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TIN: 85-1501210

Form **990**



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020

Open to Public Inspection

| A Fo | r th | e 2020 c <u>alendar y</u> | ear, or tax year beginning 01-01-2020 | , and ending 12-3 | 1-2020 | | | | |
|--------------------------------|--------|---------------------------|---|----------------------|-------------|-------------------|----------------------|-----------|----------------------------------|
| B Chec | k if a | | organization Washington Now Campaign | | | | D Employer | identif | ication number |
| | | change | washington Now Campaign | | | | 85-15012 | 10 | |
| O Nai | | Daina bu | usiness as | | | | | | |
| ☑ Init | | | ı Washington Now | | | | | | |
| _ | | | and street (or P.O. box if mail is not delivered to stre | eet address) Room/su | ite | | E Telephone r | number | |
| 🗹 App | licati | on pending PO Box 2 | 21961 | | | | (206) 382 | 2-5552 | |
| | | City or to | own, state or province, country, and ZIP or foreign p | ostal code | | | | | |
| | | Seattle, V | WA 98111 | | | | G Gross recei | ipts \$ 7 | 00,000 |
| | | F Name | and address of principal officer: | | H(a) | Is this | a group retu | rn for | |
| | | Treasure PO Box 2 | Mackley 21961 | | | suborc | inates? | | □ _{Yes} ✓ _{No} |
| | | | WA 98111 | | H(b) | Are all | subordinates | ; | ☐ Yes ☐No |
| I Tax | -exer | npt status: 501(c) |)(3) | (a)(1) or | | include If "No | | (566 | instructions) |
| J W | ebsit | e: investinwanov | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | exemption n | | |
| | | | | | | | | | |
| K Forn | of o | ganization: Corpo | pration Trust Association Other | | L Year o | f format | | | of legal domicile: |
| | . 0. 0 | ga2010 — 00.p0 | Table - Table | | | | V | /A | |
| Pa | rt I | Summary | | | | | | | |
| | | | organization's mission or most significant acti icy in Washington State | ivities: | | | | | |
| ce | | Advocate for tax poil | | | | | | | |
| an | | | | | | | | | |
| en | • | | | | | | | | |
| λOξ | | Check this box | | La | l 4 | | | | |
| Activities & Governance | | _ | nembers of the governing body (Part VI, line : | • | | | | 4 | 4 |
| es | | · · | dent voting members of the governing body (| | | | | | |
| ME | | | lividuals employed in calendar year 2020 (Par | | 5 | 1 | | | |
| cti | | | unteers (estimate if necessary) | | | | • | 6 | 25 |
| ď | | | iness revenue from Part VIII, column (C), line | | | | | 7a | 0 |
| | b | Net unrelated busin | ness taxable income from Form 990-T, line 39 | | | · · | | 7b | 0 |
| | | | | | | Pric | r Year | | Current Year |
| 2 | | _ | grants (Part VIII, line 1h) | | | | | | 700,000 |
| Revenue | | _ | venue (Part VIII, line 2g) | | | | | | 0 |
| æ | 10 | Investment income | (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | 0 |
| | | • | t VIII, column (A), lines 5, 6d, 8c, 9c, 10c, an | • | | | | | 0 |
| | | | lines 8 through 11 (must equal Part VIII, colu | | | | | | 700,000 |
| | | | amounts paid (Part IX, column (A), lines 1–3 |) | | | | | 0 |
| | 14 | Benefits paid to or f | for members (Part IX, column (A), line 4) . | | | | | | 0 |
| 88 | 15 | Salaries, other com | pensation, employee benefits (Part IX, colum | n (A), lines 5-10) | | | | | 61,663 |
| SUS. | 16a | Professional fundra | ising fees (Part IX, column (A), line 11e) . | | | | | | 0 |
| Exp enses | b | Total fundraising exper | nses (Part IX , column (D), line 25) 1 6,166 | | | | | | |
| iii | 17 | Other expenses (Pa | art IX, column (A), lines 11a-11d, 11f-24e) . | | | | | | 302,616 |
| | 18 | Total expenses. Add | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | | | | | 364,279 |
| | 19 | Revenue less expen | nses. Subtract line 18 from line 12 | <u> </u> | | | | | 335,721 |
| Net Assets or Fund Balances | | | | | Begi | nning (| of Current Yea | r | End of Year |
| ets | | | | | | | | | |
| Ass Bal | | • | , line 16) | | | | | 0 | 355,721 |
| et / | 21 | Total liabilities (Part | t X, line 26) | | | | | | 0 |
| $z_{\tilde{u}}$ | 22 | Net assets or fund h | balances, Subtract line 21 from line 20 | | | | | 0 | 355.721 |

| | Sic | nature of officer | | | 2021-03-25 Date | |
|--|-------------------------|---|--------------------------------------|--------------------------|-------------------------------|------------------------|
| Sign | | | | | Date | |
| Here | 116 | easure Mackley Executive Director pe or print name and title | | | | |
| Paid Prep Use May the Form 9 Part 1 Advoca 1 1 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | <u> </u> | Print/Type preparer's name | Preparer's signature | Check if | PTIN P01598099 | |
| | | Firm's name Seattle CFO Servi | ces | L | self-employed Firm's EIN ▶ | |
| - | Only | Firm's address 603 Stewart St | | | Phone no. (206) | 382-5552 |
| | | Seattle, WA 9810 | 1 | | | |
| May t | ne IRS disc | uss this return with the preparer | shown above? (see instructions |) | | . Yes 🗆 No |
| For P | aperwork | Reduction Act Notice, see the | separate instructions. | Cat. I | No. 11282Y | Form 990 (2020) |
| | | | | | | |
| F | 000 (2020) | | | | | _ |
| | 990 (2020) | atement of Program Service | ce Accomplishments | | | Page 2 |
| I ai | | eck if Schedule O contains a respo | - | Part III | | |
| 1 | | cribe the organization's mission: | | | | |
| Advoc | ate for tax | policy in Washington State | | | | _ |
| | | | | | | |
| 2 | Did the or | ganization undertake any significa | ant program services during the | year which were not lis | sted on | |
| | the prior F | orm 990 or 990-EZ? | | | | 🗆 Yes 💆 No |
| - | • | escribe these new services on Sch | | ik aanduska anus nuanun | | |
| 3 | services? | ganization cease conducting, or m | ake significant changes in now | it conducts, any progra | ırrı | . Yes 🗸 No |
| | | escribe these changes on Schedu | le O. | | | . 2.03 2.10 |
| 4 | Section 50 | he organization's program service 1(c)(3) and 501(c)(4) organization ue, if any, for each program servi | ons are required to report the ar | | | |
| 4a | (Code: |) (Expenses \$ | 342,158 including grants | of \$ (|) (Revenue \$ | 0) |
| | | r progressive revenue measures in Was | | | | |
| | | a and conducted datertioning programs | , conducted opinion research and de- | Ciopea communication and | . occiai incaia ocia | |
| 4b | (Code: |) (Expenses \$ | including grants | of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4c | (Code: |) (Expenses \$ | including grants | of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4d | Other prog (Expenses | gram services (Describe in Sched | ule O.) uding grants of \$ |) (Revenue | \$ |) |
| 4e | | gram service expenses | 342,158 | , (| 1 | , |

Form 990 (2020) Page **3**

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | No |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 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 | 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? <i>If "Yes,"</i> 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | | No |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i> | 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 |
| е | 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)? <i>If "Yes," complete Schedule D, Part X</i> | 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? <i>If</i> "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? <i>If "Yes," complete Schedule G, Part I</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 | | No |
| 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 |

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| Pai | THE Checklist of Required Schedules (continued) | | | | | | | |
|-----|--|-----|-----|-----|--|--|--|--|
| _ | | | 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 | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | | | | | | |
| 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? <i>If "Yes," complete Schedule L,</i> Part I | 25a | | No | | | | |
| b | 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, Part I</i> | | | | | | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | | | | | | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III | | | | | | | |
| 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? <i>If "Yes,"</i> 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No | | | | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$ | 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 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No | | | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No | | | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No | | | | |
| 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 | | | | | | |
| 37 | | | | | | | | |
| 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 | Yes | | | | | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | | | | | |
| _ | | | Yes | No | | | | |
| | 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 Did the organization comply with backup withholding rules for reportable payments to wonders and reportable gaming. | | | | | | | |
| _ | I lid the organization comply with backup withholding rules for reportable payments to venders and reportable gaming | | | i e | | | | |

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|-----------------|---------------|
| | |

| Pa | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | |
|-----|--|-----|-----|----|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | | | | |
| 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 | Yes | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No | | | |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No | | | |
| | 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? | 5c | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | Yes | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | Yes | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | OD | 163 | | | | |
| a | | 7a | | | | | |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | 7.0 | | | | | |
| · | Form 8282? | 7c | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | |
| е | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | | | |
| f | f Did the organization, during the year, pay premiums, directly or indirectly, 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 have excess business holdings at any time during the year? | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | |
| а | 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: | | | | | | |
| а | 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 | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | |
| a | Gross income from members or shareholders | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | | | | |
| 13 | 3 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| а | a Is the organization licensed to issue qualified health plans in more than one state? | | | | | | |
| 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 | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No | | | |

| | | HI | | |
|------|---|--|---------------|-----------------|
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | <u> </u> |
| 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? If "Yes," complete Form 4720, Schedule O. | 16 | | |
| | | <u> </u> | orm 99 | 0 (2020) |
| | | | | , , |
| | Page 6 | | | |
| Form | 990 (2020) | | | |
| | **** | | 4- | Page 6 |
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | - | | imes 🗸 |
| Se | ction A. Governing Body and Management | 1 | | |
| •- | Enterether work and describes a second and of the accounting had a better and of the terror and 1 dec. | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 4 | | | |
| | 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 4 | , | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | <u> </u> |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | No |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | |
| 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 and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | <u> </u> |
| 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). | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 161 | | |

| occuon el pisciosure | | | | | | | | | | |
|---|--------------------------|----------------------------------|---------------|------------|--------------|----------------------------|--------|--|------------------------------|------------------------------|
| 17 List the states with which a copy of this Fo | • | | | | | | | | | |
| Section 6104 requires an organization to n only) available for public inspection. Indication | ate how you ma | de thes | e ava | ilab | le. C | heck | alĺ tl | hat apply. |)1(c)(3)s | |
| Own website Another's website 19 Describe in Schedule O whether (and if so, | - | | | | - | - | | = | of interest | |
| policy, and financial statements available t | o the public du | ing the | tax y | /ear. | | | - | , | | |
| State the name, address, and telephone n Seattle CFO LLC 603 Stewart St Ste 819 | | | | | | | rgar | nization's books and | d records: | |
| | | | (===) | | | | | | | Form 990 (2020) |
| | | | Page | 7 | | | | | | |
| Form 990 (2020) | | | | | | | | | | Page 7 |
| Part VII Compensation of Officers, D and Independent Contracto | | stees, | , Key | / En | npl | oyee | s, F | lighest Comper | nsated Employ | ees, |
| Check if Schedule O contains a resp | | any lir | ne in | this | Part | : VII . | | | | \square |
| Section A. Officers, Directors, Truste | | | | | | | | | | |
| 1a Complete this table for all persons required to year. | be listed. Repo | ort com | pensa | atior | n for | the c | alen | dar year ending wi | th or within the or | ganization's tax |
| List all of the organization's current officers of compensation. Enter -0- in columns (D), (E), a | | | | | | | or o | organizations), rega | rdless of amount | |
| $ullet$ List all of the organization's ${f current}$ key em | | | | | | | | | | |
| • List the organization's five current highest of who received reportable compensation (Box 5 of organization and any related organizations. | | . , | • | | | | | , , | , , , | |
| • List all of the organization's former officers, of reportable compensation from the organization | | | | | | sated | emp | oloyees who receive | ed more than \$100 | ,000 |
| • List all of the organization's former directo | • | _ | | | | capa | city a | as a former directo | r or trustee of the | |
| organization, more than \$10,000 of reportable or | • | | organ | izat | ion a | and ar | ny re | elated organizations | 5. | |
| See instructions for the order in which to list the | • | | tion o | omn | one | 2+2d = | | surrent officer direc | star ar tructae | |
| Check this box if neither the organization no (A) | (B) | ganiza | tion c | Omp (C) | | ateu a | пу с | (D) | (E) | (F) |
| Name and title | Average | Position | | o no | t ch | | | Reportable | Reportable | Estimated |
| | hours per week (list | | oth a | n of | ficer | and a | | compensation from the | compensation from related | amount of other compensation |
| | any hours for related | rs director/trustee) | | | | | | organization organizations (W-2/1099- | | from the organization and |
| | organizations | organizations below dotted | | Officer | Key employee | Highest compen employee | Former | MISC) | MISC) | related |
| | line) | dividual t | Institutional | ĕ | em | est | ner | | | organizations |
| | | ± 2 ₩ | onal | | oloy | e con | | | | |
| | | Individual truste or director | Τ'n | | 0 | 1per | | | | |
| | | Ď | stee | | | S at | | | | |
| | | | _ | | | ed | | | | |
| (1) Dennis Eagle | 1.00 | x | | х | | | | 0 | 0 | 0 |
| Treasurer | | ^ | | ٨ | | | | o d | 0 | 0 |
| (2) Dijibril Diop | 1.00 | V | | V | | | | 0 | 0 | 0 |
| Vice Chair | | X | | Х | | | | | 0 | U |
| (3) Jasmin Weaver | 0.50 | , | | | | | | | | |
| Board Member | | Х | | | | | | U | 0 | U |
| (4) Joan Jones | 1.00 | | | | | | | | | |
| Secretary | | Х | | Х | | | | 0 | 0 | 0 |
| (5) Treasure Mackley | 40.00 | | | | | | | | | |
| Executive Director | | | | Х | | | | 55,243 | 0 | 0 |
| | | | | | | | | | | |
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| | | | | | | | | | | | | Form 990 | (2020) |
| | | | | _ | Page | 8 8 | | | | | | | |
| Form | 990 (2020) | | | | | | | | | | | | Page 8 |
| Par | Section A. Officers, Direc | tors, Trustees | s, Key | Emp | loye | es, | and | Higl | nes | t Compensate | d Employees (co | ntinued) | |
| | (A) Name and title | (B) Average hours per week (list any hours for related | than | ion (d one b both a direc | ox, ι in of tor/t | t che inles ficer ruste | s per and ee) | son a | or | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estima amount of compens from t organizatio | ted fother ation he |
| | | | | | Officer | Key employee | Highest compensated employee | Former | | , , | , , , , , , | relate organiza | ed |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | 1 | | | | 1 | | | | | |
| | | | | | | | | 1 | | | | | |
| | | | | | | | | | | | _ | | |
| c T | Sub-Total | art VII, Section | | | | | * * * | | | 55,243 | 0 | | 0 |
| 2 | Total number of individuals (including of reportable compensation from the | | to thos | se list | ed al | bove | e) who | o rece | eive | d more than \$10 | 00,000 | , , | |
| 3 | Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> . | | | tee, k | ey er | nplo • | yee, | or hi | ghes • | st compensated | | Yes 3 | No No |
| 4 | For any individual listed on line 1a, is organization and related organization individual | | | | | | | | | | n the | 4 | No |
| 5 | Did any person listed on line 1a recei services rendered to the organization | | • | | | | | | _ | | vidual for | 5 | No |
| Se | ection B. Independent Contract | ors | | | | | | | | | _ | | |
| 1 | Complete this table for your five high from the organization. Report compe | | | | | | | | | | | ensation | _ |

| (A) Name and busines | s address | | | Des | (B) cription of services | (C) Compensation |
|---|---------------------|------------------------|------------------------------------|-----------------------|--------------------------------|--|
| Heather Weiner, 1741 S Snoqualmie Street | | | | Communic | ations/Social Media | 113,779 |
| Seattle, WA 98108 | | | | | | |
| | | | | | | |
| 2 Total number of independent contractors (including compensation from the organization ► 1 | ng but not limited | to those listed abo | ve) who re | eceived m | ore than \$100,000 o | f |
| compensation from the organization > 1 | | | | | | Form 990 (2020) |
| | | Page 9 | | | | |
| Form 990 (2020) | | | | | | Page 9 |
| Part VIII Statement of Revenue Check if Schedule O contains a respon | se or note to any | line in this Part VIII | | | | Π |
| check ii Schedule o contains a respon | se of flote to diff | (A) Total revenue | (E Relat exe func | ed or mpt ction | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| derated campaigns 1a | | | reve | enue | | 512 - 514 |
| step derated campaigns 1a Step derated campaigns 1b | | | | | | |
| indraising events 1c | | | | | | |
| stated organizations 1d 1d 1e 1 other contributions, gifts, grants, | | | | | | |
| vernment grants (contributions) 1e | | | | | | |
| and cimilar amounts not included | | | | | | |
| above | | | | | | |
| 700,000 g Noncash contributions included in lines 1a - 1f:\$ 1g | | | | | | |
| h Total. Add lines 1a-1f | 700,000 | | | | | |
| | Business Code | | | | | |
| 9 - | | | | | | |
| Program Service Revenue | | | | | | |
| Alce | | | | | | |
| ias 1 | | | | | | |
| • ogra- | | | | | | |
| f All other program service revenue. | | | | | | |
| 9 Total. Add lines 2a-2f | | | | | <u> </u> | |
| 3 Investment income (including dividends, interessimilar amounts) | est, and other | | | | | |
| 4 Income from investment of tax-exempt bond p | : - | | | | | |
| 5 Royalties | (ii) Personal | | | | | |
| 6a Gross rents 6a | | | | | | |
| b Less: rental expenses 6b | | | | | | |
| c Rental income | | | | | | |

| | or (loss) | 6c | | | | | |
|--------|---|--|-----------------|----------------------------|-----------------------------|------------------------------------|------------------------|
| | d Net rental income | | | | | | |
| | | (i) Securities | (ii) Other | \dashv | | | |
| | 7a Gross amount from sales of | 7a | | | | | |
| | assets other than inventory | | | | | | |
| | b Less: cost or | 71. | | | | | |
| | other basis and sales expenses | 7b | | | | | |
| | · | | | 7 | | | |
| | c Gain or (loss) | 7c | | | | | |
| | d Net gain or (loss) | | · · · · • | | | | |
| 9 | Gross income from fur (not including \$ | ndraising events of | | | | | |
| Č | contributions reported | | | | | | |
| Deveni | See Part IV, line 18 | 8a | | | | | |
| | | <u> </u> | | | | | |
| Other | c Net income or (loss | s) from fundraising eve | nts 🕨 | | | | |
| Ċ | Gross income from و | naming activities. | | | | | |
| | See Part IV, line 19 | · · · 9a | | | | | |
| | b Less: direct expens | ses 9b | | | | | |
| | c Net income or (loss | s) from gaming activitie | s | _ | | | |
| | | | | | | | |
| | 10aGross sales of inve returns and alloward | | | | | | |
| | b Less: cost of goods | <u> </u> | | \dashv | | | |
| | _ | s) from sales of invento | n/ | | | | |
| | | us Revenue | Business Code | | | | |
| | 11a | | | 7 | | | |
| | | | | | | | |
| | b | - | | | | | |
| | | | | | | | |
| | | | | + | + | + | |
| | · · | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11 | I. | | | | | |
| | _ | | | | | | |
| | 12 Total revenue. Se | ee instructions | | 700,00 | 00 | 0 | |
| | | | | | | | Form 990 (2020) |
| | | | | 5 40 | | | |
| | | | | – Page 10 – – – | | | |
| orr | n 990 (2020) | | | | | | Page 10 |
| Р | | of Functional Expe | | | All abla | | L |
| | • | c)(3) and $501(c)(4)$ orgedule O contains a response | | • | = | ons must complete co | iumn (A). |
| Dο | not include amounts | | | (A) | (B) | (C) | (D) |
| 7b, | 8b, 9b, and 10b of Pa | art VIII. | , | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assis | | | | | | |
| _ | _ | s. See Part IV, line 21 | | | | | |
| 2 | Grants and other assist Part IV, line 22 | stance to domestic indiv | iuuais. See | | | | |
| 3 | Grants and other assis | | | | | | |
| ٠ | governments, and fore | eign individuals. See Pa | rt IV, lines 15 | | | | |
| _ | | | | | | | |
| | Benefits paid to or for | | _ | 55.044 | 44,400 | 0.207 | E.E |
| 5 | Compensation of curre key employees | ent officers, directors, t | | 55,244 | 41,433 | 8,287 | 5,524 |
| 6 | Compensation not incl defined under section section 4958(c)(3)(B) | luded above, to disquali 4958(f)(1)) and persor | is described in | | | | |

| 7 | Other salaries and wages | | | | | |
|------|---|----------------------------|----------------|-------------|-------|------------------------|
| 8 | Pension plan accruals and contributions (include section | | | | | |
| _ | 401(k) and 403(b) employer contributions) | 4.004 | 075 | | 105 | 100 |
| | Other employee benefits | 1,301 | 976 | | 195 | 130 |
| | Payroll taxes | 5,118 | 3,838 | | 768 | 512 |
| | Fees for services (non-employees): | | | | | |
| | a Management | | | | | |
| | Legal | | | | | |
| | Accounting | 5,750 | 0 | | 5,750 | 0 |
| | d Lobbying | | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | | |
| | Investment management fees | | | | | |
| g | Ther (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 105,500 | 105,500 | | 0 | 0 |
| 12 | Advertising and promotion | 104,847 | 104,847 | | 0 | 0 |
| 13 | Office expenses | | | | | |
| 14 | Information technology | 4,014 | 4,014 | | 0 | 0 |
| 15 | Royalties | | | | | |
| 16 | Occupancy | | | | | |
| | 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 | | | | | |
| | Insurance | | | | | |
| | 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 Opinion Research | 80,200 | 80,200 | | 0 | 0 |
| | | | | | | |
| | b | | | | | |
| | С | | | | | |
| | d | | | | | |
| | e All other expenses | 2,305 | 1,350 | | 955 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e | 364,279 | 342,158 | 1 | 5,955 | 6,166 |
| 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 (2020) |
| | | | | | | |
| | | — Page 11 ———— | | | | |
| Forn | n 990 (2020) | | | | | Page 11 |
| Р | Part X Balance Sheet | | | | | |
| | Check if Schedule O contains a response or note to any | Line in this Bort IV | | | | |
| | Check if Schedule O contains a response of flote to any | y iiile iii tilis i ait ix | (A) | | • | (B) |
| | | | Beginning of y | rear ear | | End of year |
| | 1 Cash-non-interest-bearing | | | 0 1 | | 355,721 |
| | 2 Savings and temporary cash investments | | | 2 | | |
| | 3 Pledges and grants receivable, net | | | 3 | | _ |
| | 4 Accounts receivable, net | | | 4 | | |
| | 5 Loans and other payables to any current or former office | er, director, trustee, kev | | - | | |
| | employee, creator or founder, substantial contributor, o or family member of any of these persons | r 35% controlled entity | | 5 | | |
| | 6 Loans and other receivables from other disqualified per section 4958(f)(1)), and persons described in section 4 | | | 6 | | |
| S | 7 Notes and loans receivable, net | | | 7 | | _ |
| ets | 8 Inventories for sale or use | | | 8 | | |
| | | | | | | |

| S | - | | | | - 1 | |
|---------------|---------|---|-------------------------------------|-----------|-------------|------------------------|
| As | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | | |
| | b | Less: accumulated depreciation | 10b | | 10 c | |
| | 11 | Investments—publicly traded securities . | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line | 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | | | | 14 | |
| | 15 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must eq | ual line 33) | 0 | 16 | 355,721 |
| | 17 | Accounts payable and accrued expenses | | 17 | | |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| 60 | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| ě. | 22 | , · · · | | | | |
| iabilities | | 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 | I third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pand 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 |
| 35 | | Organizations that follow FASB ASC 958, cl | ack here I | | | _ |
| nce | | complete lines 27, 28, 32, and 33. | leek liefe F and | | | |
| ala | 27 | Net assets without donor restrictions | | | 27 | 355,721 |
| B | 28 | Net assets with donor restrictions | | | 28 | |
| Fund Balances | | Organizations that do not follow FASB ASC | 958, check here ▶ □ and | | | |
| | | complete lines 29 through 33. | | | - | |
| 0 | 29 | Capital stock or trust principal, or current funds | | | 29 | _ |
| ets | 30 | Paid-in or capital surplus, or land, building or equipment fund | | 30 | _ | |
| Assets | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| Net / | 32 | | | 32 | 355,721 | |
| ž | 33 | Total liabilities and net assets/fund balances . | | 0 | 33 | 355,721 |
| | | | | | | Form 990 (2020) |
| | | | | | | |
| | | | Page 12 | | | |
| Form | 990 | (2020) | | | | Page 12 |
| Pa | art XI | Reconcilliation of Net Assets | | | | |
| | | Check if Schedule O contains a response or n | ote to any line in this Part XI . | | | 🗆 |
| | | | | | | |
| 1 | Tota | al revenue (must equal Part VIII, column (A), line | 12) | | 1 | 700,000 |
| 2 | Tota | al expenses (must equal Part IX, column (A), line | 25) | | 2 | 364,279 |
| 3 | Rev | enue less expenses. Subtract line 2 from line 1 | | | 3 | 335,721 |
| 4 | Net | assets or fund balances at beginning of year (mu | ust equal Part X, line 32, column (| A)) | 4 | 0 |
| 5 | Net | unrealized gains (losses) on investments $\ \ .$ | | | 5 | |
| 6 | | | | 6 | | |
| 7 | | | | 7 | | |
| 8 | Prio | rior period adjustments | | | 8 | |
| 9 | Oth | er changes in net assets or fund balances (explai | n in Schedule O) | | 9 | |
| 10 | Net | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E | | | | 355,721 |
| Pa | art XII | rt XII Financial Statements and Reporting | | | | |
| | | Check if Schedule O contains a response or r | note to any line in this Part XII . | <u></u> . | <u></u> | \square |
| | | | | | | Yes No |
| 1 | Acco | ounting method used to prepare the Form 990: | ☑ Cash ☐ Accrual ☐ | Other | | |
| | | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Sch | edule O. | | | | |

| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | |
|-----------------|--|----|----------------|-----------------|--|--|
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | No | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | |
| | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | No | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule C |). | | | | |
| | 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. | | | | | |
| | | I | orm 9 9 | 90 (2020 | | |
| | | | | | | |
| Form ' | 990 (2020) | | | | | |
| Additional Data | | | | Return to Form | | |
| | | | | | | |
| | Software ID: 20011577 | | | | | |
| Form | Software Version: 990, Special Condition Description: | | | | | |
| <u> </u> | Special Condition Description | | | | | |
| | Special Collution Description | | | | | |