		
11	П		ion organized										(A)		
12	H												or to carry out the purposes		
		of one or mo	re publicly sur	porte	d or	ganiza	tions d	escribed in	section 5	09(a)(1) or	section 5	18 01, 509(a	i)(2). See section 509(a)(3)) 1	
		Check the bo	ox in lînes 12a	throu	gh 1	2d tha	t descr	ibes the ty	pe of suppo	orting organ	ization ar	nd coi	mplete lines 12e, 12f, and 1	 2g.	
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving														
	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.														
	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having														
										same pers	ons that o	contro	ol or manage the supported		
			tion(s). You n	3 1	3 !										
	С	its sunno	tunctionally i orted organiza	ntegr	atec	I. A Su e inetr	ipportin	g organiza	ation operat	ed in conne	ction with	n, and	functionally integrated with	,	
	d												, and E. its supported organization(~)	
	_	that is no	t functionally	integra	ated	. The o	organiza	ation gene	rally must s	atisfy a dis	tribution re	eauire	ement and an attentiveness	5)	
		requirem	ent (see instr	uction	s). Y	ou mi	ust cor	nplete Pa	rt IV, Secti	ons A and	D, and P	art V			
	е	Check th	is box if the o	rganiz	atior	n recei	ived a v	vritten det	ermination f	rom the IR:	S that it is		pe I, Type II, Type III		
		functiona	ılly integrated,	or Ty	pe II	l non-	functior	nally integr	ated suppo	rting organi	zation.	-			
			nber of suppo									<i>.</i>			
			ollowing inforr	nation	abc	ut the	suppor	ted organ	ization(s).			-			
(i)		e of supported	(ii) EIN	-			(iii) Type of o	-	1 10 2 4 3	e organizatio	- 1	(v) Amount of monetary	(vi) Amount	
	viy	anization	-		merroman			(described on above (see in			your governin cument?	ig	support (see instructions)	other support instructions	
				THE STATE OF THE S	- Company			,	,,	Yes	No	\dashv	nad delication (dy	III SU SUCCIO	*)
(A)					1		_								
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otal															

Schedule A (Form 990 or 990-EZ) 2019

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	tion A. Public Support					······································			
Cale	ndar year (or fiscal year beginning in)	>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	3	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		439,030	737,167	1,078,683	1,364,479	3,450	,475	7,069,834
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge	:							
4	Total. Add lines 1 through 3		439,030	737,167	1,078,683	1,364,479	3,450	,475	7,069,834
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)								
6	Public support. Subtract line 5 from line 4								7,069,834
Sec	tion B. Total Support 📗 📗							***************************************	
Caler	idar year (or fiscal year beginning in)	>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	,	(f) Total
7	Amounts from line 4		439,030	737,167	1,078,683	1,364,479	3,450	,475	7,069,834
8	Gross income from interest, dividends payments received on securities loans rents, royalties, and income from similar sources		713	521	604	321			2,159
9	Net income from unrelated business activities, whether or not the business is regularly carried on					A CONTRACTOR OF THE CONTRACTOR			
10	Other income. Do not include gain or loss from the sale of capital assets	•••							
11	(Explain in Part VI.) Total support. Add lines 7 through 10		1,550	5,739	7,457	90		274	15,110 7,087,103
12	Gross receipts from related activities, e	to (eaa instructions)					12	
13	First five years. If the Form 990 is for			econd third fourth	or fifth toy your or		L	12	633,983
	organization, check this box and stop i						3)		
Sec	tion C. Computation of Public					* * * * * * * * * * * * * * * * * * * *		<u></u>	2.0.2.0.0.0.0.0
14	Public support percentage for 2019 (lin				n\		· I	14	99.76%
15	Public support percentage from 2018 S	cher	dule A Part II line	(4			ŀ	15	98.46%
16a	33 1/3% support test—2019. If the or				and line 14 is 33 1	1/3% or more, chec	L krthie	13	30.40 A
	box and stop here. The organization of				_				▶ 🗓
b	33 1/3% support test-2018. If the or					33 1/3% or more	check	• • • • • • •	
_	this box and stop here. The organization								
17a	10%-facts-and-circumstances test					or 16b, and line 14			
	10% or more, and if the organization m								
	Part VI how the organization meets the								
	organization								>
b	10%-facts-and-circumstances test	201	8. If the organization	n did not check a b	ov on line 13 16a	16b or 17a and lir	10		
	15 is 10% or more, and if the organizati		· ·			· ·	ic.		
	Explain in Part VI how the organization						v		
	supported examination								▶ □
18	Private foundation. If the organization		not check a hox on					• • • • • •	
									.
	instructions								
							Schedule A (Form of	90 or 990 ₋ F7\ 2019

Schedule A (Form 990 or 990-EZ) 2019

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	 	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchan	lise						
	sold or services performed, or facilities furnished in any activity that is related to the	ne						
	organization's tax-exempt purpose	.]						
3	Gross receipts from activities that are not							
	unrelated trade or business under section	513						
4	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to t							
	organization without charge	E						
6	Total. Add lines 1 through 5							
72	Amounts included on lines 1, 2, and							
, a	received from disqualified persons							
b	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	Public support. (Subtract line 7c fro							
•	line 6.)	[]						
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends.							
	payments received on securities loans, ren	ts,				-		
	royalties, and income from similar sources							
þ	Unrelated business taxable income (ess						
	section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
11	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.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is for	r the o	organization's first, s	econd, third, fourth	n, or fifth tax year a	s a section 501(c)(3	3)	
	organization, check this box and stor							<u> </u>
	tion C. Computation of Publi							
15	Public support percentage for 2019 (ine 8, d	column (f), divided b	y line 13, column	(f))		15	<u>%</u>
16	Public support percentage from 2018	Sched	tule A, Part III, line	<u> 15 </u>			16	%
17	tion D. Computation of Inves	tmer	11 Income Perc	entage	-1 (0)			
17 18	Investment income percentage for 20 Investment income percentage from	12 (11)	c ruu, column (t), d Schadula A. Doct III	t* 4 TT				<u>%</u>
19a	33 1/3% support tests—2019. If the				4 and line 15 is	ore than 33 1/3% as		<u> </u>
	17 is not more than 33 1/3%, check the							▶ □
b	33 1/3% support tests—2018. If the							
-	line 18 is not more than 33 1/3%, che							▶ □
20	Private foundation. If the organization							
				· · ·				000 or 900 EZ) 2010

Schedule A (Form 990 or 990-EZ) 2019 Part IV Supporting Or

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No

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P	art IV Supporting Organizations (continued)		rage
			Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes No
a			
	below, the governing body of a supported organization?		
Ł	A family member of a person described in (a) above?	11a	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	
Sec	tion B. Type I Supporting Organizations	11c	
1	Did the directors to stop a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	<i></i>	Yes No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	******************
Sect	tion C. Type II Supporting Organizations		
			Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		ics no
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sect	ion D. All Type III Supporting Organizations	1 1	
********		<del></del>	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	vear. (ii) a copy of the Form 990 that was most recently fled as of the date of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
Sant	supported organizations played in this regard.	3	
	on E. Type III Functionally-Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	I he organization satisfied the Activities Test. Complete line 2 below.		
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ons).	
	with a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	•	
2 /	Activities Test. Answer (a) and (b) below.		Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za .	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	
a			
•	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
b	trustees of each of the supported organizations? Provide details in Part VI.	3a	
u	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1

Port W. Tune III Non Eurotianally Interested 500(c)(2) Supporting Over	- ni	<u> </u>	rage 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.			
instructions. All other Type III non-functionally integrated supporting organizations must	compie	te Sections A through E.	1 (D) ()
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
	- 1u	]	
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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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	+-3-		
	_		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Ty	pe III si	apporting organization (see	
instructions).		0.1.1.1.	1 (F
		Scredule	A (Form 990 or 990-EZ) 2019
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Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Fund	ctionally Integrated 509(a)(3) S	upporting Organizat	ions (continued)								
Section D - Distributions				Current Year							
	anizations to accomplish exempt purpose										
	y that directly furthers exempt purposes o	of supported									
organizations, in excess of inco											
	Administrative expenses paid to accomplish exempt purposes of supported organizations										
	Amounts paid to acquire exempt-use assets										
5 Qualified set-aside amounts (pr	5. 3 :										
6 Other distributions (describe in											
7 Total annual distributions. Ac											
	ted organizations to which the organization	on is responsive									
(provide details in Part VI). See											
9 Distributable amount for 2019 fr											
10 Line 8 amount divided by line 9	amount	[ (2)	222								
Section F - Distribution A	Ilocations (see instructions)	(i) Excess Distributions	(ii)	(iii)							
2600011 F - DISH 1560011 V	ilocations (see instructions)	Excess Distributions	Underdistributions	Distributable							
1 Distributable amount for 2019 fr	om Section C. line 6		Pre-2019	Amount for 2019							
Underdistributions, if any, for ye	X 2 -										
(reasonable cause required-exp											
instructions.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s										
3 Excess distributions carryover, i	f any, to 2019										
a From 2014	700										
<b>b</b> From 2015											
c From 2016											
d From 2017	77777										
e From 2018	economic and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second										
f Total of lines 3a through e	egeneration of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	1									
g Applied to underdistributions of											
h Applied to 2019 distributable am	( 2 )										
i Carryover from 2014 not applied											
j Remainder. Subtract lines 3g, 3	n, and 3i from 3f.										
4 Distributions for 2019 from	The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co										
Section D, line 7:	\$										
a Applied to underdistributions of p     b Applied to 2019 distributable am											
c Remainder. Subtract lines 4a an	- x :										
5 Remaining underdistributions for	) N .										
any. Subtract lines 3g and 4a fro											
greater than zero, explain in Par	I S i										
6 Remaining underdistributions for	A 3 1										
and 4b from line 1. For result gre	l 8 i										
Part VI. See instructions.											
7 Excess distributions carryove	er to 2020. Add lines 3j										
and 4c.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th									
8 Breakdown of line 7:											
a Excess from 2015											
b Excess from 2016	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t										
c Excess from 2017											
d Excess from 2018											
e Excess from 2019											

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Page 8

Part VI	III, line 12; B, lines 1 a 3a, and 3b	Part IV, 3 and 2; Pa ; Part V,	Sectio rt IV, S ine 1;	on A, lines 1, 2, 3b, Section C, line 1; F ; Part V, Section B,	3c, 4b, 4c, 5 art IV, Section line 1e; Part	a, 6, 9a, 9b, 9c, 11a on D, lines 2 and 3;	e 10; Part II, line 17a or 17b; Par a, 11b, and 11c; Part IV, Section Part IV, Section E, lines 1c, 2a, 2 5, 6, and 8; and Part V, Section instructions.)	2b,
PART I	I, LINE	10	отне	ER INCOME DE	TAIL			
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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

2019

Name of the organization		Employer identification number
DISMAS, INC.	West and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	23-7376100
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
Check if your organization is cov <b>Note:</b> Only a section 501(c)(7), instructions.	rered by the <b>General Rule</b> or a <b>Special Rule</b> . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Se	ee
General Rule		
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining outions.	
Special Rules		
regulations under sectio 13, 16a, or 16b, and tha	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, t received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and	line
	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any on	
	ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,	e
	urposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ead of the contributor name and address), II, and III.	
For an organization desc	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such	e
contributions totaled mo	re than \$1,000. If this box is checked, enter here the total contributions that were received	
	cclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the	
totaling \$5,000 or more	this organization because it received <i>nonexclusively</i> religious, charitable, etc., contribution during the year	<b>.</b> .
90-EZ, or 990-PF), but it <b>must</b> :	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990- answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-E rtify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-P	EZ or on its
or Paperwork Reduction Act Noti	ce, see the instructions for Form 990, 990-EZ, or 990-PF. Sched	ule B (Form 990, 990-EZ, or 990-PF) (2019)

PAGE 1 OF 1

Page 2

Name of organization

DISMAS, INC.

Employer identification number 23-7376100

Part I	Contributors (see instructions). Use duplicate copies of Pa		eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANONYMOUS FAMILY FOUNDATION 6776 SAWYER ROAD FRANKLIN TN 37069	\$ 500,000	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	HCA FOUNDATION ONE PARK PLAZA NASHVILLE TN 37203	\$ 250,000	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	JANE GUZIKOWSKI 1012 CHANCERY LANE SOUTH NASHVILLE TN 37215	\$ 200,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
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#### 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.

► Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Name of the organization Employer identification number DISMAS, INC. 23-7376100 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part↓X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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3		accession	n, and other records	s, check	any of the follow	wing that mal	ke significant use	of its	s (contin	<u>ueu)</u>	
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4	Provide a description of the organiza	tion's colle	ections and explain	how the	y further the org	ganîzation's e	exempt purpose in	Part			
_	XIII.	0000									
5	During the year, did the organization	solicit or r	receive donations o	fart, his	torical treasures	s, or other sir	nilar			r	
P.	assets to be sold to raise funds rathe	ir than to t Nal Δrra	oe maintained as pa	art of the	organization's	collection?			У	'es _	No
100000000	Complete if the orga			s" on F	orm 990 Pa	rt IV line (	9 or reported	an amount	on For	_	
	990, Part X, line 21.				o 000, 1 a		o, or reported	an amoun	. OH I OH	'	
1a	Is the organization an agent, trustee,	custodian	or other intermedi	ary for c	ontributions or c	other assets i	not				······································
	included on Form 990, Part X?								Y	'es	No
b	If "Yes," explain the arrangement in F	art XIII ar	nd complete the foll	owing ta	ble:						
									Amoui	nt	
	Beginning balance		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · ·		,		1c			
a	Additions during the year  Distributions during the year							1d			
f	Ending balance	1			• • • • • • • • • • • • • • • • • • • •			1e			
	Ending balance  Did the organization include an amou	Int on For	m 990 Part X line 1		ecraw or custod	lial account li	abilit O	1f			
b	If "Yes," explain the arrangement in F	11000	in ood, i arex, into	21, IUI C	SCIOW OF CUSTON	ılal acçoult il	aumy?			es	_ No
Pέ	ift V Endowment Funds.			p ,	That book prov	Idea off Fait	XIII			1	
	Complete if the organ	ization	answered "Yes	on Fo	orm 990, Par	rt IV, line 1	10.				
	WIII VOORSON VAN DE SE	меденте	(a) Current year		b) Prior year	(c) Two ye		Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	Total Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the									
b	Contributions										
С	Net investment earnings, gains, and	3									•
	losses										
	Grants or scholarships Other expenditures for facilities and			<del> </del>		<u> </u>				,	
-	4 :	camping and a second									
f	programs Administrative expenses			<del> </del>							
g	End of year balance					f					
2	Provide the estimated percentage of	the curren	t vear end balance	(line 1a.	column (a)) hei	ld as:					
а	Board designated or quasi-endowmen	nt 🕨	%		(-),						
	Permanent endowment ▶	%									
С	Term endowment ▶ %	400									
_	The percentages on lines 2a, 2b, and										
за	Are there endowment funds not in the	possessi	on of the organizati	on that a	are held and adr	ministered fo	r the				
	organization by: (i) Unrelated organizations	STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY								Yes	No
	(ii) Related organizations							· · · · · · · · · · · · · · · · · · ·	3a(i)		ļ
ь	If "Yes" on line 3a(ii), are the related of	l	nne lietad se raquira	d on Sol	hodulo P2	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		3a(ii)		
4	Describe in Part XIII the intended use	s of the or	raanization's endow	ment fu	nedule Kr	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	3b	L	<u> </u>
Pa	rt VI Land, Buildings, and			one id.							
	Complete if the organ	ization a	answered "Yes'	on Fo	rm 990, Pari	t IV, line 1	1a. See Form	990. Part	X. line 10	<b>)</b> .	
	Description of property		(a) Cost or other t		(b) Cost or ot		(c) Accumulat		(d) Book		
			(investment)		(othe	er)	depreciation	1			
	Land	mp/cmp				57,862			1,2		
b	Buildings	in a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco			8,72	20,402	55	,236	8,6	65,	166
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	Add lines 1a through 1e. (Column (d)	must eau	al Form 990 Part X	Columi	(R) line 10c )				10,5	61	061
-	3	- I		., colaiin	. ₍₂₎ , m/e 100.)	<u></u>		Schr	edule D (Eo		

DAA

Schedule D (Form 990) 2019

Part VII Investments - Complete if the			Securities. zation answered "Yes" on F	Form 990, Part IV. li	ne 11b. See Form 990. Pa	art X. line 12.
(a) Description	on of sec	unit	or category	(b) Book value	(c) Method of	
(includir	ng name	of s	ecurity)		Cost or end-of-year	market value
(1) Financial derivatives		· ·				
(2) Closely held equity interests	3 : 1	- Some				
(3) Other		-				
(A) (B)		- Constantinos				
(C)						
(D)	• • •	Illucation Notice				
(E)	• • •	- American				
(F)	i i iiwuwuw	dunction of				
(G)	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	ale Uniceanity 2				
(H)		oneseconomic distriction of the contraction of the				
Total. (Column (b) must equal Form						
Part VIII Investments -						
Complete if the	orga	ani	zation answered "Yes" on F		1	
(a) Descri	ription of	f inv	astment	(b) Book value	(c) Method of	
/1\		100			Cost or end-of-year	market value
(1) (2)		- case				
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(4)	WHITE WAR	editions.				
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(7)	IIII III	- CONTRACTOR				
(8)	MILWAIIM.	Dictories				
(9)	1:					
Total. (Column (b) must equal Form	1 990 <u>,</u>	Pa	rt X, col. (B) line 13.) ▶			
Part IX Other Assets.	100000000000000000000000000000000000000	City of the last	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
Complete if the	orga	anı	zation answered "Yes" on F	orm 990, Part IV, Iir	<u>ne 11d. See Form 990, Pa</u>	
(1)	4 .	1 1	(a) Description			(b) Book value
(2)	941					
(3)	1.	T dini				
(4)	11	1 2			-	
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(8)	**************************************	dilicitation				
(9)	WIIIW	distribute.				
Total. (Column (b) must equal Form		Pai	t X, col. (B) line 15.)			
Part X Other Liabilitie	4 1	Samonimica				
	orga	ni	ation answered "Yes" on F	orm 990, Part IV, lir	ne 11e or 11f. See Form 9	90, Part X,
line 25.			E +97 s.			
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Complete if the organization answered "Yes" on Forn  1 Total revenue, gains, and other support per audited financial statements		4	3,485,851
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	************************		3,403,031
a Net unrealized gains (losses) on investments	2a		
h Denoted contact and the official little in the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the contact of the co	1	22,200	
8 . 1 3-le		22,200	
c Recoveries of prior year grants d Other (Describe in Part XIII.)	2d		
			22,200
3 Out to at 15 - 0 - for a 15 - 4			3,463,651
Subtract line 2e from line 1     Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3,403,031
a Investment expenses not included on Form 990, Part VIII, line 7b	4.0		
b Other (Describe in Part XIII.)	4a		
C Add lines 42 and 4h		4-	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c   5	3,463,651
Part XII Reconciliation of Expenses per Audited Financial	Statemente With Evne	noon nor Poturn	3,403,631
Complete if the organization answered "Yes" on Form		nses per Keturn.	
4 Tatal assumes and large			1 216 061
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			1,316,961
a Donated services and use of facilities	1 - 1		
	2a		
b Prior year adjustments			
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d			1 01 6 061
3 Subtract line 2e from line 1		3	1,316,961
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c	
The second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the se	.)	5	1,316,961
Part XIII Supplemental Information.	D 107 2 11 12 2 1		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	rovide any additional information	n.	
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Schedule D (Form	990) 2019 D	TOMAS	s, inc.	23-7376100	Page <b>5</b>
Part XIII S	upplemental	Inform	ation (continued)		
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#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

DISMAS, INC.

Employer identification number 23-7376100

₽.	art Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1al Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			,
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
¢	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 2 45 - 1 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 504/ VO 2 50			
-	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:			<b></b>
	The organization?	5a		<u> </u>
D	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 000 Death // Cooking A line 4 - did the association			
٠	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net learnings of:			
2	The organization?			<b></b>
	Annual Laboratory and the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	6a		<u>X</u>
D	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	6b	*********	X
	Tes offine of the object of the first in.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not deposited on lines 5 and 50 KM/s & Length to During	_	1	37
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	7		<u> </u>
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Doublit			x
	III PAIL III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	<b> </b>	*****	
	Regulations section 53.4958-6(c)?	9		
		, J	- 1	

Schedule J (Form 990) 2019

DISMAS, INC.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 23-7376100 Part II

Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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Schedule J (Form 990) 2019

Provide the information, explanation, or descriptions required for Part I, for any additional information.	4 F 0 F 00 C 1
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#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

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

For to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

FORM 990, PART III,

DISMAS, INC.

Employer identification number 23–7376100

FORM 990 - ORGANIZATION'S MISSION

A RE-ENTRY FACILITY THAT OFFERS A TRANSFORMATIONAL AND SUPPORTIVE COMMUNITY
FOR MEN NEWLY RELEASED FROM PRISON WHO FACE CHALLENGES AND OBSTACLES AS
THEY TRANSITION BACK INTO SOCIETY. THE ORGANIZATION'S PROGRAMMING IS BASED
ON FOUR PILLARS: BASIC NEEDS WHICH COVERS FOOD, SHELTER, CLOTHING AND
TRANSPORTATION; HEALTH AND WELL-BEING WHICH COVER PHYSICAL, DENTAL AND EYE
EXAMS, MENTAL HEALTH COUNSELING AND ADDITIONAL SUPPORT SERVICES, ALONG WITH
WELLINESS CLASSES TO IMPROVE PHYSICAL AND MENTAL WELL-BEING; LIFE SKILLS
WHICH CASE MANAGERS WORK WITH RESIDENTS ON SHORT AND LONG TERM GOALS,
TRANSITION PLANS AND ASSIST WITH SKILL DEVELOPMENT; AND LEGAL SUPPORT WHICH
RESIDENTS MEET WITH THE LEGAL AID SOCIETY TO ADDRESS EXPUNGEMENTS, CHILD
SUPPORT, CHILD CUSTODY, AND OTHER LEGAL MATTERS AND AN ATTORNEY WHO
SPECIALIZES IN DRIVER'S LICENSE RESTORATION.

A RE-ENTRY FACILITY THAT OFFERS A TRANSFORMATIONAL AND SUPPORTIVE COMMUNITY
FOR MEN NEWLY RELEASED FROM PRISON WHO FACE CHALLENGES AND OBSTACLES AS
THEY TRANSITION BACK INTO SOCIETY. THE ORGANIZATION'S PROGRAMMING IS BASED
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EXAMS, MENTAL HEALTH COUNSELING AND ADDITIONAL SUPPORT SERVICES, ALONG WITH
WELLNESS CLASSES TO IMPROVE PHYSICAL AND MENTAL WELL-BEING; LIFE SKILLS
WHICH CASE MANAGERS WORK WITH RESIDENTS ON SHORT AND LONG TERM GOALS,

TRANSITION PLANS AND ASSIST WITH SKILL DEVELOPMENT; AND LEGAL SUPPORT WHICH

RESIDENTS MEET WITH THE LEGAL AID SOCIETY TO ADDRESS EXPUNGEMENTS, CHILD

LINE 4A - FIRST ACCOMPLISHMENT

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return Identifying number INC. DISMAS 23-7376100 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 1,020,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,550,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 65.984 MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2019 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property g 25 yrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/I Nonresidential real ММ 39 yrs. S/L property MM Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System Class life S/L b 12-year S/L C 30-year MM 30 yrs. S/L d 40-year ММ S/L 40 yrs. Part IV Summary (See instructions.) Listed property. Enter amount from line 28

portion of the basis attributable to section 263A costs.

For assets shown above and placed in service during the current year, enter the

Total. Add amounts from line 12 lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions.

65,984

21