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Form	JJU	ļ

(Rev January 2020)

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2019

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

		the Treasury ue Service	► Go to www.irs.gov/Form990 for instructions and	the latest	infor	mation.		Inspection					
_				and ending		Decembe	r 31	, 20 19					
В		applicable	C Name of organization PERC. Inc.				_	yer identification number					
			Doing business as				<i>-</i> p.c	65-0870592					
님	Address		Number and street (or P O box if mail is not delivered to street address)	, I p.	oom/s	e luto 6	E Telephone number						
	Name ch Initial retu	-	P.O. Box 232	' l'"	00110	Suite L		802-343-5900					
$\vdash$		rn/terminated		_	002 040 0300								
$\mathbb{H}$	Amended			Gross	receipts \$ 2,404,184								
Н		on pending	Grand Isle, VT 05458  F Name and address of principal officer	/	<u> </u>	(a) is this a group							
ш	Application	on pending	Douglas Hyde, 153 West Shore Rd., Grand Isle, VT 05458	$\bigcap$	1_		•	es included? Yes No					
_	Tax-exen	npt status	501(c)(3)	or   527	ヹ			st (see instructions)					
<u>.</u>	Website: ▶ www.percabaco.org H(c) Group exemption number ▶												
<u>к</u>		<u>-</u>		Year of forma				of legal domicile FL					
	art I	Summa		1001 01 1011110		1000   1		- 10ga a - 11					
·			cribe the organization's mission or most significant activities										
ø			accepts contributions from U.S. donors and distributes virtual		s mo	nev to quali	ified so	hools and					
auc	4		organizations in Abaco, Bahamas. See Schedule O.	ily dir or time	3 1110		1100.50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Ë			box ▶ ☐ if the organization discontinued its operations or	disposed	of m	ore than 2	5% of	its net assets					
Š	1		voting members of the governing body (Part VI, line 1a)				3	6					
ن عخ			independent voting members of the governing body (Part	VI. line 1b)	)		4	6					
Activities & Governance			per of individuals employed in calendar year 2019 (Part V, li				5	<u></u>					
<u>X</u>			per of volunteers (estimate if necessary)	,			6	1					
ĄĊţ	1		ated business revenue from Part VIII, column (C), line 12				7a						
			ted business taxable income from Form 990-T, line ESCE	IVED		]	7b						
					73	Prior Year		Current Year					
4.	8	Contributio	ons and grants (Part VIII, line 1h) .	23	34,404	2,404,184							
ng.	L.		ervice revenue (Part VIII, line 2g)		,,,,,,								
Revenue		-	t income (Part VIII, column (A), lines 3, 4, and 7d)		RS S								
ď			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	N LIT	-								
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A);			23	34,404	2,404.184					
			d similar amounts paid (Part IX, column (A), lines 1-3)				28,854	1,507,776					
	1		nefits paid to or for members (Part IX, column (A), line 4)										
s			her compensation, employee benefits (Part IX, column (A), line	es 5–10)			İ						
Expenses			al fundraising fees (Part IX, column (A), line 11e)	<u> </u>									
ē	1		aising expenses (Part IX, column (D), line 25)		4,74,3	4 6 3	merce menior	Contractor of the contractor of					
ũ	1		enses (Part IX, column (A), lines 11a-11d, 11f-24e)				1,964	6,776					
	1		nses. Add lines 13-17 (must equal Part IX, column (A), line	25)		23	30,818	1,514,552					
	E .		ess expenses Subtract line 18 from line 12	. [			3,586	889,632					
re S					Begin	ning of Currer	nt Year	End of Year					
Net Assets of Fund Balance	20	Total asset	ts (Part X, line 16)	[		3	37,256	926,888					
t As	21	Total liabili	ties (Part X, line 26)	[									
S T	22	Net assets	or fund balances Subtract line 21 from line 20 .			3	37,256	926,888					
Pa	art II	Signatu	re Block										
Un	der penal	ties of perjury	, I declare that I have examined this return, including accompanying schedu	ules and state	ement	s, and to the b	est of n	ny knowledge and belief, it is					
tru	e, correct	, and complet	e Declaration of prepared (other than officer) is based on all information of v	wnich prepare	er nas	any knowledg	e						
٠.		IN	H) Herry										
Sig	-	Signati				Date	1,						
Hε	ere	Da	uslas Hyde President & Trea	SUVE	<u></u>		JV	45 6000					
		Type o	r print name and title			,		0 /					
Pa	id	Print/Type	preparer's name Preparer's signature	D	ate	I	Check [	if PTIN					
	epare	r				s	self-emp	noyed					
	e Onl	[ [	ne ►			Firm's E	IN ►						
	_ <del></del>	Firm's add				Phone r	10	<del></del>					
Ма	y the IR	S discuss	this return with the preparer shown above? (see instruction	s)		• • •		Yes No					
For	Paperw	ork Reduct	ion Act Notice, see the separate instructions.	Cat N	No 11	282Y		Form <b>990</b> (2019)					

X B KNO

# **Checklist of Required Schedules** 1

			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	>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		,
4	<b>Section 501(c)(3) organizations.</b> 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		~
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? If "Yes," complete Schedule D. Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		,
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		,
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		,
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		v
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		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		<b>–</b>
D	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	,	
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	v	
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		~
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		,
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		~
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		,
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	~
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	1	l	

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part	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		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		,
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		,
h		24a		7
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
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		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
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? If "Yes," complete Schedule L, Part II	26		v
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	27		~
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		٧
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		٧
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		V
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? If "Yes," complete Schedule R, Part I	33		,
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		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	~
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	<b>Section 501(c)(3) organizations.</b> 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	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	v	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	<u></u>	

art	Statements Regarding Other INS Filings and Tax Compliance (Committee)		г	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country			σ,
<b>-</b>	See instructions for filing requirements for FinCFN 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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5</b> C		<u> </u>
6a	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		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	<u>7a</u>		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	•	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		~
d	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	70		1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			- V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
. þ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
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			- ]
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.			
а	Gross income from members or shareholders		}	
b	Gross income from other sources (Do not net amounts due or paid to other sources	,		İ
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	~
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . [12b]			:
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	<del> </del>	~
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.	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			٠.
С	Enter the amount of reserves on hand	'		.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	l	~
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on 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		~
	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		~
	If "Yes," complete Form 4720, Schedule O			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See it						
	Check if Schedule O contains a response or note to any line in this Part VI					
Secti	on A. Governing Body and Management					
			Yes	No		
՝ 1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6					
	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	i		-		
	committee, explain on Schedule O					
b	Enter the number of voting members included on line 1a, above, who are independent  1b					
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	—	_		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		,		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1		
6	Did the organization have members or stockholders?	6		1		
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	<b>-</b>		<del>-</del>		
7a	one or more members of the governing body?	7a		~		
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?	7b		-		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	_			
b	Each committee with authority to act on behalf of the governing body?	8b				
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? If "Yes," provide the names and addresses on Schedule O	9		·		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)			
	•		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		~		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~			
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	-			
ь	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		~		
14	Did the organization have a written document retention and destruction policy?	14		~		
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?					
а	The organization's CEO, Executive Director, or top management official	15a				
b	Other officers or key employees of the organization	15b		<del>                                     </del>		
Ь	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
104	with a taxable entity during the year?	16a		~		
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?	16b				
Secti	on C. Disclosure			<del></del>		
17	List the states with which a copy of this Form 990 is required to be filed ▶ None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (Sec	tion 5	501(c)		
	(3)s only) available for public inspection. Indicate how you made these available Check all that apply  Own website Another's website Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,		
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>			
	Douglas Hyde, 153 West Shore Road, Grand Isle, VT 05458 802-343-5900					

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

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

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

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

Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ted any current	officer, director,	or trustee
		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average		do not check more than one					Reportable	Reportable	Estimated amount
rano and mo	hours	box, unless person is both an officer and a director/trustee)						compensation	compensation	of other
	per week			,	1	_		from the	from related	compensation
	(list any	مِّ مِ	ış	Officer	é	활동	Former	organization	organizations	from the
	hours for related	leg à	Į	ğ	em	oy est	₫	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	학류	l a		Key employee	မြိတ္တ				Tolated organizations
	below	Individual trustee or director	<u>=</u>		yee	l mg				
	dotted line)	ee	Institutional trustee			Highest compensated employee				
	ļ		) å		1	Ē				
(1) Douglas Hyde Dirct'r, Pres. and Treasurer	20									
	Ţ	~		~				0	0	0
(2) Charlotte Boyce Director	.3									
		1	<u>.</u>			<u> </u>		0	0	. 0
(3) John Gearen Director and Secretary	.5	1								
		~		~	<u> </u>	L	_	0	0	0
(4) Ruth Harkin Director	.3	]		į	1					
		1						0	0	0
(5) Aletha Langham Director	.5					ļ				
		1		ļ				0	0	0
(6) Lindsey McCoy Director	.3	]		1		1				
		1				]		0	0	0
(7) Bruce Weihe, Esq Assistant Secretary	03	]						ļ		
				1		<u> </u>	<u> </u>			
(8)	ļ									
			<u> </u>	L	<u> </u>	ļ	ļ			
(9)	<b>_</b>									
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(10)	<b></b>		ŀ	1						
		<b> </b>		_	_	ļ	ļ			
(11)										
		ļ	<u> </u>	<u> </u>		<u> </u>	<u> </u>			
(12)	<b>_</b>					1				
100	<b>_</b>	-	<u> </u>	_	<del> </del>	<u> </u>	<u> </u>			
(13)	<b></b>	1	}							
		<u> </u>	<del> </del>	<u> </u>	_	<u> </u>	<u> </u>			
(14)	<b>_</b>	1						]		
	1	I	1	1	1	1		I		

Part	VII Section A. Officers, Directors, 1	rustees,	Key [	Emį	ploy	yee	s, an	d F	lighest Compe	nsated Em	ployees (c	ontinued)
					•	C)						
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)	<b>I</b>	(F)
	Name and title	Average hours					is both or/trust		Reportable compensation	Reportable compensation	L	ed amount other
		per week (list any	1					<del></del>	from the organization	from related organization	d comp	ensation om the
		hours for	Individual or director	stitut	Officer	Key employee	ghes nplo,	Former	(W-2/1099-MISC)	(W-2/1099-MI	SC) organi:	zation and
		related organizations	ctor	iona		nplo	t cor				related o	rganizations
		below dotted line)	Individual trustee or director	Institutional trustee		/ee	преп					
		doned inte,	σī	tee			Highest compensated employee					
(15)							-					
			<u> </u>		<u> </u>	<u> </u>						
(16)	·	<b>_</b>										
(17)		<u> </u>	<del>                                     </del>		-	H		_				
						<u> </u>		<u> </u>				
(18)												
(19)			<b></b>									
			<u> </u>		<u> </u>							
(20)		<b>+</b>	-									
(21)			<u> </u>		Г							
			<u> </u>									
(22)		<del> </del>	} ;		1							
(23)					H						<del>-  </del>	
(24)		<b></b>	1 .					:		-		•
(25)					Н	Г			-			
		<u> </u>					<u> </u>					
1b	Subtotal	 										
c d	Total from continuation sheets to Part Total (add lines 1b and 1c).	VII, Sectio	n A	٠	•	•		<b>▶</b>				
2	Total number of individuals (including but	not limited	to th	ose	list	ed :	above	e) w	ho received mor	e than \$100,	000 of	
	reportable compensation from the organi	zation >										
3	Did the organization list any former of	officer dur	actor	tru	ctor	_ l₁	·0\/ 0	mnl	over or highes	t compone		Yes No
Ū	employee on line 1a? If "Yes," complete S							прі	· ·		3	
4	For any individual listed on line 1a, is the											
	organization and related organizations individual	-	an \$1	50,	000	? 11	f "Ye:		complete Sched	dule J for s	uch	
5	Did any person listed on line 1a receive o		omper	nsat	tion	froi	m any			ion or individ		- 1
<del></del>	for services rendered to the organization?										5	
Section 1	on B. Independent Contractors  Complete this table for your five high			- d	in de				mtraatara that		Ab.a (td.	00.000 -4
•	compensation from the organization Repo											
	(A) (B) (C)											
None	Name and business address Description of services Compensation											
None												
									-			
												<u> </u>
2	Total number of independent contracto	rs (includir	na bu	t n	ot I	ımıt	ed to		ose listed abov	e) who		
_	received more than \$100,000 of compens							• • •	0	-,		ì

Lecit	R'ALLE	Check if Schedule			spor	se or₊note to ar	ny line in this Pa	rt VIII	, , , , , , , , , , , , , , , , , , ,	·
,		,	e ,	, 3	,′		(A) 2 Total revenue	,( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ıts ıts	⁺ 1a	Federated campaign	าร		1a	,		37.7		
Contributions, Gifts, Grants and Other Similar Amounts	, b	Membership dues			1b	٠,				
G, E	, C.	Fundraising events			1c					
ifts Ir A	≀ d	Related organization	ns . ,		1d	<u> </u>				
ລຸ ≅	e	Government grants	(cont	ributions)	1e	3				
Sin	f۳	All other contribution			,		1.73775 (c)			
utic e		and similar amounts no	similar amounts not included above 1f							
휼	g	Noncash contributio	ns in	cluded in						
ont of		lines 1a-1f 💡 🕠		راء سہ	1g	\$98,889				
ă ŭ	h	Total. Add lines 1a-	1f				2,404,184			
		,			•	Business Code	WEEK TOOLS	"言語論或以語》	Mark fill	11/00%的第三人称单数
Program Service Revenue	2a			,		1			7 ,	- ' -
ē Ž	, b	,			ι,			.,		,
gram Ser Revenue	С	3							5,	
ev ev	d				٠	<u>.</u>	1	, ,	, ,	ì
P G	е		1	,				, ; ,	/ v1	, ,
<u>.                                    </u>	f	All other program se	ervice	revenue			, ,	,		' · <u></u>
	g	Total. Add lines 2a-		· · ·		<u> </u>	,	THE REAL PROPERTY.	0.4000/19/19/19	* 322 3386
	3	Investment income		uding divi	dend	s, interest; and		•		•
r,		other similar amoun				▶		•		` ,
	, 4	Income from investr	nent c	of tax-exem	npt bo	ond proceeds ►				
	5	Royalties	′				TO A TOTAL OF A STANLE AND THE AREA OF THE AREA	25 p.or occupied monatodraw more, to	Distribution for the second burning of the	The fire and the second second second
•	_	•	_	(ı) Rea		(ii) Personal				
	6a	Gross rents	6a	,,						
	b	Less rental expenses	6b							
	C	Rental income or (loss)		Ļ		<u> </u>	V 10-387-30179-30455	244600000000000000000000000000000000000	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	4-4000-38-355
	d	Net rental income of	r (loss	, <del>'</del>		. <u>.</u> . ▶,	2 12 18 2 Med. 10 Describe 17 - 8	C 1936 CON 100 BB 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************	Service Comments of the Comment
	7a	Gross amount from		(ı) Securit	ies	(II) Other				
		sales of assets		,	^.					
,		other than inventory 7a		,						
er Revenue	. <b>D</b>	Less cost or other basis and sales expenses <b>7b</b>								
ĕ	С	Gain or (loss)	7c.			·				
æ	d	Net gain or (loss)	- '		•	<b>&gt;</b>	enderguisers Agains	A CAST MENTAL SERVICE	高者となった社会の大学(2017)	Cardial Delication 1
Jer.	90	Gross income from	· m fu	, ndraioina		<u> </u>			で 対象 心間を禁む	warptageni
ᅙ	0a	events (not/including		nuraisijig						
		of contributions rep		d on line		['				
,		1c) See Part IV, line			.8a	,				
	ď	Less direct expense		,	8b	, , ,				
	c	Net income or (loss)		fundraisin	$\overline{}$	ents . ▶	Caboria Novice State of the Sta	DANGET FLAT	4 1110 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	THE STATE OF THE S
	9a	Gross income fi		4	<u> </u>		SASTINIATO	PARTICISANS		
,	,	activities See Part I			9a	1 (				
	b	Less direct expense			9b					
	C.	Net income or (loss)		gaming ad	ctivitie	es ' 🕨			1	
	10a	Gross sales of in				1	NEW STREET	377.538663	<b>经过能性的</b>	
-		returns and allowand		,,	10a	İ				
1	þ.	Less: cost of goods			10b					
	С	Net income or (loss)		sales of in	vento	ory		3		
2	,					Business Code	THE STATE OF THE S	<b>海洋統立門</b> 為在	TARREST MARKET	I CONTRACTOR
e gor	11a	·		' '			+	, ,	,	
ane	b					•				
scellaned Revenue	С								3 ,	
Miscellaneous Revenue	d	`All other revenue	,	<i>r</i>	. ,				٠ ,	
Σ	е	Total. Add lines 11a	<u>-11d</u>	<u>'.                                    </u>		, · . <b>&gt;</b>		行之物。對特別的關係	李征斯州2270年	<b>全数对对的特别的</b>
	40	Tatal management Con								

David IV	01-1	- 4 From - Normani	
Partix	Statement	of Functional	Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
ς.	Check if Schedule O contains a response	e or note to any line	e in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations	- !		1725743 15 花草等 3 2 2 3 4 3 1 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3						
`	and domestic governments See Part IV, line 21			1942 C 1940 P 149						
2	Grants and other assistance to domestic individuals See Part IV, line 22	,								
3	Grants and other assistance to foreign		, ,		YOUR TOTAL					
	organizations, foreign governments, and	•	-		Strate Fred MA					
	foreign individuals. See Part IV, lines 15 and 16	1,507,776	,		Mark Strate Asset					
4	Benefits paid to or for members .			W. St. C. ST. St. Conf.						
5	Compensation of current officers, directors, trustees, and key employees		<i>;,</i>	,						
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	,								
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 (nonemployees).			-2						
а	Management			! 						
b	Legal	421								
С	Accounting									
d	Lobbying		- North C. of Park to The State	TALESTINES HER WELLERY						
e f	Professional fundraising services See Part IV, line 17 Investment management fees		李公公( <b>秦</b> 公) (秦公) (秦公)							
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	, ,	,	,						
13	Office expenses									
14	Information technology	350								
15	Royalties			= =						
16	Occupancy			<i>:</i>						
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 .		<u>'</u>		<u> -                                     </u>					
23	Insurance	754	Water Street Street	of meaning to the mark of the orac	PERSONAL SERVICES					
24	Other expenses Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				94-23964-03-63					
	(A) amount, list line 24e expenses on Schedule O)				The second second					
а	Bank Fees	820			4 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					
b	Credit Card Processing Merchant's Fee	4,334								
c	U.S Postal Service Box Rental	96								
d			1	7 3,						
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	6,776								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	,		,	- , e					
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	-								

12	art.X	Check if Schedule O contains a response or	note to any line in this Pa	artX		: . · . п
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .		37,256	1	926,888
	2	Savings and temporary cash investments			2	
	<b>³</b> 3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	•		4	
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, substitution controlled entity or family member of any of these		5		
Assets	6	Loans and other receivables from other disquaunder section 4958(f)(1)), and persons described		6		
	ັ 7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		,	8	
	9	Prepaid expenses and deferred charges .			9	
	10a	Land, buildings, and equipment cost or other		25 32 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	*XXX	TANACHAN KARAN
	100	basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b	The second secon	10c	The Control of the Co
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line	11		12	,
	13	Investments-program-related. See Part IV, line			13	`
	14	Intangible assets	,		14	
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	37,256	16	926,888
	17	Accounts payable and accrued expenses .			17	` `
Liabilities	18	Grants payable .			18	
	19	Deferred revenue .		19		
	20	Tax-exempt bond liabilities	,	20	, 1	
	21	Escrow or custodial account liability Complete		21	0.0	
	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of the		22		
	23	Secured mortgages and notes payable to unrela		24		
	24	Unsecured notes and loans payable to unrelated		24		
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25		26		
nces		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck here ▶ □			
ala	27	Net assets without donor restrictions			27	
1 B	28	Net assets with donor restrictions .	•		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	58, check here ► 🗌			
0 0	29	Capital stock or trust principal, or current funds			29	
et	30	Paid-in or capital surplus, or land, building, or ed	quipment fund .		30	, , , , , , , , , , , , , , , , , , ,
Ass	31 -	Retained earnings, endowment, accumulated in	come, or other funds .		.31	
et /	32	Total net assets or fund balances		37,256	32	926,888
Ž	33	Total liabilities and net assets/fund balances	·	37,256	33	926,888
			•		Form <b>990</b> (2019)	

_	-	•
Page	- 1	1

	, — , — , — , — , — , — , — , — , — , —				~9c			
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.                                    </u>	<u>.</u>	· ·	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,4	04,184			
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>1,</u> 514,552				
3	· · · · · · · · · · · · · · · · · · ·							
4	, , , , , , , , , , , , , , , , , , , ,							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments .	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10		9	26,888			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII								
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	<u>. U</u>			
				Yes	No			
1	Accounting method used to prepare the Form 990 🗹 Cash 🔲 Accrual 🔲 Other		;	1				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O							
2a								
	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?							
	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							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove							
	the audit, review, or compilation of its financial statements and selection of an independent accounta		. 20					
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain	on ,	1 6	10.6			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the					
	Single Audit Act and OMB Circular A-133?		3a		V			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo 1	the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a							
			Fo	orm <b>99</b> 0	(2019)			

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 201**9** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 65-0870592 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/5% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D)

(E)

Part										
	(Complete only if you checked the						alify under			
, ,	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	k			
	on A. Public Support			, ,						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not	,		'	١					
	ınclude any "unusual grants.")	250,073	215,992	202,558	234,404	2,404,184	3,307,211			
2	Tax revenues levied for the	,	:		*	1				
	organization's benefit and either paid			,	· .					
	to or expended on its behalf					`				
3	The value of services or facilities									
	furnished by a governmental unit to the									
	organization without charge					t t				
4	Total. Add lines 1 through 3.	250,073	215,992	202,558	234,404	2,404,184	3,307,211			
5	The portion of total contributions by									
'	each person (other than a									
	governmental unit or publicly									
	supported organization) included on						. •			
	line 1 that exceeds 2% of the amount shown on line 11, column (f)									
	•	- 14 14 14 14 14 14 14 14 14 14 14 14 14	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	[] (ASSERTED AT 12.17.17.17.17.17.17.17.17.17.17.17.17.17.	**************************************	素質性的では、10mmでは、20mmである。 サングでは、10mmでは、20mmである。	140,395			
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support		A CONTRACTOR OF THE STATE OF TH	全国的特别的。1995年2月 1	~ E3824.45 (887.77)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3,166,815			
Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total										
7	Amounts from line 4	250,073				· · · —	3,307,211			
8	Gross income from interest, dividends,	230,073	1. 210,552	202,330	204,404	2,404,104	3,307,211			
J	payments received on securities loans,				-					
	rents, royalties, and income from	,	•	•	1					
•	sımılar sources									
9	Net income from unrelated business	, v		÷ ,,	-	.,	,			
	activities, whether or not the business									
	is regularly carried on .	,	10 '6 9		` '					
10	Other income. Do not include gain or			2			_			
	loss from the sale of capital assets		* ,							
	(Explain in Part VI)									
11	Total support. Add lines 7 through 10		學的經濟學		A PARTY AND A PARTY.	<b>新新海通</b>	3,307,211			
12	Gross receipts from related activities, etc	•	•	•	. :	12				
13′	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)			
	organization, check this box and stop he		•	<u> </u>	• • •	· · ·	. ▶ 🗆			
	on C. Computation of Public Suppor	<del></del>					·			
14	Public support percentage for 2019 (line			1, column (f))		14	96 %			
15	Public support percentage from 2018 Sci			. on line 10 on	nd line 44 in 00	15	76 %			
16a	331/3% support test—2019. If the organibox and stop here. The organization qua				id line 14 is 33	3'/3% or more,				
b	33 <sup>1</sup> / <sub>3</sub> % support test—2018. If the organi			-	a and line 15	us 221:504 or mi	▶ ☑			
D	this box and <b>stop here.</b> The organization					18 33 7376 OF ITH				
47-				_		010	. •			
17a	10%-facts-and-circumstances test—26 10% or more, and if the organization me	•								
	Part VI how the organization meets the "			•		•	•			
	organization .	racts and circ	arristances te	st The organi	zation qualifies	as a publicly	supported			
h	<b>,</b>	010 If the ever		not obook a b-	v on line 10 1	60 16h 17	م مأط است			
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza									
	Explain in Part VI how the organization r									
	supported organization .						<ul><li>□ Pasiony</li></ul>			
18	Private foundation. If the organization di	d nót chéck a	box on line 13	, 16a, 16b. 17a	ı, or 17b. chec	k this box and	see			
-	instructions .				,, 00		<b>▶</b> □			

## SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990.

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

Employer identification number 65-0870592

PERC	, Inc.					5-0870592
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Con	nplete if the organization a	inswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	es' eligibility		ts or assistance, and the		✓ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorır	ng the use of its grants an	d other assistance
3	Activities per Region (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nał space is needed )	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Abaco, Bahamas	0	o	Grants to Qualif'd Charities	See generally, Sch.O	1,579,135
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	,					
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)					,	
(17)						
3a	Subtotal					1,579,135
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					1,579,135

Page 2

Schedule F (Form 990) 2019

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

Vari 1V	, lirie 13, ror	any recipient who re	received more than \$	o,uuu. Part II can	i more than \$5,000. Part II can be dupilicated it additional space is needed	ditional space is i	needed.	
1 (a) Name of organization	(if applicable)	(c) Region	. (d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Abaco, Bahamas	To Qualified Charity	36,550 b	36,550 bank wire			
(2)		Abaco, Bahamas	To Qualiafied Charity	20,590 checks	hecks			
(C)		Abaco, Bahamas	To Qualified Charity	122,813c	122,813 checks and bank wire			,
(4)		baco, Bahamas	To Qualified Charity	5,635 checks	hecks			
(9)		baco, Bahamas	To Qualified Charity	10,382 checks	hecks	•	`	
<b>(6)</b>		Abaco, Bahamas	To Qualified Charity	311,363 c	311,363 checks and bank wire	In-kind 25,000 (	25,000 emergency radio equip.	FMV - invoice
		Abaco, Bahamas	To Qualified Charity	910,958 c	910,958 checks and bank wire	In-kind 39,583\	39,583 wheel loader	FMV - Invoice
(8)	₩ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	baco,	To Qualified Charity	9,008,6	9,800 bank wire			
(6) T		ر Abaco, Bahamas	To Qualified Charity	31,752 c	31,752 checks and bank wire			٠
(10)		Abaco, Bahamas	To Qualifed Charity	9,800 b	9,800 bank wire	• ,		
(L)		Abaco, Bahamas	To Qualified Charity	6,660 checks	hecks	ŧ.		
(12)		Sy. 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[See, Suppl.Info.]					
(CI)		\$30£.pr1\n\n\n	•		,	·		
((14)		5.飲ん何か		• .				
(61)		The standard	,		,	, ,		
(16)		y Theory	-			,	-	
2 Enter total	number of recipie	Enter total number of recipient organizations listed abov	ed above that are reco	gnized as charities	e that are recognized as charities by the foreign country, recognized as tax-exempt	y, recognized as ta	x-exempt	•
	or for which the	by the IRS, or for which the grantee or counsel has prove	δ	ided a section 501(c)(3) equivalency letter	cy letter		<b>A</b>	0
3 Enter total	number of otner	Enter total number of other organizations or entities	ties				<b>A</b>	11

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
. (4)		,					
(5)							
(9)							
(2)		,					
(8)			•				
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)			:				
-						Sch	Schedule F (Form 990) 2019

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Page	

crieda	ie i (i dini 330) 2013		rage .
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
<b>2</b>	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	₽ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	✓ No

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)

✓ No

☐ Yes

## Part V

## **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information. See instructions

With respect to Part III, the organization provided no grants or assistance to "individuals" outside the United States. All of its
grants were directed to "organizations" or "entities."
Part I, Line 2: The organization retains an executed "Use Agreement", "Qualifying Questionnaire" and other documents and correspondence
relating to the eligibility of each grant recipient. Each recipient's eligibility is reviewed and approved by the board of directors.
Most of the organization's eligible recipients receive multiple grants each year, and with respect to most recipients, the
president maintains business contact with their leaders and is generally familiar with the recipients'
mission and activities Specifically with respect to grant recipients that are less active and receive only occasional grants, the president
initiates and documents brief reviews of their mission, activities and organizational structure. Members of the organization's board
of directors are full-time or seasonal residents of the communities involved and are often personally knowledgeable about the activities
of the local, supported charities, thereby supplementing the monitoring performed by the president.
Part II, Column d: The Bahamian charities receiving grants from the organization have different missions. For instance, fire and rescue,
education, hurricane relief and recovery, marine and environmental research, ocean search and rescue. See generally, Schedule O.
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<del>,</del>

## **SCHEDULE M** (Form 990)

# **Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Inspection Employer identification number

PERC,						65-	087059	)2		
Part	Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts repo Form 990, Part	rted on	t .	ethod o sh cont			_
1	Art-Works of art									
2	Art—Historical treasures									
3	Art - Fractional interests .									
4	Books and publications .		market and a market of the mar							
5	Clothing and household goods									·
6	Cars and other vehicles .		2		64,583	Purch	ase Inv	/oices	}	
7	Boats and planes		" "							
8	intellectual property .									
9	Securities-Publicly traded	V	3		98,889	Net S	Sales P	rocee	ds	
10	Securities-Closely held stock									
11	Securities – Partnership, LLC, or trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution — Historic structures						-11-			
14	Qualified conservation contribution — Other								-	
15	Real estate-Residential									
16	Real estate - Commercial							-		
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy , .									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts .									
25	Other ► (								_	
26	Other ► ()	ļ <u>-</u>								
27	Other ( )									
28	Other ► (	<u> </u>	<u> </u>		<del></del>	├				
29	Number of Forms 8283 received	•	•		itions for	00		_		
	which the organization completed	1 FUIII 020	o, Part IV, Donee Acknowle	agement	•	29		0	Yes	No
00	D				D=-4   1	. 4 41-		,	. 53	110
30a	During the year, did the organiza									-1
	28, that it must hold for at least t to be used for exempt purposes			contribution, an	u which is	rrequ	irea	30a		
b	If "Yes," describe the arrangement		a naturng period (	•	•			Jua		• 1
	Does the organization have a		ntance noticy that require	as the review	of any n	nnetan	dard		, ,	
31	contributions?	giit accep	riance policy that require	es the review	or arry III	onotan	uaiu	31		~~
32a	Does the organization hire or us		ies or related organization	ns to solicit pro	ness or sa	ممم الد	cash			
JZa	contributions?			is to solicit, plu			Jugit	32a	~	
b	If "Yes," describe in Part II	-		• •	. •	-			4	
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which	column (a)	is chec	ked,		,	1

Schedule M (Form 990) 2019 Page 2						
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.					
PI/32b The	organization uses an independent brokerage firm to process and sell donations received in the form of publicly traded stock					
·PI/6 With re	spect to the accounting treatment of the non-cash, in-kind expenditures listed here, see the Note to Form 990/V/7h in Sch O					
	·					
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#### **SCHEDULE O** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 201**9** Open to Public

65-0870592

Department of the Treasury Internal Revenue Service Name of the organization

PERC, Inc.

Inspection Employer identification number

-Form 990/1 and 8 The org's mission is to accept donations from U.S. taxpayers and make corresponding grants to charities in the Abaco region of the Bahamas. Hurricane Dorian struck this area in September, 2019, causing catastrophic damage and triggering demand for high levels of humanitarian relief and support by PERC, NGOs and other organizations. It also stimulated a more than ten-fold increase in donations to PERC, Inc. in 2019 (and continuing in 2020), which accounts for the large rise in "Contributions and Grants" as shown in Form 990/i/8. --Form 990/III1 & 4a:The organization does not provide segregated "program services". Its sole mission is to "qualify" selected churches, schools and other community organizations as bona fides charities and then, following guidance provided by PERC's U.S. donors, contribute virtually all of these donations to these organizations. Recipients of grants in 2019 include Bahamas Air Sea Rescue Ass'n; Bahamas Marine Mammal Research Org.; Elbow Reef Lighthouse Society; Every Child Counts; Friends of the Environment; Hope Town Volunteer Fire & Rescue; St. James Methodist Church, The Gospel Chapel; Man O War Relief Fund; and others. Also, the organization established the 'PERC Recovery Fund' during the year, which makes grants to qualified organizations as determined by the board of directors. During the year the organization launched the option of making donations via credit card on a new website portal --Form 990/V/7h and VIII/1g. Two 'in-kind' donations of personal property were facilitated by the organization during the year and are listed in Schedule B, Part I. The property, which was purchased new by the donors, was delivered directly to two of the organization's qualified charities, and the market value was established by vendor invoices. As non-cash items, the combined value of \$64,583 was not recorded as 2019 revenue or expense. These two in-kind donations are listed on Schedule B, Part II. The organization did not transfer either item for property or services, nor were they transferred for the benefit of a needy individual, nor did the organization receive any value upon transfer. Accordingly, the organization has not filed Form 1098-C with respect to either of these non-cash, in-kind donations. --Form 990 VI/A/9: Boyce @ Hope Town, Abaco, Bahamas; Harkin @ 1900 Ancilla Court, Alexandria VA 22307; Gearen @ 721 Ontario Street, Oak Park, IL 60302, Langham @ PO Box 1331, Blue Hill, ME 04614; McCoy @ 5800 Perennial Lane, Wilmington, NC 28403; Weihe @ 333 Las Olas Way, Ste. 100, Box 73, Ft. Lauderdale, FL 33301 --Form 990/VI/A/11a and 11b: Form 990 and supporting schedules were submitted to each director of the corporation prior to filing together with an enclosure letter from the President soliciting comments and suggestions. --Form 990 VI/B/12c. Members of the board of directors are familiar with the conflict of interest policy and have an affirmative duty to disclose any actual or potential conflict. The organization has no employees, and no person was in a position to benefit directly or indirectly from any action taken in his or her capacity as a director.

--Form 990 VI/C/19: On its website. See <a href="https://www.percabaco.org/documents-pdfs/">https://www.percabaco.org/documents-pdfs/</a>

PERC, Inc.		•		65-0870592		
				<del>"</del>		
Form 990/VII: Bruce Weihe, the corporation's Assista	ant Secretary, is not	an employee. He se	erves as legal	counsel and annually handles		
corporate filings required by the State of Florida and o	other matters relating	to the corporation	's status as a	Florida legal entity. Mr. Weihe		
invoices the organization for these legal services, and	I the organization pa	ys them. He is not	a director.			
Form 990/III/4a. The organization does not incure dis	crete programmatic	service expenses	lts sole missi	on is to accept donations from		
U.S. taxpayers and make corresponding grants to Bal	namian charities 'qua	lified' by the organ	ızatıon. All of	the costs of operation, including		
the cost of such grants, are incurred in support of this mi	ssion Services delive	ered by receiving cha	irities include (	orimary education,		
fire and rescue services, community churches, marine	e and environment re	esearch, historic pr	eservation, o	cean search and rescue operations,		
community betterment activities and services for lear	ning-impaired youth	The organization r	etains a smal	I fraction (the lesser of 2% [1% in		
for credit card donations] or \$ 200 00), to cover out-of	-pocket expenses, p	rincipally liability in	surance, ban	k fees,		
legal professional fees, website expenses, and merchant fees associated with processing donations made via credit card.						
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