efile	e Pu	ıblic Visı	al Render	ObjectI	d: 20203216934	19300423 - Submi	ssion: 20	20-08	-03	Т	'IN: 95-3957498		
			Re	turn of	Organizatio	on Exempt Fr	om Inc	ome	Тах		OMB No. 1545-0047		
Form	95	<i>J</i> U			•	-					2040		
1						the Internal Revenue mbers on this form as i				tions)	2019		
Departn	nent of	f the Treasury			,		,				Open to Public		
Internal	Rever	nue Service		GO TO <u>WWW</u>	<u>.irs.gov/Form990</u> 1	for instructions and t	the latest l	ntorm	ation.		Inspection		
A F	or th	e 2019 ca	alendar year, o	or tax year	beginning 01-01-2	2019 , and ending 1	2-31-2019)					
		applicable:	C Name of organ	nization					D Employ	er ident	ification number		
🗆 Ad	dress	change	ARMENIAN ENG	GINEERS AND	SCIENTISTS OF AMERIC	LA INC			95-395	7498	}		
_		nange	Doing business	s as									
O Ini O Fini		rn/terminated											
_		d return		treet (or P.O. b	ox if mail is not delivere	ed to street address) Room	m/suite		E Telephon	e numbe	۲		
□ Ap	plicati	ion pending	P O BOX 671						(818) 5	47-337	2		
			City or town, s LOMA LINDA, C		ce, country, and ZIP or f	oreign postal code							
									G Gross re				
			F Name and a ASADOUR TAF		rincipal officer:		H(a)		a group re	turn for			
			117 S LOUISE				ц(р)		linates? subordinat	es	□Yes ☑No		
T Tax	-exer	mpt status:	GLENDALE, CA					includ	ed?		Ses No		
		•	✓ 501(c)(3)	∪ 501(c) () ┥ (insert no.)	J 4947(a)(1) or □ 52			attach a l ", exemption		e instructions)		
JW	ebsi	te:▶ N/A						Group	exemption	numbe			
V c					Association 🗌 Othe		L Year	of forma	tion: 1986	M State	e of legal domicile: CA		
N Form	n or o	rganization:	Corporation	i 🗆 irust 🗆									
Pa	art I	Sum	mary										
			cribe the organ SCIENTIFIC RES		sion or most significa	ant activities:							
Ce		SUFFURIS	BCIENTIFIC RES	SLARCIT & D	LVLLOPMENT.								
nar													
Governance	_	Chaoly thi	- hav h 🗋										
69		 2 Check this box > 3 Number of voting members of the governing body (Part VI, line 1a)								3	5		
×	4								4	5			
ties	5	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)							5	0			
Activities &	6	6 Total number of volunteers (estimate if necessary)								6	30		
Ac	7a	Total unre	elated business	revenue from	m Part VIII, column (0	C), line 12			7		0		
	b	Net unrela	ated business ta	axable incom		7b	0						
								Prie	or Year		Current Year		
9	8	Contributi	ions and grants	s (Part VIII, lii	ne 1h)				113,7	705	189,808		
Revenue	9	Program s	service revenue	e (Part VIII, li	ne 2g)						0		
Rev	10	Investme	nt income (Part	t VIII, column	n (A), lines 3, 4, and	7d)			14,2	253	16,670		
	11	Other rev	enue (Part VIII,	column (A),	lines 5, 6d, 8c, 9c, 3	10c, and 11e)				0	0		
						'III, column (A), line 12)		127,9		206,478		
					rt IX, column (A), line	-			75,5	546	64,286		
						4)					0		
ŝŝ			•	, ,	, ,	, column (A), lines 5-1	0)				0		
Exp enses	16a	a Professio	nal fundraising	fees (Part IX	, column (A), line 11	.e)					0		
хb					n (D), line 25) Þ 0								
544		-			lines 11a-11d, 11f-	-			62,3		134,376		
				-	st equal Part IX, colu				137,8		198,662		
, 00	19	Kevenue	less expenses.	Subtract line	e 18 from line 12 .				-9,9		7,816		
Net Assets or Fund Balances							Beg	inning	of Current Y	ear	End of Year		
set	20	Total asse	ets (Part X, line	16)					453,7	725	461,615		
t As vd B							.		,		0		
Pur	22	Net asset	s or fund balan	ces. Subtrac	t line 21 from line 20)			453,7	725	461,615		
Pa	rt II		ature Block										

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Sic	nature of officer					2020-07-11 Date					
Sign Here							Date					
пеге		NA JUHARYAN TRE be or print name ar										
		Print/Type prepa		Prepare	r's signature	Date		PTIN				
Paid		, ,, , , ,			5	2020-08-03	Check 🗹 if self-employed	P00230068				
Prep	arer	Firm's name	ROUBEN GOU	URJIAN ACCOUNTING	S SERVICES		Firm's EIN					
Use		Firm's address	111 N JACKS	ON ST STE 219			Phone no. (818)) 243-4392				
	-		GLENDALE, C					243 4352				
									es 🗆 No			
				the separate ins	? (see instructions)		No. 11282Y	. UYE		90 (2019)		
	permon		1101100, 500			Cat. I	NU. 112021		F01111 3	0 (2019		
					Page 2							
					5							
	90 (2019)									Page 2		
Part			-	rvice Accompl								
					o any line in this Part				<u> </u>	. 🗹		
-	•	cribe the organi FIFIC RESEARCH										
30770	KI JCILN	III IC RESEARCI		MENT.								
2 [Did the org	ganization under	rtake any sigi	nificant program s	ervices during the yea	ar which were not lis	sted on					
t	he prior F	orm 990 or 990	-EZ?					C	Yes 🛛	No		
	,	escribe these ne										
			conducting,	or make significar	nt changes in how it co	onducts, any progra	im		Yes	•		
	services?	escribe these ch						•	⊔ Yes	ビ No		
-					ents for each of its th	ree largest program	services as m	baseurad by		-		
					ed to report the amou							
ā	and revenu	ue, if any, for ea	ch program s	service reported.								
4a ((Code:) (Expenses \$ 25,000 including grants of \$ 25,000) (Revenue \$								0)			
	COSMIC RAY DIVISION STUDIES WERE SUPPORTED IN ARMENIA			55	23,000) (nevenue ¢		0)				
-												
4b ((Code:) (Expenses \$	19,60	0 including grants of \$	19,600) (Revenue \$		0)			
I	MOBILE LAE)BILE LAB. EQUIP.										
	(Code: SCIENCE OL) (Expenses \$	5,60	1 including grants of \$	5,601	L) (Revenue \$		0)			
-	SCIENCE UL	AMPIAD										
	(Code:) (Expenses \$	14,08	5 including grants of \$	() (Revenue \$		0)			
		IPS & TRAINING) (Expenses \$	11,00) (nevenue ¢		0)			
-												
4d (Other prog	gram services (D	Describe in Sc	hedule O.)								
	(Expenses	•	14,085	including grants	•	0) (Revenue	\$	0)			
4e -	Total pro	gram service e	expenses 🕨	64	,286							
									Form 9 9	90 (2019)		
					Daga 2							
					Page 3							
Form 9	90 (2019)	1								Page 3		
Part	IV Ch	ecklist of Re	quired Sch	edules								
									Yes	No		
	is the orga Schedule A		ed in section	501(c)(3) or 494	7(a)(1) (other than a	private foundation)	? If "Yes," comp	olete 1	Yes			
			••••				49 5	2		+		
					edule of Contributors				ies	No		
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>							dates 3	;	NO		
4 9	Section F	01(c)(3) organ	nizations Di	id the organization	n engage in lobbying a	octivities or have a	section 501/h)		1			
					Schedule C, Part II			4		No		
5 I	is the ora-	nization a soctiv	n 501(c)(4)	501(c)(5) or 501	1(c)(6) organization th	nat receives membe	orshin dues					
5 1	is the orga	mization a section	JUI JUI(C)(4),	, JOT(CUD), OL 201	L(C)(O) OIYaIIIZatiOII ti	iac receives membe	a sinp uues,		1	1		

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I 3 .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 😼	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V \mathfrak{B}	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🗐	11b	Yes	
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🗐	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🗐	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗐	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🗐	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No

Page 4 -----

Form 990 (2019)

Checklist of Required Schedules (continued)

Part IV

Page **4**

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No

b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
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? <i>If "Yes," complete Schedule L</i> , Part I	25b		No				
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No				
с	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	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
32	2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II							
33	13 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I							
34	4 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1							
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No				
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		No				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V							
		- i	Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0							
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 gaming (gambling) winnings to prize winners?	1c						
		F	orm 99	0 (2019)				
	Page 5							
_								
	990 (2019)			Page 5				
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued) Enter the number of employees reported on Form W-3, Transmittal of Wage and							
∠a	Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No				

b If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .

3b

If "vss," return the name of the foreign country (such as a bank account, or other financial accounts (FBAR). See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization aper to a prohibite data shelter transaction at ny time during the tax year? B Data my travele party notify the organization file form 8886-T7 So Data for outpriction bar my cervice deductible as chartable control tax (benchmark) (see the organization file form 8886-T7 So Data for outpriction bar are used and gross receipts that are normally greater than \$100,000, and did the organization file form 8886-T7 So The so outpriction have annual gross receipts that are normally greater than \$100,000, and did the organization file form 8886-T7 So The solutions that my receive deductible contributions under section 170(c) Did the organization that my receive deductible contributions under section 170(c) Did the organization notify the doner of the value of the goods or services provided? 70 Organization sections that my cervice deductible contributions on a personal benefit contract? 71 72 10 the organization receive a payment in excess d \$75 made party as a contribution of qualified interectly, or a personal benefit contract? 76 77 78 10 di the organization received a contribution of qualified intellectual property, did the organization file F	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a	†	No
See instructions for filling requirements for FiniCEN Form 114, Report of Toreign Bank and Financial Accounts (FRAR). 					
Sa Was the organization a party to a prohibited tas shelter transaction at any time during the tay year? Sa No b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sa Sb No c If "Yes," is the Sa or 5b, did the organization from S88-7? . Sa Sa No d Did any taxable party notify the organization field rewren tax addeuble contributions in the even tax addeuble as charable contributions or party to a prohibited tax shelter transaction? Sa No d I'Yes," idd the organization nucled with every solicitation an express statement that such contributions or gifts were not tax deductible? Ra No d I'Yes," idd the organization nucled with every solicitation and party for goods and services from the free m8287. Za No d I'Yes," indicate the number of forms 8282 filed during the year Zd Za No f Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Zf No f Did the organization neceive any funds, directly or indirectly, or a personal benefit contract? Zf No f Did the organization neceived a contribution of cash, boats, anplanes, or other ve	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Sc Sc Sc 6 Does the organization have annual gross rectain star contributions? Sc Sc Sc 6 Does the organization have annual gross rectain an express statement that such contributions or gifts were not tax deductible: Sc <	5a		5a		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-71 Jo Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the service statement that such contributions or gifts were not tax deductible a contribution such as exercises statement that such contributions or gifts were not tax deductible contributions under section 170(c). Ga Di (The organization necelve a payment in excess of \$75 made party as a contribution and party for goods and services for the value of the organization necelve a payment in excess of \$75 made party as a contribution and party for goods and services for most 2022 7a No Di (The organization necelve a payment in excess of \$75 made party as a contribution and party for goods and services for most 2022 7a No If "Yes," did the organization necelve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b Io If the organization receive any funds, directly or indirectly, on a personal benefit contract? 7c No If the organization receive a contribution of qualified intellectual property, did the organization file a Form 1099-C? No 7d No If the organization received a contribution of a daysed funds. Did the organization maintaining doora advised funds. Io Io No Sponsoring organization maintaining doora advised funds. Io Io Io Io If the organization received a contribution or davised funds. Io Io <td< th=""><th></th><th></th><th></th><th></th><th></th></td<>					
Ga Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization for the wree not tax deductible as charthele contributions? 6a No b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization necitive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7a No 9 If "Yes," indicate the number of forms 8282 field during the year Zd No 0 If "Yes," indicate the number of forms 8282 field during the year Zd No 10 Ho organization setup as premiums, directly or indirectly, on a personal benefit contract? 7e No 7 Ho organization setup as a contribution of qualified intellectual property, did the organization file a Form 1096-C? No 7g No 7 Ho organization maintaining door advised funds. Did the organization maintaining door advised funds. 9a <					
solitic any contributions that were not tax deductible contributions?					Ne
not tax deductible* 66 7 Organizations that may receive deductible contributions under section 170(c). 77 Dd the organization materies and approxement in excess of \$75 made partly as a contribution and partly for goods and services provided? 78 No 11" '\ses," indicate the number of Forms 8282 filed during the year 74 C Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 M If '\ses," indicate the number of Forms 8282 filed during the year 74 No 77 No If 'the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 76 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 78 Sponsoring organization mater axishe distribution to donor advised funds. 9 9 Socian S01(c) (2) organizations maintaining door advised funds. 9 9 Socian S01(c) (2) organizations maintaining door advised funds. 10a 10b 10a 13 10a 10b 10a 10b 10a 10b 13 Section 501(c) (2) organizations. Enter: 10a 10b 10a 10b 10a 10b<		solicit any contributions that were not tax deductible as charitable contributions?	ба		NO
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a No b If "kes," did the organization notify the door of the value of the goods or services provided? 7b 7c No c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file from 8282 file during the year 7d 7c No d If "Yes," indicate the number of Forms 8282 file during the year 7d No 7c No f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7g 7d No g If the organization maxe maintaining donor advised funds. Did the sponsoring organization have excess business holdings at any time during the year? 8 9 9a	b		6b		
provided to the payor? 7 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b If "Yes," indicate the number of Forms 8282 filed during the year 7d c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c n If "Yes," indicate the number of Forms 8282 filed during the year 7d c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization received a contribution of qualified intellectual property, did the organization file Some 889 as required? 7d n If the organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667 8 s Sponsoring organizations maintaining door advised funds. 10a 10a 10 the sponsoring organization make any taxable distributions under section 49667 9a 9b 11 a 10a 10a 10a 10a 10a 12 section 501(c)(2) arguinzations. Enter: 11a 10a 11a 11a 12 section 501(c)(2) qualified nonprofit health insurance issuers. 11a 11a 11a 11a 13 section 501(c)(2) qualified nonprofit health plans in	7	Organizations that may receive deductible contributions under section 170(c).			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c No d If "Yes," indicate the number of Form 8282 filed during the year	а		7a		No
Form 8282? 7c No d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f No g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7g 7h g Sponsoring organizations maintaining donor advised funds. Did a donor advised funds. 9a 9a g Did the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a g Torso income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 10a 10a 13 Section 501(c)(2) organizations. Enter: 11a 11a 11a 11a 14 Yes," enter the amount of tax-exempt interest received or accrued during the year? 12a 12a 14 Teys," enter the amount of reserves the organization is foreadition is foreadition is foreaganizaton is longend to ssue qualified halth planse	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f No f Did the organization received a contribution of qualified intellectual programization file Form 8899 as required? 7g 7d No f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7h No g Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667 9a 9a g Did the sponsoring organizations. Enter: 10a 10b 10b 9a l Section 501(c)(2) organizations. Enter: 10a 10b 10b 10b 12a l Gross income from members or shareholders 11a 10b 12a 12a l Gross income from members or shareholders 11a 11b 12a 12a l Gross income from members ources to on antitabilis	с		70		No
e Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e No f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7d No g If the organization received a contribution of cas, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7g 7h 1 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization have excess business holdings at any time during the year? 9a 9a 9a 9a 9a 9a 9a 9a 9b 9a 9b 9a 9b 9a 9b 9a 9a 9a 9a 9a 9a 9b 9a 9a 9b 9a 9a 9a 9b 9a 9a 9a 9a 9a 9a 9b 0a 0a <th>Ь</th> <th></th> <th>70</th> <th></th> <th>NO</th>	Ь		70		NO
7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 No 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 No 7 No 7 No 7 No 7 No 9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 No 8 Sponsoring organizations maintaining donor advised funds. Did the organization make a maintaining donor advised funds. 8 9 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 9a 9a 9a 9b 9a 9b 9b 9a 9a 9a 9b 9a 9	u				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 No g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 79 71 No h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 79 71	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 10 bit the sponsoring organization make any taxable distributions under section 4966? 9a 10 Section 501(c)(7) organizations. Enter: 10a 11 Section 501(c)(2) organizations. Enter: 10a 12 Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12 Section 501(c)(2) (2) qualified nonprofit health insurance issuers. 11a 13 Section 501(c)(2) (2) qualified nonprofit health insurance issuers. 13a 14 Did the organization receive any payments for indoor tanning services during the tax exer? 14a 14a No 15 Is the organization subject to the section 4960 tax on payment(3) of more than 31,000,000 in remuneration or excess parachude received or acrue ad uning the tax exer? 14a 15 Is the organization subject to the section 4960 tax on payment(3) of more than 31,000,000 in remunerat	-		_		
required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. 8a 9 Sponsoring organization make any taxable distributions under section 4966? 8a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organizations maintaining donor advised funds. 9a 9 Did the sponsoring organizations maintaining donor advised funds. 9a 9 Did the sponsoring organizations. Enter: 10a 10 Section 501(c)(2) organizations. Enter: 10a a Gross income from members or shareholders 11a 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a 12a 12a 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a 13a 13a 14a No 15 14a 15 15 16 15 16 15 17 15 <			7f		No
1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make axis business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 128 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 13a 13a 14a No 14a No 14b 13a 13a 14a 15 the organization in		required?	7g		
sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining door advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 9b a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b a Gross income from members or shareholders 11a 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13 Section for eserves the organization the organization must report on Schedule 0. 13a b Enter the amount of reserves on hand 13a 13a c Enter the amount of reserves on hand 13c 14a No b Did the organization is licensed to issue qualified health p	h		7h		
sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining door advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 9b a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b a Gross income from members or shareholders 11a 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13 Section for eserves the organization the organization must report on Schedule 0. 13a b Enter the amount of reserves on hand 13a 13a c Enter the amount of reserves on hand 13c 14a No b Did the organization is licensed to issue qualified health p					
a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization is licensed to issue qualified health plans in more than one state? 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a No 14b b If "Yes," has it filed a Form 720 to report these payments?!f "No," provide an explanation in Schedule O. 14b c Enter the amount of reserves on hand	8		8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 12 Section 501(c)(12) organizations. Enter: 11a 10b 11a 11a 13 Gross income from members or shareholders	9	Sponsoring organizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12 10a 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 13b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a b 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 13b 13a 14a No 13c 14a No b If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <td< th=""><th>10</th><th>Section 501(c)(7) organizations. Enter:</th><th></th><th></th><th></th></td<>	10	Section 501(c)(7) organizations. Enter:			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Ith 11b 12a 12b 12a 13 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 14a Note. See the instructions for additional information the organization must report on Schedule O. 14a No b If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O . 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a b 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 13b c Enter the amount of reserves on hand 13c 14a No 15 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15 Is the organization and file Form 4720, Schedule N. 15 16 Is the organization an educational instruction subject to the section 4968 excise tax on net investment income? 16	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a b 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 13b 14a No 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	11	Section 501(c)(12) organizations. Enter:			
against amounts due or received from them.) 111b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a b 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	а	Gross income from members or shareholders			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a b 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 13b 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . 15 15 15 If "Yes," see instructions and file Form 4720, Schedule N. 15 15 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . 16	b	Gross income from other sources (Do not net amounts due or paid to other sources			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b a Is the organization licensed to issue qualified health plans in more than one state?		against amounts due or received from them.)			
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b 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 13b 13a c Enter the amount of reserves on hand 13c 14a 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a No b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	b				
Note. See the instructions for additional information the organization must report on Schedule O. If the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b 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 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	а		13a		
c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	b	Enter the amount of reserves the organization is required to maintain by the states in			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	с				
 b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i>. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 	14a		14a		No
 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 			14b		
 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 				-+	
		parachute payment(s) during the year?	15		
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		
Form 990 (2019)			F	orm 990	(2019)

------ Page 6 ------

Form 990 (2	2019) Page 6
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		163							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5									
2	Did any officer, director, trustee, or key employee have a family relationship or a busines officer, director, trustee, or key employee?	ss rela	tionship with any other	2		No						
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other			3		No						
4	Did the organization make any significant changes to its governing documents since the	prior I	Form 990 was filed?	4		No						
5												
6	Did the organization have members or stockholders?			6	Yes							
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?	to elec	t or appoint one or more	7a	Yes							
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?											
8	Did the organization contemporaneously document the meetings held or written actions the following:	under	taken during the year by									
а	The governing body?			8a	Yes							
b	Each committee with authority to act on behalf of the governing body? \ldots .			8b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule C</i>		be reached at the	9		No						
Se	ction B. Policies (This Section B requests information about policies not requ	iired b	by the Internal Revenu	e Code	e.)							
					Yes	No						
	Did the organization have local chapters, branches, or affiliates?	• •		10a	Yes							
b	If "Yes," did the organization have written policies and procedures governing the activitie and branches to ensure their operations are consistent with the organization's exempt p			10b	Yes							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .	• •		12a	Yes							
b	Were officers, directors, or trustees, and key employees required to disclose annually int conflicts?	terests •	that could give rise to	12b	Yes							
С	Did the organization regularly and consistently monitor and enforce compliance with the <i>Schedule O how this was done</i>	policy •	? If "Yes," describe in	12c	Yes							
13	Did the organization have a written whistleblower policy?			13		No						
14	Did the organization have a written document retention and destruction policy? $\$.			14		No						
15	Did the process for determining compensation of the following persons include a review persons, comparability data, and contemporaneous substantiation of the deliberation an											
а	The organization's CEO, Executive Director, or top management official \ldots .	• •		15a		No						
b	Other officers or key employees of the organization	• •		15b		No						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or si taxable entity during the year?		arrangement with a	16a		No						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization joint venture arrangements under applicable federal tax law, and take steps to safeguistatus with respect to such arrangements?	ard th	evaluate its participation e organization's exempt	16b								
50	ction C. Disclosure					L						
<u> </u>	List the states with which a copy of this Form 990 is required to be filed											
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), only) available for public inspection. Indicate how you made these available. Check all the	990, a nat app	nd 990-T (501(c)(3)s bly.									
	Own website Another's website Upon request Other (explain in Su		-									
19	Describe in Schedule O whether (and if so, how) the organization made its governing do 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: ASADOUR TARAKCHIAN 117 S LOUISE ST 306 GLENDALE, CA 91205 (909) 796-2635 20

Form 990 (2019)

Form 990 (2019)

– Page 7 –

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

ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Em	ployees
---	---------

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		one bo	ox,ι n of cor/t	t ch unle ficer rust	ss pers and a ee)	son	(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
(1) RICHARD OHANIAN	5.00					đ				
PRESIDENT		х						0	0	0
(2) ARAM TER-MARTIROSYAN VICE PRESIDENT	5.00	х						0	0	0
(3) AIDA BAREGHAMYAN SECRETARY	5.00	х						0	0	0
(4) SONA JUHARYAN	5.00	х						0	0	0
TREASURER										
										Form 990 (2019)

Form 990 (2019)

	(A) Name and title	(B) Average hours per week (list any hours for related	than o is b	one b	ox, ι n of tor/t	t ch Inle ficei rust	-	son a	Repo compo fro organiz	(D) ortable ensation m the ation (W- 9-MISC)	(E) Reportable compensation from related organizations (V 2/1099-MISC)	V-	(F) Estima amount o compens from t organizati	ted f other ation :he
		organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					relate	ed
												+		
								_				+		
												+		
								-				+		
												+		
												+		
												\bot		
1 .												┯┷		
C	Sub-Total	 art VII, Section	 А.	· ·								E		
2	Total (add lines 1b and 1c)	but not limited			ed al	hove	e) who	rece	eived mo	0 re than \$10	0.000)		0
-	of reportable compensation from the							1000		re than 91	50,000			
3	Did the organization list any former of	officer, director	or trust	ee, ke	ey ei	nple	oyee, d	or hig	ghest cor	npensated	employee on		Yes	No
	line 1a? If "Yes," complete Schedule J	for such indivi	dual .	-	•	•	• •	•	• •	••••	• •	3		No
4	For any individual listed on line 1a, is organization and related organizations individual										n the	4		No
5	Did any person listed on line 1a receiv services rendered to the organization										vidual for	5		No
	ection B. Independent Contract											_		
1	Complete this table for your five high from the organization. Report comper	nsation for the o									n's tax year.	pen	-	
	Name a	(A) and business addr	ess							Desc	(B) ription of services		(C) Compen	
	Total number of independent contractors compensation from the organization	s (including but	t not lim	ited t	o th	ose	listed	abov	ve) who r	eceived mo	ore than \$100,000) of		
													Form 99() (2019)
				_	Page	e 9								
	n 990 (2019) art VIII Statement of Revenue													Page 9
F	Check if Schedule O contains	a response or	note to	any l	ine i	n th	iis Part			<u></u>	<u></u> .		<u> </u>	
						(1	1)	T	(B)	(C)	Γ	(D)	—

Revenue excluded from tax under sectio 512 - 514
1

0 16,0

c Net income or (loss) from fundraisir	ig eve	nts 🕨	-			
Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming a	ctivitie	es 🕨				
 10aGross sales of inventory, less returns and allowances b Less: cost of goods sold 	10a 10b		_			
c Net income or (loss) from sales of in	nvento	ory 🕨				
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue	-+					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions .	•	••••	206,478	0	0	16,670

Form 990 (2019)

------ Page 10 -------

Form 990 (2019)

Page **10**

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must		5		· · ·
Check if Schedule O contains a response or note to a Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	ny line in this Part IX (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	64,286	64,286		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
${\bf 8}$ Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
${f e}$ Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column(A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
	i	i		

13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a BANK SERVICE CHARGE	802	0	802	0
	b PREPAID EXPENSES	5,426	0	5,426	0
	c POSTAGE	1,680	0	1,680	0
	d PRINTING & PUBLISHING	4,998	0	4,998	0
	e All other expenses	121,470	0	121,470	0
25	Total functional expenses. Add lines 1 through 24e	198,662	64,286	134,376	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720).				

Form **990** (2019)

------ Page 11 -

Part X	Balance Sheet				
	Check if Schedule O contains a response or not	te to any line in this Part IX			🗆
			(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing		68,421	1	110,510
2	Savings and temporary cash investments .	[41,085	2	2,844
3	Pledges and grants receivable, net	[3	
4	Accounts receivable, net	[4	
5	Loans and other payables to any current or forr employee, creator or founder, substantial contri or family member of any of these persons	butor, or 35% controlled entity		5	
6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in s		6		
<u>so</u> 7	Notes and loans receivable, net		7		
ssets 8 8	Inventories for sale or use		8		
9 🕸	Prepaid expenses and deferred charges $\ .$			9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
Ь	Less: accumulated depreciation	10b		10c	
11	Investments—publicly traded securities .			11	
12	Investments-other securities. See Part IV, line	11	344,219	12	348,261
13	Investments—program-related. See Part IV, line	e 11		13	
14	Intangible assets	[14	
15	Other assets. See Part IV, line 11	[15	
16	Total assets. Add lines 1 through 15 (must eq	ual line 33)	453,725	16	461,615
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue	Г		19	

10Oreginal19Deferred revenue . --.

	20	Tax-exempt bond liabilities		20	
ŝ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties $\ .$.		24	
	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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Balances	27	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	453,725	27	461,615
ä	28	Net assets with donor restrictions		28	
or Fund	29	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	
st	30	Paid-in or capital surplus, or land, building or equipment fund		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	453,725	32	461,615
Net	33	Total liabilities and net assets/fund balances	453,725	33	461,615
					Form 990 (2019)

_____ Page 12 _____

Form	990 (2019)				Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			206,478
2	Total expenses (must equal Part IX, column (A), line 25)	2			198,662
3	Revenue less expenses. Subtract line 2 from line 1	3			7,816
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4			453,725
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in 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))	10			461,615
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: \square Cash \square Accrual \square 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed c	n a			
	separate basis, consolidated basis, or both:				
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	5 , 1		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
	Separate basis Consolidated basis Doti Consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Scher		2c		
	in the organization changed either its oversight process or selection process during the tax year, explain in sched	uie U			
-					

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?

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 in Schedule O and describe any steps taken to undergo such audits.

3a No 3b

Return to Form

Form 990 (2019)

Form 990 (2019)

Additional Data

Software ID: 19009670

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efil	e Pul	olic Visual	Render	ObjectId: 2	20203216934930	00423 - Submi	ission: 2020-	08-03		IN: 95-3957498
		OULE A or 990EZ)	Con		Charity State rganization is a sec 4947(a)(1) nonex	tion 501(c)(3)	organization o			2019
		he Treasury le Service	•	Go to <u>www.irs</u>	Attach to Form a.gov/Form990 for			ormation.		Open to Public Inspection
		he organiza		OF AMERICA INC				Employer ide	entifica	ation number
	1 7 (17 E)		, SCIENTISTS (95-3957498		
	rt I	Reason	for Public	Charity Stat	us (All organizatio	ns must comple	ete this part.) S	See instruction	าร.	
	organiz				e it is: (For lines 1 thr					
1					ssociation of churches					
2	\Box				(1)(A)(ii). (Attach So	· ·				
3		•	•	•	vice organization des					
4		A medical r name, city,		inization operat	ed in conjunction wit	h a hospital descr	ibed in section :	170(b)(1)(A)(iii). En	ter the hospital's
5 6		170(Ď)(1)	(A)(iv). (Co	mplete Part II.)	it of a college or univ) r governmental unit d				describ	ed in section
7		An organiza	ation that no	•	a substantial part of				genera	I public described in
8		A communi	ity trust desc	ribed in section	n 170(b)(1)(A)(vi)		•			
9					escribed in 170(b)(1 See instructions. Enter					ge or university or a
10		from activit investment	ties related to income and	o its exempt fur unrelated busin	: (1) more than 331/3 nctions—subject to centers taxable income (complete Part III.)	rtain exceptions,	and (2) no more	than 331/3% of	its sup	port from gross
11		An organiza	ation organiz	ed and operated	d exclusively to test f	or public safety. S	See section 509	(a)(4).		
12		more public	cly supported	l organizations o	d exclusively for the b described in section the type of supportin	509(a)(1) or se	ction 509(a)(2). See section	509(a)	
а		Type I. A so organizatio	supporting or n(s) the pow	ganization oper	rated, supervised, or appoint or elect a ma	controlled by its s	supported organiz	zation(s), typica	illy by g	
b		manageme	nt of the sup		pervised or controlled ation vested in the sa and C.					
с		Type III f	unctionally	integrated. A s	supporting organizati ions). You must co n				ntegrat	ed with, its
d		Type III n functionally	on-function	ally integrate The organizatio	d. A supporting organ in generally must sati rt IV, Sections A an	nization operated sfy a distribution	in connection wi requirement and	th its supported		
е		Check this	box if the org	anization receiv	ved a written determ	ination from the I		pe I, Type II, Ty	/pe III	functionally
f	Entor			on-functionally	integrated supportin	g organization.				
g	Lincer			5	the supported organ	ization(s).			·	
	(i) №	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your govern	anization listed ing document?	(v) Amount monetary sup (see instruction	port	(vi) Amount of other support (see instructions)
						Yes	No			
Tota	1									
For F	Paperv	work Reduc or 990-EZ.	tion Act Not	tice, see the Iı	nstructions for	Cat. No. 1128	5F 5	Schedule A (Fo	orm 99	0 or 990-EZ) 2019
					P	age 2				
		/								
			or 990-EZ) 20				70/1->/4>/->	()	(1)(2	Page 2
	rt II	(Comple If the o	ete only if y rganization	ou checked th	zations Described he box on line 5, 7 ify under the tests	, or 8 of Part I o	or if the organi	zation failed t		
		A. Public	Support		1			1		1
Cale	ndar	year	· · · •	(a) 201	.5 (b) 2016	(c) 2017	(d) 2018	3 (e) 20	19	(f) Total

(01	fiscal year beginning in) 🏲	· · · ·		× / ·	··/ · ·	× 2 · ·	x / · · ·
ì	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	142,999	108,666	154,526	127,958	179,127	713,276
2	Tax revenues levied for the organization's benefit and either paid						0
-	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						0
	the organization without charge						-
	Total. Add lines 1 through 3	142,999	108,666	154,526	127,958	179,127	713,276
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly supported organization) included on						0
	line 1 that exceeds 2% of the amount						
-	shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						713,276
S	ection B. Total Support						
Ca	endar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	fiscal year beginning in) 🕨	. ,					.,
7	Amounts from line 4 Gross income from interest,	142,999	108,666	154,526	127,958	179,127	713,276
8	dividends, payments received on securities loans, rents, royalties and	14,522	11,056	14,059	14,253		53,890
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the						0
	business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets						0
	(Explain in Part VI.).						Ŭ
11	Total support. Add lines 7 through 10						767,166
12	Gross receipts from related activities, e	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is fo	r the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					• 0	
S	ection C. Computation of Public						
14	Public support percentage for 2019 (lir		-	column (f))		14	92.980 %
15	Public support percentage for 2018 Scl					15	90.870 %
	33 1/3% support test—2019. If the						
b	and stop here. The organization quali	fies as a publicly s	supported organization	ation			🕨 🗹 < this
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets	-2019. If the ord n meets the "facts	anization did not -and-circumstance	check a box on lir es" test, check thi	ne 13, 16a, or 16b s box and stop he	, and line 14 ere. Explain	
b	organization . 10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organizatio	st—2018. If the or ation meets the "f	rganization did not acts-and-circumst	t check a box on li ances" test, checl	ine 13, 16a, 16b, o < this box and sto	or 17a, and line p here.	► 🗆
18	supported organization Private foundation. If the organization						
	instructions						
					Schedu	le A (Form 990 c	or 990-EZ) 2019
			Page 3				

Schedule A (Form 990 or 990-EZ) 2019

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

Page **3**

	(Complete only if you on the organization fails to						nder Part II. If
Se	ction A. Public Support						
	ndar year ïscal 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, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid						

ŀ	Tax revenues levied for the	
	organization's henefit and either naid	

	organization o benefic and entiter paid		I						
5	to or expended on its behalf The value of services or facilities								
5	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and								
7a	3 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 from line 6.)								0
Se	ction B. Total Support	I			-1. L				
	endar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f)	Total	
-	fiscal year beginning in) 🕨	(u) 2015	(6) 2010	(0) 2017	(u) 2010	(c) 2015		Total	
9 10a	Amounts from line 6 Gross income from interest,								
IUa	dividends, payments received on								
	securities loans, rents, royalties and								
L	income from similar sources Unrelated business taxable income								
b	(less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
с 11	Add lines 10a and 10b. Net income from unrelated business								
11	activities not included in line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
12	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 fo	or the organization	's first, second, t	hird, fourth, or fi	fth tax year as a sect	tion 501(c)(3) organ	ization,	
	check this box and stop here							. 🕨 (
Se	ction C. Computation of Public								
	Dublic comment mensentage for 2010 (lin	a Q column (f) d							0.01
15	Public support percentage for 2019 (lir		livided by line 13	, column (f)) .		15			0 %
15 16	Public support percentage for 2019 (III Public support percentage from 2018 S		-			15 16			0 %
16		Schedule A, Part I	II, line 15						0 %
16	Public support percentage from 2018 S	Schedule A, Part I ment Income	II, line 15 Percentage						0 %
16 Se	Public support percentage from 2018 Section D. Computation of Invest	Schedule A, Part I ment Income 19 (line 10c, colu	II, line 15 Percentage mn (f) divided by	line 13, column	(f))	16			
16 Se 17 18	Public support percentage from 2018 S Extion D. Computation of Invest Investment income percentage for 20	Schedule A, Part I ment Income 19 (line 10c, colu 1018 Schedule A,	II, line 15 . Percentage mn (f) divided by Part III, line 17 .	line 13, column	(f))	16 17 18	line 17	is not	
16 Se 17 18 19a	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2019. If the onore than 33 1/3%, check this box and s	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualif	r line 13, column on line 14, and li ies as a publicly s	(f))	16 17 18 33 1/3%, and on	🕨		0 %
16 Se 17 18 19a	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 31/3% support tests—2019. If the more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or e organization did	II, line 15	v line 13, column on line 14, and li ies as a publicly s on line 14 or line	(f)) (f)) ne 15 is more than 3 supported organizatio 19a, and line 16 is n	16 17 18 33 1/3%, and on nore than 33	► 3 1/3% ar	nd line	0 %
16 Se 17 18 19a	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2019. If the onore than 33 1/3%, check this box and s	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or e organization did	II, line 15	v line 13, column on line 14, and li ies as a publicly s on line 14 or line	(f)) (f)) ne 15 is more than 3 supported organizatio 19a, and line 16 is n	16 17 18 33 1/3%, and on nore than 33	► 3 1/3% ar	nd line	0 %
16 Se 17 18 19a	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2019. If the more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or e organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization	 / line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a publicle 	(f))	16 17 18 33 1/3%, and on nore than 33 nization	3 1/3% ar	nd line	0 %
16 Se 17 18 19a b	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 31/3% support tests—2019. If the of more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or e organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization	 / line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a publicle 	(f))	16 17 18 33 1/3%, and on nore than 33 nization	3 1/3% ar	nd line	0 %
16 Se 17 18 19a b	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 31/3% support tests—2019. If the of more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or e organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization	 / line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a publicle 	(f))	16 17 18 33 1/3%, and on on nore than 33 nization nstructions	3 1/3% ar	nd line	0 %
16 Se 17 18 19a b	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 31/3% support tests—2019. If the of more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or e organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization	r line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chec	(f))	16 17 18 33 1/3%, and on on nore than 33 nization nstructions	3 1/3% ar	nd line	0 %
16 Se 17 18 19a b	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 31/3% support tests—2019. If the of more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or e organization did and stop here.	II, line 15	r line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chec	(f))	16 17 18 33 1/3%, and on on nore than 33 nization nstructions	3 1/3% ar	nd line	0 %
16 Se 17 18 19a b 20	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2019. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or e organization did and stop here.	II, line 15	r line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chec	(f))	16 17 18 33 1/3%, and on on nore than 33 nization nstructions	3 1/3% ar	nd line	0 % 18 is 2019
16 Sec 17 18 19a b 20	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2019. If the one more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990 or 990-EZ) 2019	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or e organization did and stop here. on did not check a	II, line 15	r line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chec	(f))	16 17 18 33 1/3%, and on on nore than 33 nization nstructions	3 1/3% ar	nd line	0 %
16 Sec 17 18 19a b 20	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 203 331/3% support tests—2019. If the one more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990 or 990-EZ) 2019 t IV Supporting Organization	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or e organization did and stop here. on did not check a	II, line 15	r line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chec	(f))	16 17 18 33 1/3%, and on nore than 33 nization nstructions . A (Form 99	3 1/3% ar	nd line → □ ▶ □ ₽ ₽ ₽	0 % 18 is 2019
16 Sec 17 18 19a b 20	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2019. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a Part I, complete Sections A and	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The ore organization did and stop here. on did not check a s a box on line 12 c d C. If you checke	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 f Part I. If you ch	v line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chec	(f))	16 17 18 33 1/3%, and on more than 33 nization nstructions . A (Form 99 A (Form 99)	1 ► 3 1/3% ar ► 90 or 99	Pecked 1	0 % 18 is 2019 age 4 2b of
16 See 17 18 19a b 20 Schee Par	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2019. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a Part I, complete Sections A and Sections A and D, and complete	Schedule A, Part I ment Income 19 (line 10c, colu 19 (line 10c, colu 19 (line 10c, colu 19 (line 10c, colu 10 (line 10c,	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 f Part I. If you ch	v line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chec	(f))	16 17 18 33 1/3%, and on more than 33 nization nstructions . A (Form 99 A (Form 99)	1 ► 3 1/3% ar ► 90 or 99	Pecked 1	0 % 18 is 2019 age 4 2b of
16 See 17 18 19a b 20 Schee Par	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2019. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a Part I, complete Sections A and	Schedule A, Part I ment Income 19 (line 10c, colu 19 (line 10c, colu 19 (line 10c, colu 19 (line 10c, colu 10 (line 10c,	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 f Part I. If you ch	v line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chec	(f))	16 17 18 33 1/3%, and on more than 33 nization nstructions . A (Form 99 A (Form 99)	1 ► 3 1/3% ar ► 90 or 99	Pecked 1	0 % 18 is 2019 age 4 .2b of lete
16 See 17 18 19a b 20 Schee Par	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2019. If the of more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a Part I, complete Sections A and Sections A and D, and complete ction A. All Supporting Organization	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or e organization did and stop here. on did not check a s box on line 12 of C. If you checke e Part V.) ations	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 of Part I. If you ch d 12c of Part I, c	r line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chec	(f)) ne 15 is more than 3 supported organization 19a, and line 16 is no blicly supported organization supported organization ck this box and see in Schedule t I, complete Section A, D, and E. If you c	16 17 18 33 1/3%, and on nore than 33 nization nstructions . A (Form 99) as A and B. I thecked 12d	1 ► 3 1/3% ar ► 90 or 99	Pecked 1	0 % 18 is 2019 age 4 2b of
16 Se 17 18 19a b 20 Schee Par	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2019. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a Part I, complete Sections A and Sections A and D, and complete ction A. All Supporting Organization's supported	Schedule A, Part I ment Income 19 (line 10c, colu 19 (line 10c, colu 19 (lone 10c, colu 19 (lone 10c, colu 19 (lone 10c, colu 10 (lone 10c,	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 f Part I. If you ch d 12c of Part I, c ed by name in th	v line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chec necked 12a of Par omplete Sections	(f))	16 17 18 33 1/3%, and on more than 33 nization inization instructions . A (Form 99)	1 ► 3 1/3% ar ► 90 or 99	Pecked 1	0 % 18 is 2019 age 4 .2b of lete
16 See 17 18 19a b 20 Schee Par	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 2013 Investment income percentage from 2 331/3% support tests—2019. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a Part I, complete Sections A and Section A. All Supporting Organization Are all of the organization's supported If "No." describe in Part VI how the su	Schedule A, Part I ment Income 19 (line 10c, colu 19 (line 10c, colu 19 (line 10c, colu 19 (line 10c, colu 19 (line 10c, colu 10 (line 10c,	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 f Part I. If you ch d 12c of Part I, ci ed by name in th tions are designed	v line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chec necked 12a of Par omplete Sections	(f))	16 17 18 33 1/3%, and on more than 33 nization inization instructions . A (Form 99)	1 ► 3 1/3% ar ► 1 20 or 99 f you che of Part I	Pecked 1	0 % 18 is 2019 age 4 .2b of lete
16 Se 17 18 19a b 20 Sched Par Se 1	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2019. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a Part I, complete Sections A and Sections A and D, and complete ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the su describe the designation. If historic an	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or e organization did and stop here. The or e organization did and stop here. The or e organization did and stop here. The or e organization did a dox on line 12 of d C. If you checke e Part V.) ations organizations list upported organizations list d continuing relat	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 f Part I. If you ch d 12c of Part I, co ed by name in th tions are designation ionship, explain.	v line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chec necked 12a of Par omplete Sections	(f)) ne 15 is more than 3 supported organization 19a, and line 16 is mo- blicly supported organization ck this box and see in Schedule t I, complete Section A, D, and E. If you conserve governing documents d by class or purpose	16 17 18 33 1/3%, and on nore than 33 nization nstructions . A (Form 99) as A and B. I thecked 12d as	1 ► 3 1/3% ar ► 90 or 99	Pecked 1	0 % 18 is 2019 age 4 .2b of lete
16 See 17 18 19a b 20 Schee Par	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2019. If the of more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a Part I, complete Sections A and Sections A and D, and complete ction A. All Supporting Organization If "No," describe in Part VI how the sis describe the designation. If historic an Did the organization have any support	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or e organization did and stop here. on did not check a a box on line 12 of c. If you checke e Part V.) ations organizations list upported organiza d continuing relat ed organization th	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 of Part I. If you ch d 12c of Part I, c ed by name in th tions are designation that does not have	r line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chec necked 12a of Par omplete Sections e organization's g ated. If designate e an IRS determin	(f)) ne 15 is more than 3 supported organization 19a, and line 16 is mo- bilicly supported organization schedule t I, complete Section A, D, and E. If you con poverning documents d by class or purposed bation of status under	16 17 18 33 1/3%, and on nore than 33 nization nstructions . A (Form 99) as A and B. I thecked 12d s? er er er	1 ► 3 1/3% ar ► 1 20 or 99 f you che of Part I	Pecked 1	0 % 18 is 2019 age 4 .2b of lete
16 See 17 18 19a b 20 Schee Par See 1	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2019. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a Part I, complete Sections A and Sections A and D, and complete ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the su describe the designation. If historic an	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The or e organization did and stop here. on did not check a a box on line 12 of c. If you checke e Part V.) ations organizations list upported organiza d continuing relat ed organization th	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 of Part I. If you ch d 12c of Part I, c ed by name in th tions are designation that does not have	r line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chec necked 12a of Par omplete Sections e organization's g ated. If designate e an IRS determin	(f)) ne 15 is more than 3 supported organization 19a, and line 16 is mo- bilicly supported organization schedule t I, complete Section A, D, and E. If you con poverning documents d by class or purposed bation of status under	16 17 18 33 1/3%, and on nore than 33 nization nstructions . A (Form 99) as A and B. I thecked 12d s? er er er	f you che	Pecked 1	0 % 18 is 2019 age 4 .2b of lete
16 See 17 18 19a b 20 Schee Par 1 2	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 2013 Investment income percentage for 2013 Investment income percentage from 2 331/3% support tests—2019. If the off nore than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a Part I, complete Sections A and Section A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in P described in section 509(a)(1) or (2).	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The ore e organization did and stop here. The ore e organization did and stop here. The ore on did not check a son did not check a son did not check a con did not check a son did not check a	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 f Part I. If you ch d 12c of Part I, ce ed by name in th titons are designat ionship, explain. hat does not have rganization deter	e organization's gated. If designate	(f)) (f)) Ine 15 is more than 3 supported organization 19a, and line 16 is monotonic 19a, and line 16 is monotonic Schedule t I, complete Section A, D, and E. If you composed poverning documents d by class or purposed particle organization	16 17 18 33 1/3%, and on nore than 33 nization nization nstructions . A (Form 99) ns A and B. I thecked 12d s? e, r section n was	f you che of Part I	Pecked 1	0 % 18 is 2019 age 4 .2b of lete
16 Se 17 18 19a b 20 Sched Par Se 1	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2019. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a Part I, complete Sections A and Sections A and D, and complete ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in P described in section 509(a)(1) or (2). Did the organization have a supported	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The ore e organization did and stop here. The ore e organization did and stop here. The ore on did not check a son did not check a son did not check a con did not check a son did not check a	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 f Part I. If you ch d 12c of Part I, ce ed by name in th titons are designat ionship, explain. hat does not have rganization deter	e organization's gated. If designate	(f)) (f)) Ine 15 is more than 3 supported organization 19a, and line 16 is monotonic 19a, and line 16 is monotonic Schedule t I, complete Section A, D, and E. If you composed poverning documents d by class or purposed particle organization	16 17 18 33 1/3%, and on nore than 33 nization nization nstructions . A (Form 99) ns A and B. I thecked 12d s? e, r section n was	f you che of Part I	Pecked 1	0 % 18 is 2019 age 4 .2b of lete
16 See 17 18 19a b 20 Schee Par 1 2	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 2013 Investment income percentage for 2013 Investment income percentage from 2 331/3% support tests—2019. If the off nore than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a Part I, complete Sections A and Section A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in P described in section 509(a)(1) or (2).	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The ore e organization did and stop here. The ore e organization did and stop here. The ore on did not check a son did not check a son did not check a con did not check a son did not check a	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 f Part I. If you ch d 12c of Part I, ce ed by name in th titons are designat ionship, explain. hat does not have rganization deter	e organization's gated. If designate	(f)) (f)) Ine 15 is more than 3 supported organization 19a, and line 16 is monotonic 19a, and line 16 is monotonic Schedule t I, complete Section A, D, and E. If you composed poverning documents d by class or purposed particle organization	16 17 18 33 1/3%, and on nore than 33 nization nization nstructions . A (Form 99) ns A and B. I thecked 12d s? e, r section n was	f you che of Part I	Pecked 1	0 % 18 is 2019 age 4 .2b of lete
16 See 17 18 19a b 20 Schee Par 1 2	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 2013 331/3% support tests—2019. If the off more than 33 1/3%, check this box and s 331/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a Part I, complete Sections A and Section A. All Supporting Organization the organization's supported <i>If "No," describe in Part VI how the su describe the designation. If historic an</i> Did the organization have any supported bit the organization have a supported bit he organization have a supported bit he organization have a supported <i>Did the organization have a supported below.</i> Did the organization confirm that each	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The ore e organization did and stop here. The ore e organization did and stop here. The ore e organization did and stop here. The ore e organization did to n did not check a supported organization the corganization deso organization deso supported organization deso	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization qualif not check a box The organization qualified the box on line 14, Page 4 of Part I. If you ch d 12c of Part I, co ed by name in the tions are designation tionship, explain. The the box on line the tions are designation deter cribed in section ization qualified the tions are designation the tions are designation the tions are designation deter the tis the tions are designation deter the tions are d	v line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a publicly son line 14 or line qualifies as a publicly son line 14 or line qualifies as a publicly son line 14, and li ies as a publicly qualifies as a publicly son line 14, and line qualifies as a publicly son line 14, and line qualifies as a publicly son line 14, and line qualifies as a publicly son line 14, and line son line 14, and line son line son line 14, and line son line 14, and line son line 14, and line son line son line 14, and line son line	(f)) (f)) ine 15 is more than 3 supported organization 19a, and line 16 is mo- blicly supported organization Schedule t I, complete Section A, D, and E. If you construct governing documents d by class or purpose bation of status under upported organization (6)? If "Yes," answer (c)(4), (5), or (6) an	16 17 18 33 1/3%, and on more than 33 nization nization nstructions . A (Form 99) ns A and B. I hecked 12d s? er n was er (b) and (c) nd satisfied	f you che of Part I	Pecked 1	0 % 18 is 2019 age 4 .2b of lete
16 See 17 18 19a 5 20 Schee Par 1 2 3a	Public support percentage from 2018 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2019. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a Part I, complete Sections A and Sections A and D, and complete ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any supported bild the organization have a supported Did the organization have a supported bild the	Schedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did n stop here. The ore e organization did and stop here. The ore e organization did and stop here. The ore e organization did and stop here. The ore e organization did to n did not check a supported organization the corganization deso organization deso supported organization deso	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization qualif not check a box The organization qualified the box on line 14, Page 4 of Part I. If you ch d 12c of Part I, co ed by name in the tions are designation tionship, explain. The the box on line the tions are designation deter cribed in section ization qualified the tions are designation the tions are designation the tions are designation deter the tis the tions are designation deter the tions are d	v line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a publicly son line 14 or line qualifies as a publicly son line 14 or line qualifies as a publicly son line 14, and li ies as a publicly qualifies as a publicly son line 14, and line qualifies as a publicly son line 14, and line qualifies as a publicly son line 14, and line qualifies as a publicly son line 14, and line son line 14, and line son line son line 14, and line son line 14, and line son line 14, and line son line son line 14, and line son line	(f)) (f)) ine 15 is more than 3 supported organization 19a, and line 16 is mo- blicly supported organization Schedule t I, complete Section A, D, and E. If you construct governing documents d by class or purpose bation of status under upported organization (6)? If "Yes," answer (c)(4), (5), or (6) an	16 17 18 33 1/3%, and on more than 33 nization nization nstructions . A (Form 99) ns A and B. I hecked 12d s? er n was er (b) and (c) nd satisfied	f you che of Part I	Pecked 1	0 % 18 is 2019 age 4 .2b of lete

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.

20

		30	1 1	
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.	4a 4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a				
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
7	7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).			
		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	0.0		
		9a		
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 .	9b		
с	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	9c 10a		
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).	10b		
	Schedule A (Form 990			2012

Page 5

Page 5

Yes

No

Schedule A (Form 990 or 990-EZ) 2019

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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.	11c		
Se	ection B. Type I Supporting Organizations			

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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.	art		
		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		

Section C.	Type I	I Supporting	Organizations
------------	--------	--------------	---------------

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	Γ	
supporting organization was vested in the same persons that controlled or managed the supported organization(s).		1

Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
	documents in effect on the date of notification, to the extent not previously provided:	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
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 supported organizations played in this regard.	3		
-				

r r

、 /

Section 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):
 - **a** \square The organization satisfied the Activities Test. Complete **line 2** below.

 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test. Answer (a) and (b) below.

r r

- a 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.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2019

2b

3a

3b

No

Page 6

Yes

Page 6

Schedule A (Form 990 or 990-EZ) 2019

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1		
2	Acquisition indehtedness annlicable to non-exempt use assets	2		İ

~	Acquisition indeptedness applicable to non-exempt use assets	- 1	1
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 emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrat	ed Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

Page **7**

_____ Page 7 —

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrate	u Sustar(S) Supporting		
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	h exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pu	irposes of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	ed)		
6 Other distributions (describe in Part VI). See instructi	ons		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to w details in Part VI). See instructions	hich the organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years	-		
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	1		
4 Distributions for 2019 from Section D, line 7:	1		
\$			
		1	
a Applied to underdistributions of prior years			
a Applied to underdistributions of prior yearsb Applied to 2019 distributable amount			

 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. 	
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.	
7 Excess distributions carryover to 2020. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2015.	
b Excess from 2016	
c Excess from 2017	
d Excess from 2018.	
e Excess from 2019	
	A (Farma 000 ar 000 F7) (2010)

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (Form 990 or 990-EZ) 2019

Return Reference

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

Facts And Circumstances Test

Explanation

Schedule A (Form 990 or 990-EZ) 2019

Additional Data

Software ID: 19009670 Software Version: **Return to Form**

Page 8

Page 8 -

efile Public Visual Rer	nder Objectld: 202032169349300423 - Submission: 2020-08-03		TIN: 95-3957498	
Schedule B	Schedule of Contributors		OMB No. 1545-0047	
(Form 990, 990-E2, or 990-PF) Department of the Treasury Internal Revenue Service	(Form 990, 990-EZ, or 990-PF) Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Go to www.irs.gov/Form990 for the latest information.			
Name of the organization	AND SCIENTISTS OF AMERICA INC	Employer id	entification number	
	AND SCIENTISTS OF APPENDENTING	95-3957498		
Organization type (ch	eck one):			
Filers of:	Section:			
Form 990 or 990-EZ	□ 501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private found	lation		
	□ 527 political organization			
Form 990-PF	□ 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundatio	n		
	□ 501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:**Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

ARMENIAN LINGIN	LERS AND SCIENTISTS OF APPERICA INC	05+1655	
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

	'		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
		Schedule B (F	orm 990, 990-EZ, or 990-PF) (2019)

– Page 3 –

Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page 3
Name of organization Employer identification number ARMENIAN ENGINEERS AND SCIENTISTS OF AMERICA INC		n number	
		95-3957498	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received

		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
ł		Schedule B (For	m 990, 990-EZ, or 990-PF) (2019)

- Page 4 -

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization ARMENIAN ENGINEERS AND SCIENTISTS OF AMERICA INC

Employer identification number 95-3957498

Page 4

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the Part III year. (Enter this information once. See instructions.) ***** \$ Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held			
-							
	Transferee's name, address, and		e) Transfer of gift Relationshi	p of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
-							
	Transferee's name, address, and		(e) Transfer of gift ZIP 4 Relationship of transferor to transferee				
(a) No from	(h) Purnose of aift		(c) lise of aift	(d) Description of how dift is held			

Part I	(8) i dipose ol gilt		(0) 000 01 911	
. =				
	Transferee's name, address, and ZIP 4		(e) Transfer of gift Rel	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
. =	Transferee's name, address, and	ZIP 4	(e) Transfer of gift Rel	ationship of transferor to transferee
			-	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Render ObjectId: 202032169349300423 - Submission: 2020-08-03 TI						TIN: 95-3957498	
SCI	HEDULE D		Supplaman	tal Einanaial Statar	nonto		OMB No. 1545-0047
	m 990)		Supplemen	tal Financial Stater	2010		
				ganization answered "Yes," or	2013		
Department of the Treasury Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information							Open to Public
-	al Revenue Service me of the organ		o to <u>www.irs.gov/Form</u>	1990 for instructions and the l			Inspection ification number
	ME OF THE OFGAN		OF AMERICA INC			• •	incation number
De	ut I Oreani		ntaining Danas Adui	and Funda on Othen Cimilar		-3957498	
Pa				sed Funds or Other Simila s" on Form 990, Part IV, line		counts.	
	•	3		(a) Donor advised fund		(b) Funds a	ind other accounts
1	Total number at	end of year .					
2			is to (during year)				
3	Aggregate value	•					
4							
5				rs in writing that the assets held clusive legal control?		I funds are the	🗌 Yes 🗌 No
6	Did the organiza	tion inform all	grantees, donors, and do	nor advisors in writing that grant	funds can be us	sed only for	
-	charitable purpo	ses and not fo	r the benefit of the donor	or donor advisor, or for any othe	r purpose confer		sible
	•						🗌 Yes 🗌 No
Pa		vation Ease		s" on Form 990, Part IV, line	7		
1				nization (check all that apply).	,,		
	Preservatio	on of land for p	oublic use (e.g., recreation	or education)	ation of an histo	orically importa	ant land area
	Protection	of natural hab	itat		ation of a certifi	ed historic stri	icture
	\square	on of open spa					
2				qualified conservation contributio	n in the form of	a conservatio	n
	easement on the			··· ·· ·· ·· ·· ·· ·· · · · · · · · ·	· · · ·		he End of the Year
а	Total number of	conservation e	asements		· 2a		
b	-						
с				c structure included in (a)			
d	Number of conse structure listed i			red after 7/25/06, and not on a h	historic 2d		
3	Number of conse	ervation easen	nents modified, transferre	d, released, extinguished, or terr	ninated by the o	rganization du	ring the
	tax year 🕨						
4	Number of state	s where prope	rty subject to conservatio	n easement is located			
5				ne periodic monitoring, inspection			_
							Yes 🗌 No
6	Staff and volunt	eer hours devo	oted to monitoring, inspec	ting, handling of violations, and e	enforcing conser	vation easeme	ents during the year
_		nses incurred i	n monitoring inspecting	handling of violations, and enfor	ring conservation	n easemente d	uring the year
7	► \$		in mornitoring, inspectifig,				anny the year
8	Does each conse	ervation easem	nent reported on line 2(d)	above satisfy the requirements of	of section 170(h)	(4)(B)(i)	
	and section 170	(h)(4)(B)(ii)?					Yes 🗌 No
9				ervation easements in its revenue footnote to the organization's fin			00
			for conservation easement				
Par				of Art, Historical Treasure		imilar Asse	ts.
1a				<u>s" on Form 990, Part IV, line</u> C 958, not to report in its revenu		l balance shee	t works of art.
10	historical treasu Part XIII, the te	res, or other s xt of the footn	imilar assets held for public to its financial statem	lic exhibition, education, or resea ents that describes these items.	rch in furtheranc	ce of public ser	vice, provide, in
b		res, or other s	imilar assets held for publ	C 958, to report in its revenue st lic exhibition, education, or resea			
(. ▶\$_	
2	If the organizati	on received or	held works of art, historie	cal treasures, or other similar ass ASC 958 relating to these items:			the
а	Revenue include	d on Form 990), Part VIII, line 1			. ►\$	
b	Assets included	in Form 990, F	Part X			. ▶\$	
For	Paperwork Redu	ction Act No	tice, see the Instruction	ns for Form 990.	Cat. No. 5228	3D Schedu	ile D (Form 990) 2019

Sche	dule D	(Form 990) 2019									Page 2
Par	t III	Organizations Maintaining Col	lections of Ar	t, Histor	ical Tre	easures, oi	r Other	Similar As	sets (conti	nued)	
3		the organization's acquisition, accession (check all that apply):									
а		Public exhibition		d		Loan or excha	ange prog	rams			
b		Scholarly research		e		Other					
С		Preservation for future generations									
4	Provid Part X	le a description of the organization's col III.	lections and expla	ain how th	ey furthe	er the organiz	ation's ex	empt purpos	se in		
5		g the year, did the organization solicit or s to be sold to raise funds rather than to							🗌 Yes	🗆 No	
Pai	rt IV	Escrow and Custodial Arrange Complete if the organization answ line 21.		Form 990), Part I	V, line 9, or	reporte	d an amour	nt on Form	990, Pa	art X,
1a		organization an agent, trustee, custodi ed on Form 990, Part X?							🗌 Yes	🗆 No	
b	If "Ye	s," explain the arrangement in Part XIII	and complete the	e following	table:]		Aı	mount		
c		ning balance	•	-			1c				•
d	-	ons during the year					1d				•
е	Distrit	outions during the year					1e				
f	Endin	g balance					1f				_
2a	Did th	e organization include an amount on Fo	rm 990, Part X, li	ne 21, for	escrow	or custodial a	ccount lia	bility?	🗌 Yes		
b	If "Yes	s," explain the arrangement in Part XIII.	. Check here if th	e explanat	ion has l	been provideo	d in Part >				
Pa	rt V	Endowment Funds.				•					
		Complete if the organization answ									
15	Boginni	ng of year balance	(a) Current year	(b)	Prior year	(c) Two y	ears back	(d) Three yea	ars back (e) F	our years	back
	-	utions									
		estment earnings, gains, and losses									
		or scholarships									
		expenditures for facilities									
		ograms									
f	Adminis	strative expenses									
g	End of	year balance									
2 a		le the estimated percentage of the curre designated or quasi-endowment >	ent year end bala	nce (line 1	g, colum	nn (a)) held a	s:				
b	Perma	nent endowment 🕨									
с	Term	endowment 🕨									
3a	Are th	ercentages on lines 2a, 2b, and 2c shou lere endowment funds not in the posses ization by:	•	ization tha	it are he	ld and admini	istered fo	r the		Yes	No
	-	related organizations							3a(i)		
	• •	elated organizations							3a(ii)	<u>├</u> ──┼	
b	If "Yes	s" on 3a(ii), are the related organization	is listed as require	ed on Sche	edule R?				3b		
4	Descr	ibe in Part XIII the intended uses of the	-	dowment	funds.						
Pa	rt VI	Land, Buildings, and Equipmen Complete if the organization answ				\/ line 11a	Coo For	~ 000 David	t V line 10		
	Descri	complete in the organization answ ption of property (a) Cost or oth (investme	ner basis (b) (ther) (c) Acc			1	ook value	
1a	Land										
b	Building	gs									
с	Leaseh	old improvements									
d	Equipm	ent									
Tota	I. Add I	ines 1a through 1e. (Column (d) must e	equal Form 990, F	Part X, colu	ımn (B),	line 10(c).)	• •	•			

— Page 2 —

Part VII	Investments Other Securities.			raye J
	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category	Part IV, line		rt X, line 12. d of valuation:
	(including name of security)	value		year market value
	al derivatives	348,261		С
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	348,261		
Part VIII	Investments Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	11c. See Form 990, Pa	art X, line 13.
	(a) Description of investment	,	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, line 1	1d. See Form 990, Part	X, line 15. (b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colu Part X	<pre>umn (b) must equal Form 990, Part X, col.(B) line 15.)</pre>			Þ
1.	Complete if the organization answered 'Yes' on Form 990, (a) Description of liabil		11e or 11f.See Form 9	90, Part X, line 25. (b) Book value
	income taxes			

Τ

(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to	the organization's financial statements that rec	orts the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

— Page 4 —

Schedule D (Form 990) 2019

Scheo	lule D (Form 990) 2019			Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	•	eturn	•
1	Complete if the organization answered 'Yes' on Form 990, Part Total revenue, gains, and other support per audited financial statements		1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		_	
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	-	
c	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII.)	2d	-	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	_	
c		· · · · ·	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	t XII Reconciliation of Expenses per Audited Financial Statem			 n
rai	Complete if the organization answered 'Yes' on Form 990, Part		Netur	
1	Total expenses and losses per audited financial statements $\ . \ . \ .$		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.		5	
Par	t XIII Supplemental Information		_	I
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		t V, line	4; Part X, line 2; Part XI,
	Return Reference	Explanation		
<u> </u>		I	Sched	lule D (Form 990) 2019

Software ID: 19009670 Software Version:

efile Public Visual Re	ender	ObjectId: 202	203216	934930	0423 - Submission	: 2020-0	8-03	TIN: 95-3957498
SCHEDULE G Supplemental Information Regarding							OMB No. 1545-0047	
(Form 990 or 990-EZ) Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or organization entered more than \$15,000 on Form 990-EZ, line 6a.							2019	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								Open to Public Inspection
Name of the organization ARMENIAN ENGINEERS AN	D SCIENTI						Employer ide	entification number
							95-3957498	
	-	es. Complete if e not required to	-		answered "Yes" on F	orm 990	, Part IV, line :	17.
					ollowing activities. Check	all that a	pply.	
a 🗌 Mail solicitations	2		5	e				
b Internet and ema	il solicitatio	ons		1	Solicitation of gov	vernment (grants	
c 🗌 Phone solicitation	S			ç	🛛 🗌 Special fundraisin	g events		
d 🗌 In-person solicitat	tions							
					vidual (including officers			
		. ,	•		on with professional fund	-	U ¥	es 🗌 No
b If "Yes," list the 10 hi to be compensated a				uraisers)	pursuant to agreements	under wi	ich the fundrais	eris
(i) Name and address of in or entity (fundraiser		(ii) Activity	fundrai custo cont) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total				.►				
3 List all states in which t licensing.	he organiz:	ation is registered	l or licens	sed to sol	icit contributions or has	been notif	ied it is exempt	from registration or
For Paperwork Reduction Ac	t Notice, se	e the Instructions	for Form			. 50083H	Schedule G	(Form 990 or 990-EZ) 2019
				——— Pa	age 2			
	g Events	. Complete if th			nswered "Yes" on For gross income on Forr			
		r than \$5,000.						

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Revenue					
Rev					
	1 Gross receipts				
	2 Less: Contributions	0	0		0
	3 Gross income (line 1 minus line 2)	0	0		0
	4 Cash prizes				
es	5 Noncash prizes				
ens	6 Rent/facility costs				
å	7 Food and beverages				
Direct Expenses	8 Entertainment				
ā	9 Other direct expenses	brough 0 in column (d)			
	10 Direct expense summary. Add lines 4 t11 Net income summary. Subtract line 10				
Par	t III Gaming. Complete if the organization		es" on Form 990, Part I	V, line 19, or reported	0 more than \$15,000
IIISZUP	on Form 990-EZ, line 6a.		- -		1
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue				
enses	2 Cash prizes				
Expe	3 Noncash prizes				
Direct I	4 Rent/facility costs				
ā	5 Other direct expenses				
		☐ Yes%_	☐ Yes%	□ Yes%	
	6 Volunteer labor	🗌 No	🗌 No	🗌 No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		🕨	
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)	ト	
9	Enter the state(s) in which the organizati				
a b	Is the organization licensed to conduct ga If "No," explain:		these states?		Yes No
					1
10a	Were any of the organization's gaming lic If "Yes," explain:				
b					
		·			I

Page	з

	dule G (Form 990 or 990-EZ) 20	19					Page .
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes		
12	Is the organization a grantor, b formed to administer charitable		member of a partnership or other entity		□ Yes	_	
13	Indicate the percentage of gam	ing activity conducted in:			\bigcirc res		
а	The organization's facility .			. 13a			%
b	An outside facility			. 13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books an	d records:			
	Name 🕨 🛛						
	Address 🕨						
15a	Does the organization have a c	ontract with a third party from who	m the organization receives gaming				
b		aming revenue received by the organized by the third party s	anization 🕨 \$ and				
с	If "Yes," enter name and addre	ss of the third party:					
	Name 🕨 🛛						
	Address 🕨						
16	Name 🕨						
	Gaming manager compensation	n▶\$					
	Description of services provided	i 🕨					
	Director/officer	Employee	Independent contractor				
17	Mandatory distributions:						
- <i>'</i> а	•		stributions from the gaming proceeds to		—	—	
ь			ited to other exempt organizations or spe	nt	U Yes	∪ No	
-		pt activities during the tax year \blacktriangleright					
			ions required by Part I, line 2b, colur icable. Also provide any additional in				s.
Pai	III, lines 9, 9b, 10b,						
Pai	III, lines 9, 9b, 10b, Return Reference		Explanation				

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Render ObjectId: 202032169349300423 - Submission: 2020-08-03

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

TIN: 95-3957498 OMB No. 1545-0047

Open to Public

Inspection

Return to Form

Employer identification number

95-3957498

g

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

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

Name of the organization ARMENIAN ENGINEERS AND SCIENTISTS OF AMERICA INC

Return Reference	Explanation
Pt V, Line 3b	THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME.
Pt VI, Line 6	THE ORGANIZATION HAS MEMBERS THAT MEET ONCE A YEAR IN GENERAL MEETING.
Pt VI, Line 7a	THE GENERAL MEETING OF MEMBERS ELECT MEMBERS OF GOVERNING BODY.
Pt VI, Line 7b	THE GENERAL MEETING OF MEMBERS DECIDE ON MAJOR GUIDLINES OF OF ORGANIZATION, THAT THE GOVERNING BODY HAS TO FOLLOW.
Pt VI, Line 11b	FORM 990 IS PRESENTED TO MEMBERS AT ANNUAL GENERAL MEETING.
Pt VI, Line 12c	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND INFORCES COMPLIANCE WITH CONFLICT OF INTEREST POLICY.
Form 990, Part III, Line 4d	SCHOLARSHIPS & TRAINING 14085. 0. 0.
Form 990, Part IX, Line 24e	CONFERENCES AND EVENTS 78183. 0. 78183. 0.
Form 990, Part IX, Line 24e	PROFESSIONAL FEES 4400. 0. 4400. 0.
Form 990, Part IX, Line 24e	SUPPLIES 2117. 0. 2117. 0.
Form 990, Part IX, Line 24e	TRAVEL MEALS AND LODGING 18161. 0. 18161. 0.
Form 990, Part IX, Line 24e	INVESTMENT EXPENSES 5270. 0. 5270. 0.
Form 990, Part IX, Line 24e	OCCUPANCY 7200. 0. 7200. 0.
Form 990, Part IX, Line 24e	OTHER EXPENSES 6139. 0. 6139. 0.
or Paperwork Reduc	ction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 2019

Additional Data

Software ID: 19009670 Software Version: