Farm	Q	an		•	tion Exempt				OMB No. 1545-0047
Form (Rev		Jary 2020)	Under section 501(c),			-		ions)	<u> </u>
Depar	tment c	of the Treasury			y numbers on this for	-	-		Open to Public Inspection
		nue Service	ar year, or tax year be		990 for instructions a	nd ending	information.	_	Inspection
				ginning	a	na enaing	.		
B CI	heck if plicabl		organization				D Employer iden	tificatio	n number
	Addre		EDY ASSISTAN	ICE PROGRAM	M FOR				
	chang] Name		IVORS, INC.					200	
	chang] Initial	e Doing bu	usiness as				92-0152		
]return]Final		and street (or P.O. box i		to street address)	Room/suite	E Telephone num		. –
	return		WILSON BOUL			300	800-959		
	ated]Amen	City or to	own, state or province,		foreign postal code		G Gross receipts \$		L6,784,347.
	return	AKDI.	NGTON, VA 2				H(a) Is this a group		
	_tion pendi	F Name ar	nd address of principal	officer: BONN LE	CARROLL		for subordina		
	-	SAME	AS C ABOVE				H(b) Are all subordinate		
		empt status:		l(c) ()◀ (ir	nsert no.) 4947(a)(1) or 527	1 '		(see instructions)
_			TAPS.ORG				H(c) Group exemp		
		organization:	X Corporation	rust Associati	on 🔄 Other 🕨	L Year	of formation: 1994	M Stat	te of legal domicile: AK
Ра	rt I	Summary							
പ	1		e the organization's mis						SISTANCE
ũ		TO ANYO	NE WHO HAS S	UFFERED TH	HE LOSS OF A	A MILITZ	ARY LOVED C	DNE.	
, Lug	2	Check this box	if the organ	ization discontinue	d its operations or disp	oosed of more	than 25% of its net	assets.	
Š			ing members of the gov					3	14
ی م	4	Number of ind	ependent voting memb	ers of the governing	g body (Part VI, line 1b)		4	13
es			of individuals employed					5	123
, İİ			of volunteers (estimate					6	7575
Activities & Governance	7 a	Total unrelated	d business revenue fron	n Part VIII, column (C), line 12			7a 📃	0.
	b	Net unrelated	business taxable incom	e from Form 990-T,	line 39		•	7b	0.
							Prior Year		Current Year
ø	8	Contributions	and grants (Part VIII, lin	e 1h)			<u>17,873,495</u>		L6,055,752.
Revenue	9	Program service	ce revenue (Part VIII, lin	e 2g)			208,380		149,285.
ě	10	Investment inc	ome (Part VIII, column	(A), lines 3, 4, and 7	'd)		<u>8,862</u> -235,747	•	5,850.
"	11	Other revenue	(Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 1	0c, and 11e)				-252,150.
$ \rightarrow $	12	Total revenue	add lines 8 through 11	(must equal Part V	(III, column (A), line 12))	17,854,990		L5,958,737.
	13	Grants and sin	nilar amounts paid (Par	t IX, column (A), line	es 1-3)		602,994		648,999.
	14	Benefits paid t	o or for members (Part	IX, column (A), line	4)		-	•	0.
es			compensation, employ				6,057,206	•	6,108,674.
use L	16a	Professional fu	Indraising fees (Part IX,	column (A), line 11	e)		198,579	•	164,750.
Expense	b	Total fundraisi	ng expenses (Part IX, c	olumn (D), line 25)	▶ 1,254,	466.			
Ш	17	Other expense	es (Part IX, column (A), I	ines 11a-11d, 11f-2	4e)		10,622,665		L0,473,306.
	18	Total expenses	s. Add lines 13-17 (mus	t equal Part IX, colu	ımn (A), line 25)		17,481,444		L7,395,729.
	19	Revenue less e	expenses. Subtract line	18 from line 12			373,546	• -	-1,436,992.
Net Assets or Fund Balances						Ве	ginning of Current Yea		End of Year
sets alan	20	Total assets (P	Part X, line 16)				8,167,779		7,998,295.
t As d B	21	Total liabilities	(Part X, line 26)				1,967,205		3,422,626.
E ^R	22		und balances. Subtract	t line 21 from line 20	D		6,200,574	•	<u>4,575,669.</u>
	rt II	Signature							
Unde	r pena	alties of perjury, I	declare that I have examine	ned this return, includ	ing accompanying schedu	ules and stateme	ents, and to the best of	my know	vledge and belief, it is
true,	correc	ct, and complete.	Declaration of preparer (o	ther than officer) is ba	ased on all information of	which preparer	has any knowledge.		
			Donne Carroll				11/13/20)	
Sign	ı –	Signature	of officer				Date		
Here	•		IE CARROLL,	PRESIDENT					
		Type or p	rint name and title						
		Print/Type prep	arer's name	Prepa	irer's signature		Date Check		PTIN
Paid		AMY FOX		AMY	FOX	1	1/13/20 if self-en	ployed E	200847276
Prep	arer	Firm's name	CLIFTONLAF	SONALLEN	LLP		Firm's EIN	41-	-0746749
Use (Only	Firm's address	901 NORTH	GLEBE ROA	D, SUITE 200	0			

** PUBLIC DISCLOSURE COPY **

May the IRS discuss this return with the preparer shown above? (see instructions)								
932001 01-20-20	LHA For Paperwork Reduction Act Notice, see the separate instructions.							

ARLINGTON, VA 22203

Phone no. (571) 227-9500

	TRAGEDY ASSISTANCE PROGRAM FOR
	990 (2019) SURVIVORS, INC. 92-0152268 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	THE TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS) IS THE NATIONAL
	ORGANIZATION PROVIDING COMFORT, CARE, AND RESOURCES TO ALL THOSE
	GRIEVING THE DEATH OF A MILITARY LOVED ONE.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$9, 227, 262. including grants of \$648, 999.) (Revenue \$384, 146.)
	TAPS SURVIVOR PROGRAMS: REGIONALS, RETREATS, CAMP OUTS, EXPEDITIONS,
	AND INNER WARRIOR.
	KEY ELEMENTS OF TAPS PEER BASED EMOTIONAL SUPPORT ARE THE MILITARY
	SURVIVOR SEMINARS, RETREATS, FAMILY CAMPS AND EXPEDITIONS HELD AT
	LOCATIONS ACROSS THE COUNTRY. SURVIVORS GAIN COPING SKILLS THAT ENABLE
	THEM TO LIVE A FULL LIFE IN THEIR "NEW NORMAL." THESE EVENTS GIVE THE
	FAMILIES OF AMERICA'S FALLEN HEROES A FULLY-FUNDED EXPERIENCE,
	INCLUDING LODGING, MEALS, MATERIALS, PROGRAMMING, SPECIAL ACTIVITIES,
	AND GROUND TRANSPORTATION.
_	THE MOST HEALING ASPECTS OF THESE PROGRAMS ARE THE PHYSICAL ELEMENTS,
	(Code:) (Expenses \$ 3,595,776. including grants of \$) (Revenue \$)
	PEER BASED EMOTIONAL SUPPORT AND SURVIVOR CARE:
	TAPS STANDS SHOULDER TO SHOULDER WITH LEADERS IN THE MILITARY COMMUNITY FOR EVERY BRANCH OF SERVICE TO ENSURE ALL THOSE GRIEVING THE DEATH OF A
	MILITARY LOVED ONE ARE CONNECTED WITH SUPPORT. THROUGH THESE VALUABLE
	PARTNERSHIPS, ALL MILITARY SURVIVORS ARE IMMEDIATELY CONNECTED WITH
	ACCESS TO RESOURCES. FOLLOWING A SERVICE MEMBER'S DEATH, IMMEDIATE
	OUTREACH AND PERSONALIZED CONNECTIONS TO RESOURCES ARE MADE BY THE TAPS
	SURVIVOR CARE TEAM (SCT).
	MADE UP OF MILITARY SURVIVORS WITH RELEVANT ACADEMIC AND PROFESSIONAL
	(Code:) (Expenses \$2, 503, 828. including grants of \$) (Revenue \$)
	TAPS NATIONAL SURVIVOR SEMINARS:
	TAPS HOSTS TWO NATIONAL EVENTS ANNUALLY: THE NATIONAL MILITARY SURVIVOR
	SEMINAR AND GOOD GRIEF CAMP AND THE NATIONAL MILITARY SUICIDE SURVIVOR
	SEMINAR AND GOOD GRIEF CAMP.
	TAKING PLACE OVER MULTIPLE DAYS, THESE TWO EVENTS BRING SURVIVORS
	TOGETHER WITH LEADING AUTHORITIES ON GRIEF AND TRAUMA WHERE THEY CAN
	LEARN COPING SKILLS, HEALTHY GRIEVING TECHNIQUES AND ALSO INTERACT WITH
	OTHER SURVIVORS IN A CALMING, SUPPORTIVE ENVIRONMENT. EVENTS PROVIDE
	OTHER SURVIVORS IN A CALMING, SUPPORTIVE ENVIRONMENT. EVENTS PROVIDE THE OPPORTUNITY FOR SURVIVORS TO HONOR THE LIVES AND SERVICE OF THEIR
	OTHER SURVIVORS IN A CALMING, SUPPORTIVE ENVIRONMENT. EVENTS PROVIDE THE OPPORTUNITY FOR SURVIVORS TO HONOR THE LIVES AND SERVICE OF THEIR LOVED ONES, ESTABLISH A VITAL LONG TERM SUPPORT NETWORK AND LAY THE
	OTHER SURVIVORS IN A CALMING, SUPPORTIVE ENVIRONMENT. EVENTS PROVIDE THE OPPORTUNITY FOR SURVIVORS TO HONOR THE LIVES AND SERVICE OF THEIR
	OTHER SURVIVORS IN A CALMING, SUPPORTIVE ENVIRONMENT. EVENTS PROVIDE THE OPPORTUNITY FOR SURVIVORS TO HONOR THE LIVES AND SERVICE OF THEIR LOVED ONES, ESTABLISH A VITAL LONG TERM SUPPORT NETWORK AND LAY THE
	OTHER SURVIVORS IN A CALMING, SUPPORTIVE ENVIRONMENT. EVENTS PROVIDE THE OPPORTUNITY FOR SURVIVORS TO HONOR THE LIVES AND SERVICE OF THEIR LOVED ONES, ESTABLISH A VITAL LONG TERM SUPPORT NETWORK AND LAY THE FOUNDATIONS FOR HEALTHY GRIEVING AND RESILIENCE FOR MOVING FORWARD.
	OTHER SURVIVORS IN A CALMING, SUPPORTIVE ENVIRONMENT. EVENTS PROVIDE THE OPPORTUNITY FOR SURVIVORS TO HONOR THE LIVES AND SERVICE OF THEIR LOVED ONES, ESTABLISH A VITAL LONG TERM SUPPORT NETWORK AND LAY THE FOUNDATIONS FOR HEALTHY GRIEVING AND RESILIENCE FOR MOVING FORWARD. Other program services (Describe on Schedule O.)
	OTHER SURVIVORS IN A CALMING, SUPPORTIVE ENVIRONMENT. EVENTS PROVIDE THE OPPORTUNITY FOR SURVIVORS TO HONOR THE LIVES AND SERVICE OF THEIR LOVED ONES, ESTABLISH A VITAL LONG TERM SUPPORT NETWORK AND LAY THE FOUNDATIONS FOR HEALTHY GRIEVING AND RESILIENCE FOR MOVING FORWARD. Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 15,326,866. Form 990 (2019)
	OTHER SURVIVORS IN A CALMING, SUPPORTIVE ENVIRONMENT. EVENTS PROVIDE THE OPPORTUNITY FOR SURVIVORS TO HONOR THE LIVES AND SERVICE OF THEIR LOVED ONES, ESTABLISH A VITAL LONG TERM SUPPORT NETWORK AND LAY THE FOUNDATIONS FOR HEALTHY GRIEVING AND RESILIENCE FOR MOVING FORWARD. Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 15,326,866.

SURVIVORS, INC.

Part IV Checklist of Required Schedules

Form 990 (2019)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10		10		x
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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.			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	Х	ļ
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		X
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		X
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	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
32003	01-20-20	⊦orm	320 ((2019)

3

932003 01-20-20

Part IV Checklist of Required Schedules (continued) Image: Continued Continued Continued Control Contrel Contrecon Control Control Contrecon Control Control Control	Form	990 (2019) SURVIVORS, INC. 92-01	<u>52268</u>	Р	age 4
22 Define organization report more than 55:000 of grants or other assistance to or for demedic individuals on Part X. Intel W. Section A. Intel A. of a block compensation of the organization is current and tominer officer, directors, trustees, key employees, and highest compensation demonstration of the organization is current assistance to the organization is a target of the organization is a target problem. Such additional and the December 31:0000 ff W and Section 24 and complete 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2000 ff W and 24 and 2	Par	t IV Checklist of Required Schedules (continued)			
Part K, column (A), Ime 2? (* "Yes," complete: Schedule (* Parts) and II 22 X 23 Did the organization asser" view" to Part VI, Schedule A, Ime 3, 40° shout compensation of the organization is current schedule J. 23 X 24a Did the organization market assessmel bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the yes, It divers size dual dard Docember 31, 2002? If "Yes," answer lines 2db through 2dd and complete Schedule P, VI (% to UII) 1000 as of the schedule P, VI (* VIII) 1000 as of the schedule P, VIII (* VIII) 1000 as of the schedule P, VIIII (* VIIII) 1000 as of the schedule P, VIIII (* VIIII) 1000 as of the schedule P, VIIII (* VIIII) 1000 as of the schedule P, VIIII (* VIIII) 1000 as of the schedule P, VIIII (* VIIII) 1000 as of the schedule P, VIIII (* VIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the Schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIIII) 1000 as of the schedule P, VIIIII (* VIIIII) 1000 as of the schedule P, VIIIII (* VIIIII) 1000 as of the schedule P, VIIIII (* VIIIII) 1000 as of the schedule P, VIIIII (* VIIIII) 1000 as of the schedule P, VIIII (* VIIII) 1000 as of the schedu				Yes	No
23 Did the organization answer "Yes" to Fart UI, Section A, line 3.4, of 5 about compensation of the organization's current and forms (freques, factoris, trustees, key employees, and highest compensated employees? If 'Yes, ' complete Schedule J, and 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 organization maintain an escrew account of the trug 'Yes, ' answer lines 24 thrug 'Yes, ' dura complete Schedule J, I'Yes, ' to Jine 25a 24a 24b 24b 24b 24b 24b 24b 24a Did the organization maintain an escrew account of ther than a refunding escrew at any time during the year'. 24d 24b 25b Sector 50(7(5), 50(7(4), 400(7), 479, ' complete Schedule J, Part I. 25a 24c 24d 25b Sector 50(7(5), 50(7(4), 400(7), 479, ' complete Schedule J, Part I. 25a 25a 25a 25b Ib is the organization avant that if engaged in an access benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization and parts II regrader in an access benefit transaction vith a disqualified person any of the segmination or any applets to any current or former officer, director, trustee, key employee, creator or founder, ubstantial contributor or any office segmination or applets to any current or former officer, director, trustee, key employee, creator or founder, ubstantial contributor, or a 55% controlled antity orthoge and or any of these paramization parts (see Schedule L, Part I). 25b 26b	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," completes 24 X 24a Did the organization have a tax exampt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the yes, that was issued after December 31, 2002? If 'Yes," answer lines 24b through 24d and complete 24a X 24b Did the organization invest any proceeds of tax exampt bonds beyond a temporary priod exception? 24a X 24b Did the organization invest any proceeds of tax exampt bonds beyond a temporary priod exception? 24d X 25c Did the organization areas an increav account the thm a returned escent any time during the year' 24d X 25c Excent 504(c)(3), 504(c)(4), and 504(c)(2) organizations. Dot the organization engage in an excess benefit transaction with a disqualified person during the year' 24d X 25c Excent 504(c)(3), 504(c)(4), and 504(c)(2) organizations. Dot the organization is proof year, and that the transaction has not been reported on any of the organization propable is cary ourset 25d X 25c Did the organization provide a grant or other assistance to any complex of former officer, director, trustee, key employse, creator or founder, substantial contributor, or 354 25d X 27d Did the organization provide a grant or other assistance to any complex Schedule L, Part I 26d X 27d Did the organization exploatese time of or num of these pencins?		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
Schedule J 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule K /ft No," got bline 25a 24a X 244 a Did the organization haves a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule K /ft No," got bline 25a 24a X 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a X 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a X 25 Section 50(45), 50(4(4), and 50(4)(22) organizations. Did the organization any tax the tanggad in an excess benefit transaction with a disqualified person along the organization aver that the anggad in an excess benefit transaction twith a disqualified person along the organization provide a part or other assistance to any current or former officer, functor, trustee, key employee, creator or founder, substantial contributor or 35% corrolled and the part and or any other assistance to any current or former officer, functor, trustee, key employee, creator or founder, substantial contributor or 35% corrolled and the organization provide a part or other assistance to any current or former officer, functor, trustee, key employee, treator or founder, substantial contributor? II 25a X 27 Did the organization provide a part or other assistance to any current or former officer, functor, trustee, key employee, creator or founder, substantial contributor? II 25b X 27 <	23				
243 Define organization have a tax-everyth bord issue with an outstanding principal enough 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 be ite 25a. 24a X 240 Did the organization invest any proceeds of tax-everyt bond beyond a temporary period exception? 24a X 250 Bott the organization invest any proceeds of tax-everyt bond obteryt and temporary period exception? 24d 24d 253 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization any time during the year? 24d 24d 254 Bott the organization avest that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction any of the organization spice? Emergies 0.964(b), <i>L</i> , Part 1 25a X 255 Did the organization avest that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with the organization provide a grant or tourder, substantial contributor, or 35% controlled at thy or tamily member of any of these persons? If ''reg'' complets Schedule L, Part I 25a X 27 Did the organization avest spectra in the way represent the schedule contributor or a 35% controlled at thy or tamily member of any of these persons? If ''reg'' complets Schedule L, Part I' 26a X 27 Did the organization inditadis transaction with ace of the organization					
is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X b Dd the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b c Dd the organization minetal an escret vaccount ofher than a returning escret vac any time during the year to detease any tax exempt bonds? 24c d Dd the organization and tas an "on behalf of" issuer for bonds outstanding at any time during the year to detease any tax exempt bonds? 24d d Dd the organization and the an effort (2) organizations. Dd the organization engage in an excess benefit transaction with a disqualified person during the year? 24d d Dd the organization any that it magaed in an excess benefit transaction with a disqualified person during the year? 25a d Dd the organization any that it magaed in an excess benefit transaction with a disqualified person during the year? 25b d Dd the organization any that it magaed in an excess benefit transaction with a disqualified person during the year? 25b d Dd the organization any that it magaed in an excess benefit transaction with a disqualified person during the year? 25b d Dd the organization any that it magaed in an excess benefit transaction with a disqualified person during the year? 25b d Dd the organization any that the transaction with a disqualified person during the year? 25b d Dd the organization any during the year? 25c d Dd the organization repore any amount on Part X, line 5 or 22, lor receiva			. 23		
Schedule K. If 'Not, 'go to fixe 25a 24a X b Did the organization invest any proceeds of tax exempt bonds beyond a temporary parted exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 'to defease any tax-exempt bonds? 24c 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? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations plore Forms 900 or 909.527 (if 'Yes,' complete Schedule L, Part I 25a 25b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person turing the year'. 25b 25b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person turing the year'. 25b 25b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person turing the year'. 25b 25b Did the organization provide agring or other assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an engloyee thereof) or anni member of any information englowes thereof, a grant selection committee member, or to a 35% controlled entity (including an engloyee thereof) or anni member of any information, and exceptions; 27c 26b A current or former officer, director, trustes, key employee, creator or founder, or substantial contributor? H 'Yes, 'complete Sche	24a	-			
b Def the organization meest any proceeds of tax everengt bonds beyond a temporary panel exception? 246 c Def the organization meet any proceeds of tax everengt bonds beyond a temporary panel exception? 246 d Def the organization act as an "on behalf of" issue for bonds outstanding at any time during the year to defease any tax events bonds? 246 d Def the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 246 d Def the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 246 d Def the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 246 d Def the organization aver behalf at engaged in an excees benefit transaction with a disqualified person during the year? 258 d Def the organization aver behalf at engaged in an excees benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the 22, for receivables from or payables to any current or forme office, direct, truste, key anyloge, encord or gund selection committee nemes, or to a S9% controlled entity (including an employee thereod) any of these persons? If "Yes, "complete Schedule L, Part II 26 27 Did the organization aper top and or than's member of any (individue described in the 28a? If "Yes," complete Schedule L, Part II 28a X 28 A current or former office, direct, trusteck, everyphyce, restand or founder, or substantial contributor? If "Yes," complet			010		v
c Did the organization maintain an escow account other than a refunding escrow at any time during the year to defease any tax-seempt bonds? 24d d Did the organization acts as an 'on behalf of' lissue for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a pior year, and that the transaction has no behalf or lissue for one organization any of the organization spore forms 950 or 990-E27. If "Yes," complete Schedule L, Part I 25a 27 Did the organization expert any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, thustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) a grant solection committee member, or ta a 35% controlled entity of cluding an employee, creator or founder, a grant solection committee member, or ta a 35% controlled entity of cluding an employee, creator or founder, or substantial contributor or employee thereof, a grant solection committee member, or ta a 13% controlled entity of a part or other experiments' if "Yes," complete Schedule L, Part II 26a X 28 Was the organization provide a grant or other experiments' if "Yes," complete Schedule L, Part II 26a X 29 Did the organization creavise more than 325, 000 in on cash contributions? If "Yes," complete Schedule L, Part II 26a X 29 Did the organization inceleic ortificititis of at a thistorial transace	h				
any tax-aximpt boods? 24c d Did the organization act as an 'on behalf of Issuer for boods outstanding at any time during the year? 24d 25a Section 501(e)(3), 501(e)(4), and 501(e)(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 25a Did the organization aver that engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a 25b Did the organization report any amount on Part X, line 5 or 22. for reervisables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, ke			240		<u> </u>
d Dot the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 25a Section 501(x8), 507(e)4, and 507(e)29 organizations. Dit the organization engage in an excess benefit transaction with a disqualified person during the year? II '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 any of the organization spiror Forms 800 or 996-E27. II 'Yes,' complete Schedule L, Part I 25a 27 Do 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 (including an employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) a grant selection committee member, or to a 35% controlled entity (including an employee thereof) a grant selection committee member, or to a 135% controlled entity (including an employee thereof) a grant selection committee member, or to a 35% controlled entity (including an employee thereof) a grant selection committee member, or to a 35% controlled entity of notificar, fusetee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part II 28a X 28 Was the organization report was amount on an cash contributions, or automation approximation selection in the selection or grant selection committee see Schedule L, Part II 28a X 29 Dot the organization selection in a selection committee see Schedule L, Part II 28a X 29 Dot the organization neero was more individuals eacrobea	U		240		
26a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule I, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Form 990 C27 II "Yes," complete Schedule I, Part I 25a X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key engloyee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 26 X 27 Did the organization approxible times of any of these persons? If "Yes," complete Schedule I, Part II 26 X 28 Was the organization approxible times of any of these persons? If "Yes," complete Schedule I, Part II 28 X 29 N Was the organization approxible as engaged in line 28a? II "Yes," complete Schedule I, Part II 28 X 20 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II Yes," complete Schedule I, Part II 28 21 X Mashing member of any individual described in line 28a? II "Yes," complete Schedule I, Part II 28 X 22 A Striber office officer of, trustee, key employee, creator or founder, or substantial contributor? II	Ь				<u> </u>
transaction with a disqualified person during the yea? If Yea,* complete Schedule L, Part I 25a X b is the organization a porto year, and that the 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 90 or 906-E27. If *Yes,* complete Schedule L, Part I 26a X 27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of number of any of these persons? If *Yes,* complete Schedule L, Part II 26a X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 27a X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 28a X 29 Did the organization receive contributions of an in biz 28a? If *Yes,* complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of an in biz 28a? If *Yes,* complete Schedule L, Part IV 28a X 20 Did the organization receive contributions of an inbiz 28a? If *Yes,* complete Schedule L, Part I 28a X 29 Did the organization sele, we more than \$25,000 in non-cash contributions? If *Yes,* complete Schedule N, Part I 28a X 30 Did the organization receive contributions of an inbiz discrear					<u> </u>
b is the organization aware that it engaged in an excess benefit transaction with a disquified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 (fr 'Yes,' complete Schedule L, Part I) 250 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 a 35% controlled entity or family member of any of these persons? (fr 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization approxibe a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee threeol, or a 35% controlled entity or former officer, director, trustee, key employee, creator or founder, substantial contributor? (fr 'Yes,' complete Schedule L, Part II) 28 X 28 Was the organization approxip to a buriness transaction with one of the following parties (see Schedule L, Part II) 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? (fr 'Yes,' complete Schedule L, Part II) 28 X 29 Did the organization neceive controls transer more than 25% of its net assets? (fr 'Yes,' complete Schedule L, Part II) 30 X 29 X Did the organization neceive any transfer more than 25% of its net assets? (fr 'Yes,' complete Schedule L, Part II) 30 X 29 <td></td> <td></td> <td>25a</td> <td></td> <td>x</td>			25a		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 # Yes," complete Schedule L, Part I 25b X 28 Dot the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of raminy member of any of these persons? If Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, oreator 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 II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 28 X 29 Did the organization receive more than 255,000 in non-cash contributions? If 'Yes, "complete Schedule L, Part II 28 X 29 Did the organization receive more than 255,000 in non-cash contributions? If 'Yes, "complete Schedule M 29 X 30 Did the organization receive on thild with a data creases, or other similar assets, or qualified conservation contributions? If 'Yes, "complete Schedule M 20 X 31 Did the organization receive on than 255,000 in non-cash contributions? If 'Yes, "complete Schedule M, Part I 31 X 32 Did the organiza	b				
Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or ganization provide a grant or other assistance to any othere persons? If "Yes," complete Schedule L, Part IV 27 X 28 Was the organization provide stimasction with one of the following parties (see Schedule L, Part IV 28a X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization requires or dissolve and cease operations? If "Yes," complete Schedule N, Part I 30 X 30 Did the organization fault dividuals and/or organization selections? If "Yes," complete Schedule N, Part I 30 X 30 Did the organization receive contributions of art, hi					
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 28 X 20 Did the organization provide a grant or other sasistance 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 IV 27 X 28 Was the organization provide sense than saction with one of the following parties (see Schedule L, Part IV 28 X 29 Was the organization receive more than \$250,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive contributions of art, historical treasures, or their similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive contributions of art, historical treasures, or their similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization receive onor than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization receive and the sissolve and cease operations? If "Yes," complete Schedule N, Part II 30 X 33 Did the organization receive and they discope et nor than 25% of the net asset? If "Yes," complete Schedule N, Part II 31 X			25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 28 X 29 Mas the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 28 X 29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "yes," complete Schedule M 29 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "yes," complete Schedule N, Part I 30 X 31 Did the organization receive on study disregarded as separate from the organization under Regulations sections 30.17701-37 Yes," complete Schedule R, Part I 31 32 Did the organization receive on study disregarded as separate from the organization under Regulations sections 30.17701-37 <td< td=""><td>26</td><td></td><td></td><td></td><td></td></td<>	26				
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 "ryse," complete Schedule L, Part IV 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) 28 X 29 A current of former officer, directr, trustee, key employee, creator or founder, or substantial contributor? If 28 X 20 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X 31 X 30 X 31 X 32 Did the organization indukat, terminater, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 33 X 33 X 33 X 34 Was the organization one on ton0 00% of an entity disregard		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
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 II Z X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II Zet X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV Zet X 29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Zet X 29 Did the organization active more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV Zet X 29 Did the organization receive more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule M Zet X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Zet X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M Zet X 32 Did the organization neated to any tax-exempt or taxable entitry? If "Yes," complete Schedule R, Part II Zet X 33 Did the organization neated to any tax-exempt or taxable entitry? If "Yes," complete Schedule R, Part II Zet <td< td=""><td></td><td>controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II</td><td> 26</td><td></td><td>X</td></td<>		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 X 28 Was the organization call filing thresholds, conditions, and exceptions); a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // "Yes," complete Schedule L, Part IV 28a X 29 A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M, Part I 30 X 31 Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule R, Part I 31 X 32 Did the organization neal, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule R, Part I, III, or IV, and Part V, IIne 1 33 X 33 Did the organization related to any tax-exempt or taxable entity? // "Yes," complete Schedule R, Part I, III, or IV, and Par	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
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): a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 b A family member of any individual described in line 28a? If "yes," complete Schedule L, Part IV 28a X 29 b A family member of any individual described in line 28a? If "yes," complete Schedule L, Part IV 28c X 29 b Id the organization receive more than \$25,000 in non-cash contributions? If "yes," complete Schedule M 29 X 30 bid the organization receive more than \$25,000 in non-cash contributions? If "yes," complete Schedule N, Part I 31 X 31 bid the organization receive more than \$25,000 in non-cash contributions? If "yes," complete Schedule N, Part I 31 X 32 bid the organization receive more than \$25,000 in ron-cash contributions? If "yes," complete Schedule N, Part I 31 X 31 bid the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "yes," complete Schedule N, Part I 31 X 32 bid the organization related to any taxewept or taxable entity? If "yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X					
instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part V b A family member of any individual described in line 28a? # 'Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? # "Yes," complete Schedule L, Part IV D Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M D Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M D Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M D Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M D Did the organization liquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part I D 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 D Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 D Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 D Did the organization complete Schedule C, Part V, line 2 D Did the organization complete Schedule O and provide explanations in Schedule O for Part V, line 1 D Did the organization complete Schedule O and provide explanations in Schedule O for Part V, line 1 D Did the organization complete Schedule O and provide explanations in Schedule O for Part V, line 1 D Did the organization complete Schedule O for Part V, line 1 D Did the organization complete Schedule O for Part V, line 2 D Did the organization complete Sch			27		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a X b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,'' complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,'' complete Schedule M 20 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,'' complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,'' complete Schedule N, Part I 31 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,'' complete Schedule N, Part I 33 X 34 Was the organization neated to any tax exempt or taxable entity? If 'Yes,'' complete Schedule R, Part II, UI, or IV, and Part V, line 1 34 X 35b If 'Yes,'' complete Schedule R, Part V, line 2 36 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b	28				
"Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // // 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M 29 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net asset? // # 'Yes," complete Schedule N, Part I 31 X 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? // "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? // #'Yes," complete Schedule R, Part I, lill, or IV, and Part V, line 1 35a X 35a Did the organization related organization make any transfers to an exempt non-charitable related organization? 34 X					
b A family member of any individual described in line 28a? // *Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // f 28c X **es," complete Schedule L, Part IV 28b X 30 Did the organization receive more than \$25,000 in non-cash contributions? // *Yes," complete Schedule M 29 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions sel, exchange, dispose of, or transfer more than 25% of its net assets? // f *Yes," complete 30 X 32 Did the organization sel, exchange, dispose of, or transfer more than 25% of its net assets? // f *Yes," complete 31 31 X 33 Did the organization sel, exchange, dispose of, or transfer more than 25% of its net assets? // f *Yes," complete 32 X 34 Was the organization related to any tax-exempt or taxable entity? // *es," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 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)? 35a X 35a Ji d the organization conduct meet than 5% of its activities through an entity that is not a related organization and that is treated as a parthership for feder	а		00-		v
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 32 Did the organization incuidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization vom 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 32 X 34 Was the organization neared on any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization bave a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Bid the organization. Solid the organization make any transfers to an exempt non-charitable related organization? 36 X 35a Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," co	h				
"Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 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 X 34 Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization 36 X 35 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 V. 36 X 36 Section 501(c)(3) organizatio					
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 30 X 32 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 32 X 34 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 37 X 38 Did the organi	C		280		x
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 35a X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule Q of the sate space of nor taxplete Schedule O for Part VI, line 1 37 X 38 Did the organization complete Schedule Q of and provide explanations in Schedule O for Part VI, lines 11b and 19? 36 X 37 Did the organization complete Schedule Q of provide explanati	29			x	<u> </u>
contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 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 X 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 X 35a Did the organizations. 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 35a 35a 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 38 Did the organization complete Schedule O A X 36					<u> </u>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 34 Was 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 X 35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization neceive 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 35 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X			30		x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 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 X 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," complete Schedule R, Part V, line 2 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization 35b 35b 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, Iine 2 37 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 38 Did the organization complete Schedule O and provide	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I	31		
Schedule N, Part II 32 X 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 X 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 X 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization of Form 1096. Enter -0- if not applicable 1a 87 1a 87 14 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 87 1a 1a 87 14 Enter the number of Forms W	32				
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 X 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b ff "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)? 35b 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11b and 19? 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 1a 87 1a 87 14 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 1a 1a			32		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V 1 1 87 1 Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 1 1 87 1 Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1 1 87 1 1	33				
Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 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 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 files are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V 1 1 87 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 87 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin			. 33		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 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 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Other IRS Filings and Tax Compliance 28 X 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 87 1b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 87 1c 28 932004 01-20-20 Form 990 (2019) Form 990 (2019) Form 990 (2019) 500 500	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 36 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 38 Did the organization complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 87 b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1c			. 34		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 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 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 932004 01-20-20 Form 990 (2019)			<u>35a</u>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 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	b				
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V Yes Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 87 Ib 0 Ic Ic <t< td=""><td></td><td></td><td></td><td></td><td><u> </u></td></t<>					<u> </u>
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 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 9art V Statements Regarding Other IRS Filings and Tax Compliance 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 1a 87 Check if Schedule O contains a response or note to any line in this Part V 1a 87 b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 87 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 932004 01-20-20 Form 990 (2019) 1c	36				v
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 932004 01-20-20 Form 990 (2019)	27		. 30		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Image: Check if Schedule O complete Schedule O in line 1a. Enter -0- if not applicable Image: Check if Schedule O complete Schedule O in line 1a. Enter -0- if not applicable Image: Check I = 0 Image: Check I = 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Image: Check I = 0 Image: Check I = 0 Image: Check I = 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Check I = 0 Image: Check I = 0 932004 01-20-20 Form 990 (2019) Form 990 (2019)	31		27		x
Note: All Form 990 filers are required to complete Schedule 0 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance V Check if Schedule 0 contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 87 Yes No c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Ic Ic 932004 01-20-20 Form 990 (2019) Form 990 (2019)	38		3/		<u> </u>
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a 87 Yes No b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Image: Ima	00		38	x	
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 87 b 1a 87 b 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 932004 01-20-20 Form 990 (2019)	Par				
1a 87 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 932004 01-20-20 Form 990 (2019)					
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1c 932004 01-20-20 Form 990 (2019)				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 932004 01-20-20 Form 990 (2019)	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	37		
(gambling) winnings to prize winners? 1c 932004 01-20-20 Form 990 (2019)	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
932004 01-20-20 Form 990 (2019)	с				
- · · · · · ·		(gambling) winnings to prize winners?		0000	
	932004		Form	1990	(2019)

TRAGEDY	ASSISTANCE	PROGRAM	FOR

INC.

SURVIVORS,

Form 990 (2019)

Pai	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
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 2a 123							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
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		X				
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		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
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		X				
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?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	d If "Yes," indicate the number of Forms 8282 filed during the year							
е								
f								
g								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	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?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b								
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
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 13c							
14a								
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b	-	X				
15 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		x				
	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		X				
	If "Yes," complete Form 4720, Schedule O.							

5

Form **990** (2019)

932005 01-20-20

Form 990 (2			Page 6
Part VI	Governance, Management, and Disc	losure For each "Yes" response to lines 2 through 7b below, and for a "No" resp	onse
		stances, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a response or not	e to any line in this Part VI	X

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any otl	her			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
-	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			1.0		
a	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
5	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			<u> </u>		- 11
	The internal Research and the internal Research about policies not required by the internal Re	evenue Code.)		Yes	N
10-2	Did the organization have local chapters, branches, or affiliates?			10a	162	X
				10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•		104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before ming	g the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "}	,			v	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva		dent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			<u>15a</u>	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		ation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, C	'A, CO, C	T,DC,DE	,FL	, GA ,	, H]
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (See	ction 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n on Schedul	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of inter	est policy, and	l finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and reco	rds 🕨 🔄			
	BILL SATHER - 800-959-8277					
	3033 WILSON BOULEVARD, SUITE 300, ARLINGTON, VA 22	2201				
	01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES				990	

Form 990 (2019)	SURVIVORS, INC.	92-0152268	Page 7
Part VII Compensation	of Officers, Directors, Trustees, Key Employees, Highe	st Compensated	
Employees, an	d Independent Contractors		
Check if Schedule (O contains a response or note to any line in this Part VII		
Section A. Officers, Director	s, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for all p	ersons required to be listed. Report compensation for the calendar year e	ending with or within the organization's	stax year.
	n's current officers, directors, trustees (whether individuals or organization d (F) if no compensation was paid.	ns), regardless of amount of compense	ation.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

TRAGEDY ASSISTANCE PROGRAM FOR

• 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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do			ition	than d	ne	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	rson is	s both	an	compensation	compensation	amount of
	week		cer an	a a a	Irecto	r/trus	ee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t corr /ee				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BONNIE CARROLL	70.00	_		0	×	1 0	<u>u</u> .			
PRESIDENT		х		х				149,500.	0.	0.
(2) WILLIAM SATHER	50.00									
DIRECTOR OF FINANCE				х				96,183.	Ο.	7,749.
(3) KIM RUOCCO	50.00									
VP, SUICIDE POSTVENTION AND PREVENTI						x		130,000.	Ο.	0.
(4) RITA BARRY-CORKE	50.00									
VP, COMMUNICATIONS & MEDIA						Х		118,269.	0.	7,749.
(5) DIANA HOSFORD	50.00									
VP, SPORTS AND ENTERTAINME						Х		113,461.	0.	7,749.
(6) JOHN B. WOOD	2.00									
BOARD CHAIRMAN		Х		Х				0.	0.	0.
(7) SCOTT RUTTER	2.00									-
TREASURER	1	Х		Х				0.	0.	0.
(8) DEBORAH MULLEN	1.00									•
SECRETARY	1 00	X		Х				0.	0.	0.
(9) BRANDON CARTER	1.00							•	0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(10) STEPHEN CANNON	1.00	x						0.	0.	0
DIRECTOR (11) MILES CORTEZ	1.00	Λ						0.	0.	0.
(II) MILES CORTEZ DIRECTOR	1.00	x						0.	0.	0.
(12) GENERAL MARTIN DEMPSEY	1.00	~						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(13) JOE ANDERSON	1.00									
DIRECTOR		х						0.	0.	0.
(14) M.L. HEFTI	1.00									
DIRECTOR		х						0.	0.	0.
(15) BRADLEY JACOBS	1.00									
DIRECTOR		х						0.	Ο.	0.
(16) GEORGE KRIVO	1.00									
DIRECTOR		Х						0.	0.	0.
(17) EDWARD MCNALLY	1.00									
DIRECTOR		Х						0.	0.	0.
932007 01-20-20				_	-					Form 990 (2019)

TRAGEDY	ASSISTANCE	PROGRAM	FOR
SUBVIVOE	S TNC		

92-0152268 Page 8

Form 990 (2019) SURVIVORS	S, INC.								92-01	.52	268	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghest	C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average			(C Posit	;)			(D) Reportable	(E) Reportable			F) mated
Name and the	hours per	box	unles	s pers	son is	than or s both :	an	compensation	compensatior	n		unt of
	week		cer an	d a dir	rector	r/truste	e)	from	from related			her
	(list any hours for	directo				-		the organization	organizations (W-2/1099-MIS		•	ensation n the
	related	tee or c	ustee			ensated		(W-2/1099-MISC)	(112/1000 1010	0,		nization
	organizations	al trus	onal tru		loyee	compe e						related
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	izations
(18) LEWIS VON THAER	1.00	-	=	0	ž	ΕI	۳.					
DIRECTOR		х						0.		0.		0.
(19) KEN ASBURY	1.00											
DIRECTOR		Х						0.		0.		0.
(20) MARK GRIER	1.00											•
DIRECTOR	1 0 0	Х						0.		0.		0.
(21) CARL LIEBERT DIRECTOR	1.00	х						0.		0.		0.
DIRECTOR		Λ		_				0.		0.		0.
				\rightarrow	-+							
1b Subtotal)	•	607,413.		0.	23	,247.
c Total from continuation sheets to Part VI	, Section A)		0.		0.		0.
)	•	607,413.		0.	23	,247.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove)) who	o re	eceived more than \$100,0	000 of reportable			1
compensation from the organization											Y	es No
3 Did the organization list any former officer,	director. truste	ee. k	ev e	mpla	ovee	e. or l	nia	hest compensated empl	ovee on	[
line 1a? If "Yes," complete Schedule J for s	-			•			•				3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4	<u> </u>
5 Did any person listed on line 1a receive or a							ate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or su	ch p	ersc	on					5	X
1 Complete this table for your five highest con	mpensated ind	ene	nder	nt co	ntra	octors	: th	nat received more than \$	100 000 of comp	ensat	tion from	
the organization. Report compensation for t	•	•							•	onou		
(A)	222			0				(B)			(C)	
Name and business	address							Description of s	ervices	С	ompens	ation
THE MANESS GROUP		-	~ ^ ·	1 0 1							225	0 - 1
1536 BROOKHAVEN DRIVE, MC DOUGLAS KEEFE, 103 DOUGLA						6	-	FUNDRAISING			335	<u>,251.</u>
STERLING, VA 20166	S COURI	'	50.	L T L	- (ο,		T-SHIRT VENDO	R		169	,326.
SIMPLEX DESIGN							_	GRAPHIC			105	, 520 •
17853 W PERSHING STREET,	SURPRIS	Е,	A	zε	353	388		DESIGN/PRINT:	ING		154	,814.
NANCY KAPLAN												
9208 PAVONIA COURT, POTOM	AC, MD	20	85	4			_	HUMAN RESOUR	CES		127	<u>,127.</u>
O Total number of index on death contract. "		A 12			h = -	a 11-2			ve there			
2 Total number of independent contractors (ir \$100,000 of compensation from the organized statement of the second statement o	•	JUIN	med		nose 4		ea	above) who received mo				

Form **990** (2019)

932008 01-20-20

TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC.

			2019) SURVIVORS, IN	C.			92-0152	268 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a response	or note to any line	e in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
<i>6</i> 0	4	2	Federated campaigns 1a	21,381.				30010113 012 014
Contributions, Gifts, Grants and Other Similar Amounts	'		Membership dues					
D D			Fundraising events	1,399,677.				
ifts, r Ai			Related organizations					
nia.			Government grants (contributions)					
Sic			All other contributions, gifts, grants, and					
buti			similar amounts not included above 1f	14,634,694.				
itri O		g	Noncash contributions included in lines 1a-1f	843,697.				
anco		h	Total. Add lines 1a-1f		16,055,752.			
				Business Code				
ø	2	а	SEMINAR REGISTRATIONS	624100	149,285.	149,285.		
Program Service Revenue		b						
Se		с						
am		d						
- B B B B B B B B B B B B B B B B B B B		е						
۲,		f	All other program service revenue					
		g	Total. Add lines 2a-2f	►	149,285.			
	3		Investment income (including dividends, intere					
			other similar amounts)		5,756.			5,756.
	4		Income from investment of tax-exempt bond p	oroceeds 🕨 🕨				
	5		Royalties		237.			237.
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
		_	assets other than inventory 7a 94.					
0		b	Less: cost or other basis					
evenue			and sales expenses					
eve					0.4			0.4
Other Re	~		Net gain or (loss)	▶	94.			94.
the	8	а	Gross income from fundraising events (not including \$ 1,399,677. of					
0								
			contributions reported on line 1c). See Part IV. line 18 8a	211,625.				
		h	Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events	▶	-506,847.			-506,847.
	٩		Gross income from gaming activities. See		,,			,
	5	u	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10a	341,999.				
		b	Less: cost of goods sold	107,138.				
			Net income or (loss) from sales of inventory	>	234,861.	234,861.		
				Business Code				
sno	11	а	OTHER ADMINISTRATION INCOME	900099	19,599.			19,599.
ane		b						
sells eve		с						
Miscellaneous Revenue		d	All other revenue	900099				
2			Total. Add lines 11a-11d	►	19,599.			
	12		Total revenue. See instructions	▶	15,958,737.	384,146.	0.	-481,161.
93200	9 01	-20-	20					Form 990 (2019)

9

TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC.

	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			(X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	648,999.	648,999.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	050 400	016 055	14 050	00 405
	trustees, and key employees	253,432.	216,057.	14,950.	22,425.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	E 2E0 22E	1 071 025	107 165	150 225
7	Other salaries and wages	5,258,325.	4,971,825.	127,165.	159,335.
8	Pension plan accruals and contributions (include	290,566.	244,540.	35,108.	10 010
•	section 401(k) and 403(b) employer contributions)	306,351.	298,839.	1,447.	<u> 10,918.</u> 6,065.
9	Other employee benefits	J00,JJI.	290,039.	1,44/•	0,005.
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management	801.		801.	
		53,560.		53,560.	
	Accounting	55,500.			
	Professional fundraising services. See Part IV, line 17	164,750.			164,750.
f	Investment management fees	356.		356.	2017/000
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	2,560,057.	1,897,185.	227,715.	435,157.
12	Advertising and promotion	4,425.	3,440.	35.	950.
13	Office expenses	415,003.	257,113.	92,465.	65,425.
14	Information technology	67,866.	49,954.	17,912.	
15	Royalties	-	-		
16	Occupancy	930,577.	711,738.	143,457.	75,382.
17	Travel	4,290,496.	4,192,744.	4,784.	92,968.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,433,732.	1,273,868.	4,861.	155,003.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	199,827.	149,870.	29,974.	19,983.
23	Insurance	35,668.		35,668.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	000 464	050 010	12 0 62	10 001
a	PRINTING/DESIGN/PRODUCT	283,464.	259,310.	13,263.	10,891.
b	DUES & SUBSCRIPTIONS	99,844.	87,195.	4,633.	8,016.
C	OTHER EXPENSES	97,630.	64,189.	6,243.	27,198.
d	<u></u>				
	All other expenses	17 305 700	15,326,866.	814,397.	1,254,466.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	17,395,729.	10,020,000.	014,39/.	1,204,400.
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)				
					Earm 990 (2010)

932010 01-20-20

Form 990 (2019)

Part IX Statement of Functional Expenses

10431113 131839 064-203985-00

Form **990** (2019)

10

TRAGEDY	ASS	SISTANCE	PROGRAM	FOR
SURVIVOR	RS,	INC.		

	990 (2 r t X	2019) SURVIVORS, INC.				92-	0152268 Page 1
- ai			to on di	ing in this Dart V			
		Check if Schedule O contains a response or note	to any n		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,013,206.	1	433,374
	2	Savings and temporary cash investments			3,046,463.	2	1,594,623
	3	Pledges and grants receivable, net			3,435,988.	3	4,160,568
	4	Accounts receivable, net			29,986.	4	29,986
	5	Loans and other receivables from any current or f			- ,		
	_	trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	F		5		
	6	Loans and other receivables from other disqualifie					
	_	under section 4958(f)(1)), and persons described i		E CONTRACTOR OF CONTRACTOR OF CONTRACTOR OF CONTRACTOR OF CONTRACTOR OF CONTRACTOR OF CONTRACTOR OF CONTRACTOR		6	
s	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use			8		
As	9				162,693.	9	183,748
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,890,281.			
	b	Less: accumulated depreciation		502,874.	302,953.	10c	1,387,407
	11	Investments - publicly traded securities			76,820.	11	108,919
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		99,670.	15	99,670	
	16	Total assets. Add lines 1 through 15 (must equal			8,167,779.	16	7,998,295
	17	Accounts payable and accrued expenses			656,747.	17	719,671
	18	Grants payable		18			
	19	Deferred revenue	45,325.	19	57,400		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	art IV of	Schedule D		21	
S	22	Loans and other payables to any current or forme	r officer	, director,			
Liabilities		trustee, key employee, creator or founder, substa	ntial cor	ntributor, or 35%			
abi		controlled entity or family member of any of these	person	s		22	
	23	Secured mortgages and notes payable to unrelate	ed third	parties		23	
	24	Unsecured notes and loans payable to unrelated	third par	ties		24	
	25	Other liabilities (including federal income tax, paya	ables to	related third			
		parties, and other liabilities not included on lines	17-24). C	Complete Part X			
		of Schedule D			1,265,133.	25	2,645,555
	26	Total liabilities. Add lines 17 through 25			1,967,205.	26	3,422,626
s		Organizations that follow FASB ASC 958, chec	k here				
Ce		and complete lines 27, 28, 32, and 33.			1 664 062	_	
alar	27				-1,664,063.	27	-5,765,497 10,341,166
a B	28				7,864,637.	28	10,341,100
nno		Organizations that do not follow FASB ASC 95	B, check	k here 🕨 🛄			
or F		and complete lines 29 through 33.		000			
) SIé	29					29	
SSE	30	Paid-in or capital surplus, or land, building, or equ		ſ		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco		F	6 200 571	31	1 575 660
ž	32	Total net assets or fund balances	<u>6,200,574</u> . 8,167,779.	32	4,575,669		
	33	Total liabilities and net assets/fund balances			0,10/,//9.	33	7,998,295 Form 990 (20-

932011 01-20-20

5 Net unrealized gains (losses) on investments 5 57,733. 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 -245,646. 9 0. 0 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4,575,669. Part XII Financial Statements and Reporting		TRAGEDY ASSISTANCE PROGRAM FOR					
Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 16, 200, 574. 5 57, 733. 6 577, 733. 7 8 7 8 8 -245, 646. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances (explain on Schedule O) 11 Accounting method used to prepare the Form 990: Cash 11 Accounting method used to prepare the Form 990: Cash A Accrual 11 Accounting method used to prepare the Form 990: Cash A Accrual Other 11 Accounting method used to prepare the Form 990: Cash A Coruling Networe	Form	990 (2019) SURVIVORS, INC.	92-	015226	58	Pa	.ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1 15,958,737. 2 Total expenses (must equal Part IX, column (A), line 25) 2 17,395,729. 3 Revenue less expenses. Subtract line 2 from line 1 3 -1,436,992. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6,200,574. 5 57,733. 6 - - 7 6 7 Investment expenses 7 - - 7 8 Prior period adjustments 8 -245,646. 9 0. 9 0.tet assets or fund balances (explain on Schedule O) 9 0. 4,575,669. Part XII Financial Statements and Reporting - - - 7 Check if Schedule O contains a response or note to any line in this Part XII - - - 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - - 2a X 1 Accounting from a prior year or checked "Other," explain in Schedule O. 2a X - - 2a X	Pa	t XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) 2 17, 395, 729. 3 Revenue less expenses. Subtract line 2 from line 1 3 -1, 436, 992. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6, 200, 574. 5 Net unrealized gains (losses) on investments 5 577, 733. 6 Donated services and use of facilities 6 7 Investment expenses 6 8 Prior period adjustments 8 -245, 6466. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4, 5775, 669. Yes No Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash Accrual Other," explain in Schedule 0. 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 2b X 1 Accounting method u		Check if Schedule O contains a response or note to any line in this Part XI					
2 Total expenses (must equal Part IX, column (A), line 25) 2 17, 395, 729. 3 Revenue less expenses. Subtract line 2 from line 1 3 -1, 436, 992. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6, 200, 574. 5 Net unrealized gains (losses) on investments 5 577, 733. 6 Donated services and use of facilities 6 7 Investment expenses 6 8 Prior period adjustments 8 -245, 6466. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4, 5775, 669. Yes No Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash Accrual Other," explain in Schedule 0. 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 2b X 1 Accounting method u							
3 Revenue less expenses. Subtract line 2 from line 1 3 -1,436,992. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6,200,574. 5 Net unrealized gains (losses) on investments 5 57,733. 6 6 7 7 8 Prior period adjustments 8 -245,646. 9 0. 0. 10 4,575,669. Part XIII Financial Statements and Reporting 10 4,575,669. Check if Schedule O contains a response or note to any line in this Part XII 10 4,575,669. 7 10 4,575,669. 10 4,575,669. 9 0. 10 4,575,669. 10 1 Accounting method used to prepare the Form 900: Cash X Accrual Other 10 1 Accounting method used to prepare the Form 900: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 900: Cash X Accrual Other 2a X 1 Accounting method usea to consolidated basis	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6, 200, 574. 5 Net unrealized gains (losses) on investments 5 577, 733. 6 Donated services and use of facilities 6 7 7 7 8 Prior period adjustments 8 -245, 646. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4, 575, 669. Part XII Financial Statements and Reporting 10 4, 575, 669. Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were aduited on a separate basis, consolidated basis, or both: 2b X 2b X <th>2</th> <td>Total expenses (must equal Part IX, column (A), line 25)</td> <td>2</td> <td>17,3</td> <td>395</td> <td>,7</td> <td>29.</td>	2	Total expenses (must equal Part IX, column (A), line 25)	2	17,3	395	,7	29.
5 Net unrealized gains (losses) on investments 5 57,733. 6 0 6 7 7 7 8 Prior period adjustments 8 -245,646. 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4,575,669. Part XII Financial Statements and Reporting 10 4,575,669. Check if Schedule O contains a response or note to any line in this Part XII 1 10 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountar? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, revi	3	Revenue less expenses. Subtract line 2 from line 1	3				
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 -245,646. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4,575,669. Part XII Financial Statements and Reporting 10 4,575,669. Check if Schedule O contains a response or note to any line in this Part XII 10 4,575,669. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the f	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,2			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4 , 575 , 669 . Part XIII Financial Statements and Reporting 10 4 , 575 , 669 . Part XIII Financial Statements and Reporting 10 4 , 575 , 669 . Part XIII Financial Statements and Reporting 10 4 , 575 , 669 . 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 16 the organization's financial statements compiled or reviewed by an independent accountant? 2a X 16 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: 2a X 17 F'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 16 'Yes,'' check a box below to indicate whether the financial statements f	5	Net unrealized gains (losses) on investments	5		57	,7	33.
7 Investment expenses 7 8 Prior period adjustments 8 -245,646. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4,575,669. Part XII Financial Statements and Reporting 10 4,575,669. Check if Schedule O contains a response or note to any line in this Part XII 10 4,575,669. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and lependent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi	6		6				
8 Prior period adjustments 8 -245,646. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 4,575,669. Part XII Financial Statements and Reporting 4,575,669. Check if Schedule O contains a response or note to any line in this Part XII ////////////////////////////////////	7		7				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4,575,669. Part XII Financial Statements and Reporting	8		8	-2	245	,6	46.
column (B) 10 4 , 575 , 669. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 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 process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits? If the organization indenge the required audit or audits? If the organizatio	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a		column (B))	10	4,5	575	,6	69.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	t XII Financial Statements and Reporting					
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2a X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a				_	`	Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3	1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
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: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
separate basis, consolidated basis, or both: Separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Separate basis Consolidated basis <th>2a</th> <td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td> <td></td> <td></td> <td>2a</td> <td></td> <td>X</td>	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
 Separate basis Consolidated basis Both consolidated and separate basis 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 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b Image: Stepsile Ste		separate basis, consolidated basis, or both:					
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: Image: Consolidated basis Image:							
consolidated basis, or both: X X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Consolidated audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	b				2b	X	
X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b Image: Committee the committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Image: Committee that assumes responsibility for oversight of the audit, review, or compilation changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Committee that assumes responsibility for oversight process or selection process during the tax year, explain on Schedule O. Image: Committee that assumes responsibility for oversight process or selection process during the tax year, explain on Schedule O. 3a M Image: Committee that assumes responsibility for oversight process or selection process during the tax year, explain on the Single Audit			e basis,				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b							
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Compilation of a federal award, was the organization of a federal award, was the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits Image: Compilation of a federal award, was the organization of a federal award, was the organization audits Image: Compilation of a federal award, was the organization audits? If the organization did not undergo the required audit or audits Image: Compilation of a federal award, was the organization of a federal award, was th							
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	С						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b					2c	X	
Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b							
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a		gle Auc				
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				·····	3a		
	b		red aud				
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				000	<u> </u>

Form **990** (2019)

932012 01-20-20

SCH	EDULE A		Dublic Che	rity Status on		slia Gr	unnort		OMB No. 1545-0047
(Form	n 990 or 990-EZ)			nrity Status an nization is a section 501					2010
			• •	947(a)(1) nonexempt cha			or a section		2013
	ent of the Treasury Revenue Service			Attach to Form 990 or F					Open to Public
				v/Form990 for instruction		ne latest in	nformation.	F aran January	Inspection
Name	of the organizati			ANCE PROGRAM	FOR				identification number
Part	L Boscon		RVIVORS, INC						2-0152268
				(All organizations must co			e instructions	8.	
	<u> </u>	•		(For lines 1 through 12, c		,			
1				on of churches described			1)(A)(I).		
2 [(Attach Schedule E (Forn			::)		
3 ∟ 4 □	Ξ .	•		anization described in s onjunction with a hospital				Viii) Enter	the hospital's name
- L	city, and stat	-			described	Section			the hoopital o hame,
5			ed for the benefit of a co	ollege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in
• _). (Complete Part II.)						
6			-	mental unit described in	section 17	70(b)(1)(A)	(v).		
7 🖸	•			antial part of its support fi			.,	ne general p	oublic described in
	section 170(b)(1)(A)(vi)	. (Complete Part II.)						
8 🗌	A community	r trust desc	cribed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research	organization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
	or university	or a non-la	nd-grant college of agri	culture (see instructions).	Enter the	name, city	, and state of	the college	or
_	university:								
10 🗌				e than 33 1/3% of its sup					
				ect to certain exceptions,					-
				e (less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	fter June 30, 1975.
44 [(Complete Part III.)	i ala ta ta ta ta ta ta a	fate Car		O(a)(A)		
11 ∟ 12 □		-		sively to test for public sa	•			rn, out tho	nurnance of one or
	-	-		sively for the benefit of, to ed in section 509(a)(1) o	-			•	
			-	of supporting organization					
а		-	•••	supervised, or controlled				-	aivina
-			-	egularly appoint or elect a	• • •	-			
			ist complete Part IV, S	• • • • •					
b	Type II. As	supporting	organization supervise	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ring
	control or r	nanageme	nt of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
	organizatio	n(s). You r	nust complete Part IV	Sections A and C.					
С	Type III fur	nctionally	integrated. A supportion	ng organization operated	in connect	tion with, a	and functiona	ly integrate	d with,
	its support	ed organiz	ation(s) (see instruction	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d				porting organization oper			• •	•	.,
				zation generally must sat	•		•	an attentiv	reness
	·	•	,	mplete Part IV, Sections					
е			0	written determination fro			Type I, Type	II, Type III	
4 1				onally integrated supporti					
	Enter the number Provide the follow	• •	ation about the support	od organization(s)					
<u> </u>	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	fmonetary	(vi) Amount of other
	organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
.									
Total	Den smith D	du a 41 a *			.000 57		0-t		
	or Paperwork Re	auction A	ci notice, see the inst	ructions for Form 990 or 13	1 990-EZ.	932021 09-	25-19 SCNE	uule A (FO	m 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 SURVIVORS, INC. Part II Support Schedule for Organizations Descri

92-0152268 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	-				-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u>10592712.</u>	11885005.	13052198.	<u>17873495.</u>	<u>16055752.</u>	69459162.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10592712.	<u>11885005.</u>	<u>13052198.</u>	<u>17873495.</u>	<u>16055752.</u>	69459162.
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)						18167309.
	Public support. Subtract line 5 from line 4.						51291853.
Se	ction B. Total Support	1		1	1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	10592712.	11885005.	13052198.	17873495.	16055752.	69459162.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			40 506			00 505
	and income from similar sources \dots	24,551.	24,785.	19,536.	7,731.	5,993.	82,596.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		1 850	FO 051	26.420	10 500	105 005
	assets (Explain in Part VI.)	5,357.	1,750.	72,251.	36,438.	19,599.	135,395.
	Total support. Add lines 7 through 10						69677153.
	Gross receipts from related activities,		,			· · · ·	,586,341.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	. —
Se	organization, check this box and stor ction C. Computation of Publi		centage				
							73.61 %
	Public support percentage for 2019 (I		•	())		14	
	Public support percentage from 2018 33 1/3% support test - 2019. If the					15	
102							
ŀ	stop here. The organization qualifies 33 1/3% support test - 2018. If the		-		lino 15 ic 22 1/204		
	and stop here. The organization qual						
17-	10% -facts-and-circumstances test		• •		- 13 16a or 16b a		
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-		-	
F	10% -facts-and-circumstances test	-	-	• • • •		17a and line 15 is	
	more, and if the organization meets the	•					
	organization meets the "facts-and-circ						►
18	Private foundation. If the organization		-	-	• • • •		
				,,, 0, 0, 176		edule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2019 SURVIVORS, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L				-	<u> </u>
14	First five years. If the Form 990 is fo	0					ganization,
Sec	check this box and stop here ction C. Computation of Publi						▶
	Public support percentage for 2019 (I		-	column (f))		15	%
	Public support percentage from 2018	, (),				16	%
	ction D. Computation of Inves						
17				line 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che	•					·
20	Private foundation. If the organization						
	23 09-25-19						m 990 or 990-EZ) 2019
			15	5		•	-

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

Part IV Supporting Organizations

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

INC.

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

16

932024 09-25-19

8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2019

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

Yes No

TRAGEDY ASSISTANCE PROGRAM FOR Schedule A (Form 990 or 990-EZ) 2019 SURVIVORS, INC.

92-0152268 Page 5

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		├───
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		1
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		L
000			Vee	
	Ware a majority of the experimetion's directors or tructure during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
932025	09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019

17

10431113 131839 064-203985-00

Schedule A (Form 990 or 990-EZ) 2019 SURVIVORS, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

	dule A (Form 990 or 990 EZ) 2019 SURVIVORS, INC			2-0152268 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

		TRAGEDY	ASSISTANCE	PROGRAM FOR	ર		
Schedule A	(Form 990 or 990-EZ) 2019	SURVIVOR	S, INC.			92-0152268	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	nation. Provid 2, 3b, 3c, 4b, 4c ines 2 and 3; Par	e the explanations red 5 5a, 6, 9a, 9b, 9c, 11 t IV, Section E, lines 1	a, 11b, and 11c; Part I Ic, 2a, 2b, 3a, and 3b;	IV, Section B, lines 1 Part V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	ı C,
932028 09-25-1	19				Schedule	e A (Form 990 or 990-	EZ) 2019
552020 09-20-			2	0	Generatik	-066 10 000 11 000 11 000	/ 2013

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service
Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

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

OMB No. 1545-0047

2019

Employer identification number

TRAGEDY	ASS
	n a

SISTANCE PROGRAM FOR INC. SURVIVORS,

92-0152268

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B (Fo	rm 990, 990	D-EZ, or 990)-PF) (2019)
----------------	-------------	--------------	--------------

Name of organization

TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC.

Employer identification number

92-0152268

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>650,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,350,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>525,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$3,900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>898,537.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$ <u>350,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

23

923452 11-06-19

10431113 131839 064-203985-00

	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 3
Name of or	rganization DY ASSISTANCE PROGRAM FOR		Employer identification number
	VORS, INC.		92-0152268
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	
923453 11-06	5-19	Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)

24

10431113 131839 064-203985-00

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

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4					
	rganization	_	Employer identification number					
	DY ASSISTANCE PROGRAM FO VORS, INC.	DR	92-0152268					
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) Fulpose of gift	(c) Use of gift						
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
·		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee						

923454 11-06-19

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

10431113 131839 064-203985-00

SC	(Form 990) (Form 990) (Form 990) (Form 990) (Form 990)				OMB No. 1545-0047
(Forr					2019
	ment of the Treasury		Attach to Form 990.		Open to Public
	I Revenue Service		90 for instructions and the latest information.		
Nam	e of the organizatio	FROGRAM FOR		r identification number	
Pa	rt I Organiza	SURVIVORS, INC. tions Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts.	Complete if the
		answered "Yes" on Form 990, Part IV, lin			
		, , ,		(b) Funds ar	d other accounts
1	Total number at en	d of year			
2		contributions to (during year)			
3	Aggregate value of	grants from (during year)			
4		end of year			
5	-		writing that the assets held in donor advised fund		
•			exclusive legal control?		Yes No
6	•		dvisors in writing that grant funds can be used o		
	impermissible priva		r donor advisor, or for any other purpose confer	•	Yes No
Pa			ganization answered "Yes" on Form 990, Part IV	line 7.	
1		ervation easements held by the organization		,	
-		of land for public use (for example, recrea	· · · · ·	orically impo	rtant land area
		natural habitat	Preservation of a cert	ified historic	structure
	Preservation	of open space			
2	Complete lines 2a t	hrough 2d if the organization held a qualif	ied conservation contribution in the form of a co	nservation e	asement on the last
	day of the tax year.			Held	at the End of the Tax Year
а	Total number of co	nservation easements		2a	
b				2b	
С			ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
				2d	
3		ation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization durin	g the tax
4	year	/here property subject to conservation eas	sement is located		
-+ 5		ion have a written policy regarding the per			
5	0	procement of the conservation easements it			Yes No
6	,		handling of violations, and enforcing conservation		
	•	5, 1 5,	5		5
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements dui	ing the year
	▶\$				
8	Does each conserv	ation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe	e how the organization reports conservation	on easements in its revenue and expense statem	nent and	
			ote to the organization's financial statements th	at describes	the
Do		ounting for conservation easements.	Art, Historical Treasures, or Other S	imilar Ao	
Fai				onniar As	5615.
		the organization answered "Yes" on Form		anaa ahaat u	uorko
18	U U		8, not to report in its revenue statement and bala		
			blic exhibition, education, or research in furtherancial statements that describes these items.		
h			8, to report in its revenue statement and balance	sheet work	s of
D D	-		exhibition, education, or research in furtherance		
		ng amounts relating to these items:			
	•	c		▶ \$	
				N A	
2	• •		asures, or other similar assets for financial gain,		
		nts required to be reported under FASB A			
а	Revenue included of	on Form 990, Part VIII, line 1	-	▶ \$	
b	Assets included in	Form 990, Part X		▶ \$	
LHA	For Paperwork Re	duction Act Notice, see the Instructions	s for Form 990.	Sche	edule D (Form 990) 2019
93205	1 10-02-19				
			26		

		ASSISTANC	E PRC	GRAM 1	FOR						
		RS, INC.						92-01	<u>52268</u>	Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Simila	r Assets	(continu	ied)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	make sig	nificant ι	use of its			
	collection items (check all that apply):		. — .								
a	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit of		-		-	r similar a	issets		-	_	-
Dec	to be sold to raise funds rather than to be ma					<u></u>	<u></u>		Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		•						-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization ar	swered '	"Yes" on Fo	orm 990, Part	IV, line 10).				
		(a) Current year	(b) P	rior year	(c) Two year	s back 🚺	d) Three y	ears back	(e) Four	/ears	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities	-									
•	and programs										
f	Administrative expenses										
	End of year balance										
-	Provide the estimated percentage of the cur		 								
2	Board designated or quasi-endowment	•		, column (a	jj nelu as.						
a L			_%								
D	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administere	ed for the	organiza	ation	Г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Fai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or c		• •	or other	. ,	cumulate	ed	(d) Book	value	Э
		basis (investr	nent)	basis	(other)	depi	reciation				
	Land										
	Buildings			A			<u> </u>		4	_	
С	Leasehold improvements				8,600.		03,72		1,214		
d	Equipment			37	1,681.	1	99,1	54.	172	,52	27.
e	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. colum	n (B), line 1	0c.)				1,387	,4()7.
								Schedule	D (Form	990)	2019

932052 10-02-19

Schedule D) (Form 990) 2019	SURVIVORS,	INC.	92	2-0152268 Page 3
Part VII	Investments - 0	Other Securities.			
				11b. See Form 990, Part X, line 12.	
(a) Descrip	otion of security or categ	OTY (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financi	al derivatives				
(2) Closely	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
<u>(G)</u>					
<u>(H)</u>					
		, Part X, col. (B) line 12.) 🕨			
Part VIII		Program Related.			
	Complete if the orga	anization answered "Yes'		11c. See Form 990, Part X, line 13.	
	(a) Description of	investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(h) must equal Form 000	, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.				
		anization answered "Ves'	on Form 990 Part IV line 1	11d. See Form 990, Part X, line 15.	
			Description		(b) Book value
(1)		(4)			
<u>(1)</u>					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		<u>rm 990. Part X. col. (B) lin</u>	e 15.)	>	
Part X	Other Liabilitie	S.			
	Complete if the orga	anization answered "Yes'	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	5.
1.	(a) De	escription of liability			(b) Book value
(1) Feo	deral income taxes				
	FERRED REN	ſ			2,645,555.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
•	., .		-		2,645,555.
2. Liability	/ for uncertain tax pos	itions. In Part XIII, provide	e the text of the footnote to	the organization's financial statements t	hat reports the

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

932053 10-02-19

	TRAGEDY ASSISTANCE PROGRAM	I FOR				
	dule D (Form 990) 2019 SURVIVORS, INC.			92-	0152268 _{Ра}	_{age} 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	16,875,08	86.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments		57,733.			
b	Donated services and use of facilities	2b	33,363.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	. 2d				
е	Add lines 2a through 2d			2e	91,09	
3	Subtract line 2e from line 1			3	16,783,99	90.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		356.			
b	Other (Describe in Part XIII.)		-825,609.			
с	Add lines 4a and 4b			4c	-825,25	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	15,958,73	37.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		n Expenses per H	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	18,254,34	<u>45.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2 a	33,363.			
b	Prior year adjustments	2b				
С	Other losses					
d	Other (Describe in Part XIII.)		825,609.			
е	Add lines 2a through 2d			2e	858,97	72.
3	Subtract line 2e from line 1			3	17,395,37	73.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	356.			
b	Other (Describe in Part XIII.)					
с	Add lines 4a and 4b			4c		56.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	17,395,72	29.
Pa	t XIII Supplemental Information.					
-				-		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

TAPS ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS. TAPS

EVALUATED ITS INCOME TAX POSITIONS AND DETERMINED THAT THEY ARE

MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION. TAPS' TAX RETURNS ARE

SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL

AUTHORITIES.

 PART XI, LINE 4B - OTHER ADJUSTMENTS:

 SPECIAL EVENT EXPENSES
 -718,471.

 COST OF GOODS SOLD
 -107,138.

 TOTAL TO SCHEDULE D, PART XI, LINE 4B
 -825,609.

29

932054 10-02-19

Schedule D (Form 990) 2019 Part XIII Supplemental Infor	TRAGEDY ASSISTANCE SURVIVORS, INC. mation (continued)	PROGRAM FOR	
PART XII, LINE 2D -			
SPECIAL EVENT EXPENS	SES		718,471.
COST OF GOODS SOLD			107,138.
TOTAL TO SCHEDULE D	, PART XII, LINE 2D		825,609.
			Schedule D (Form 990) 2019

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	OME	B No. 1545-0047				
(Form 990)	Complete if	2019									
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fc	Attach to Form 990. https://www.warmen.com/warmen.com/ https://www.warmen.com/ https://wwwwww.com/ https://wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	information.		Open t Inspec	to Public ction				
Name of the organization Employer identification num											
TRAGEDY ASSISTANCE PROGRAM FOR											
Part I General Ir	SURVIVORS, INC. 92-0152268 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on										
	art IV, line 14b.	cuvilles Out	side the Officed States. Comple	ete if the organ	ization answ	ered "Ye	es" on				
		n maintain record	ds to substantiate the amount of its gra	ints and other a	assistance.						
-	•		the selection criteria used to award the			🗆 V	Yes 🗌 No				
2 For grantmakers. I United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistand	ce outsid	le the				
			an be duplicated if additional space is n								
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (gram service	· / I	(f) Total expenditures				
	in the region	agents, and independent	gram services, investments, grants to		e specific typ		for and				
	0	contractors in the region	recipients located in the region)	of service	(s) in the regi	ion	investments in the region				
MIDDLE EAST AND		In the region		FROM ORGANI	ZING ANNU	AL					
NORTH AFRICA -				GLOBAL WORK	ING GROUP						
ALGERIA, BAHRAIN,				GATHERINGS,	LEADING 1	HOPE					
DJIBOUTI, EGYPT,	0	7	PROGRAM SERVICES	& HEALING E	XPEDITION	S TO	109,103.				
3 a Subtotal b Total from continuat sheets to Part I c Totals (add lines 3a and 3b)	ion 0	7 0 7					109,103. 0. 109,103.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2019

932071 10-12-19

Page 2 for any		(i) Method of valuation (book, FMV, appraisal, other)					
00, Part IV, line 15, fo	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any seded.	(h) Description of noncash assistance					
52268	"Yes" on Form 9	(g) Amount of noncash assistance					
92-0152268	ganization answered	(f) Manner of cash disbursement					ecognized as tax-exe
Complete if the org: sded.	Complete if the org eded.	(e) Amount of cash grant					foreign country, r
PROGRAM FOR	the United States. additional space is ne	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities
Y ASSISTANCE ORS, INC.	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	(c) Region					s listed above that are re sel has provided a secti entities
TRAGEDY AS SURVIVORS,	er Assistance to Orga eived more than \$5,00	(b) IRS code section and EIN (if applicable)					Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has Enter total number of other organizations or entities
Schedule F (Form 990) 2019	Part II Grants and Othe recipient who rec	1 (a) Name of organization					2 Enter total number of rby the IRS, or for which3 Enter total number of c

932072 10-12-19

32

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2019
. 92-0152268 the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	IV, line 16.	(g) Description of noncash assistance					Schedu
	n Form 990, Part	(f) Amount of noncash assistance					
	the organization answered "Yes" o	(e) Manner of cash disbursement					
		(d) Amount of cash grant					
	e the United Star	(c) Number of recipients					
SURVIVORS, INC.	e to Individuals Outside Iditional space is needec	(b) Region					
Schedule F (Form 990) 2019 SI	r Assista olicated if	(a) Type of grant or assistance					

SURVIVORS, INC.

Schedule F (Form 990) 2019

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	X No
2	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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990</i>)	Yes	X No

Schedule F (Form 990) 2019

932074 10-12-19

TRAGEDY ASSISTANCE PROGRAM FOR	
Schedule F (Form 990) 2019 SURVIVORS, INC.	92-0152268 Page
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting investments up, our applications per region). Part II, line 1 (accounting method). Part III (accounting method)	•
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method (estimated number of recipients), as applicable. Also complete this part to provide any additional informa	, , , ,
	ation. See instructions.
PART I, LINE 3, COLUMN (E):	
(A) REGION:	
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI,	EGYPT, EUROPE
(E) SPECIFIC TYPES OF SERVICES IN REGION: FROM ORGANIZING A	NNUAL GLOBAL
WORKING GROUP GATHERINGS, LEADING HOPE & HEALING EXPEDITION	IS TO
COMMUNITIES EXPERIENCING TRAUMATIC LOSS, LOCALIZING OPPORTU	NITIES FOR
MEANINGFUL EMPLOYMENT OF WIDOWS, AND CREATING NEW CONTENT T	HAT SPEAKS TO
THE UNIVERSALITY OF THE GRIEF EXPERIENCE, TAPS CONVENES THE	WORLD'S
CITIZENS WITHIN THE SHARED VALUES OF FAMILY AND COMMUNITY.	
REPRESENTATIVES FROM 17 NATIONS GATHERED AT THE TAPS HEADQU	VARTERS IN
ARLINGTON, VIRGINIA, USA, JOINED BY REPRESENTATIVES FROM AR	OUND THE WORLD
ON VIDEO CONFERENCE, FOR A WEEK OF WORK IN DEVELOPING A GLO	BAL PROGRAM OF
SUPPORT FOR THE FAMILIES OF MILITARY DECEASED. TO ADDRESS T	HE NEED FOR A
SOLID AND SUSTAINED NETWORK OF SUPPORT AND USE OF ALL AVAIL	ABLE RESOURCES
OFFERED TO THOSE WHO ARE GRIEVING THE DEATH OF A MILITARY L	OVED ONE
DEMANDS THAT WE STAND TOGETHER IN OUR ACKNOWLEDGMENT OF THE	UNIVERSALITY
OF GRIEF, OUR RESPECT FOR ALL WHO HAVE SERVED AND DIED, AND	OUR
DEDICATION TO PEACE.	

35

932075 10-12-19

2019.05000 TRAGEDY ASSISTANCE PROGRA 064-2031

10431113 131839 064-203985-00

SCHEDULE G	Suppleme	ental Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	I.	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the		2019					
Department of the Treasury		Attach to Form 990) or Fo	r m 99	0-EZ.			Open to Public
Internal Revenue Service			Inspection					
Name of the organization		ntification number						
		RS, INC.				92-0		
	complete this par	 Complete if the organization answe t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 9	90-EZ	filers are not
 a Mail solicitat b X Internet and c Phone solicitat d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	f Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising d ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X	Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity from activity					(v) Amount p to (or retained fundraise listed in col	d by) r	(vi) Amount paid to (or retained by) organization	
THE MANESS GROUP -	1536		Yes	No				
BROOKHAVEN DRIVE, M	ICLEAN, VA	GALA 2019 & 2020	Х		1,306,200.	106,	000.	1,200,200.
LYNNE COTTRELL - 25	576 S.							
LANSING WAY, AUROUR	RA, CO	GOLF EVENT	х		305,102.	58,	750.	246,352.
<u>Total</u>				►	1,611,302.	164,	750.	1,446,552.
 List all states in whi or licensing. 	ich the organizatio	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is exempt fr	om re	gistration

AL, AK, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

92-0152268 Page 2

Schedule G (Form 990 or 990-EZ) 2019 SURVIVORS, INC. Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events 2019 HONOR NONE (add col. (a) through 2019 GOLF GUARD GALA col. (c)) (event type) (event type) (total number) Revenue 1,306,200. 305,102. 1,611,302. Gross receipts 1 1,153,075. 246,602. 1,399,677. 2 Less: Contributions 153,125. 58,500. Gross income (line 1 minus line 2) 211,625. 3 4 Cash prizes 5 Noncash prizes Direct Expenses 33,500. 13,397. 46,897. 6 Rent/facility costs 152,916. 11,992. 164,908. 7 Food and beverages 11,500. 2,500. 14,000. 8 Entertainment 416,683. 75,984. 492,667. 9 Other direct expenses 718,472. **10** Direct expense summary. Add lines 4 through 9 in column (d) ► -506,847. Net income summary. Subtract line 10 from line 3, column (d) 11 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct Rent/facility costs 4 Other direct expenses 5 % Yes Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) ► 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2019 932082 09-11-19

TRAGEDY	ASSISTANCE	PROGRAM	FOR
THURDDY	110010111101	THOUGHT	1 010

11 Does the organization concluid gaming activities with nonmember? □ Yes 12 is the organization a grantic beneficiary or thracted of a trust, or a member of a partnership or other entity formed to administer charitable graning? □ Yes 13 Indicate the precentage of graning activity conducted in: □ Tag 14 Enter the name and address of the person who prepares the organization's facility. □ Tag 15 Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes 15 Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes 16 If 'Yes, 'enter the annual of gaming revenue raceived by the organization > \$ and the amount of gaming revenue raceived by the organization => \$ and the amount of gaming revenue raceived by the organization => \$ and the amount of gaming revenue raceived by the organization => \$ and the amount of gaming members? 16 Gaming manager information: Name >	<u>Sche</u>	dule G (Form 990 or 990-EZ) 2019 SURVIVORS, INC.	<u>92-</u> ()152	<u>268</u>	Pa	<u>je 3</u>
12 Is the organization a granter, beneficiary or tustee of a truth, or a member of a partnership or other entity formed to administer charitable gaming? Yes 13 Indicate the preventage of gaming activity conducted in: a the organization facility a not state facility 14 Intel the name and address of the preson who prepares the organization's gaming/special events books and records: Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? and the amount of gaming revenue retained by the dirganization > \$ and the amount of gaming revenue retained by the dirganization = \$ and the amount of gaming revenue retained by the dirganization = \$ and the amount of gaming revenue retained by the dirganization = \$ and the amount of gaming revenue retained by the dirganization = \$ and the amount of gaming revenue retained by the dirganization = \$ and the amount of gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Description of services provided ► Director/officer B the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming lenses? Schedbulle G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS : SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS : (1) NAME OF FUNDRAISER : LYNNE COTTRELL (1) ADDRESS OF FUNDRAISER : LYNNE COTTRELL (1) ADDRESS OF FUNDRAISER : LYNNE COTTRELL (1) ADDRESS OF FUNDRAISER : 2576 S. LANSING WAY, AUROURA, CO & 800014) Cottageneric count	11				Yes		No
13 indicate the percentage of gaming activity conducted in: 13 indicate the percentage of gaming activity conducted in: 14 entre statistication facility 13 indicate the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶							
13 Indicate the precentage of gaming activity conducted in: 13a 14 The organization facility 13a 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	f	to administer charitable gaming?			Yes		No
b An outside facility							
b An outside facility	a	The organization's facility		13a			ç
If the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ Itsa Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes □ It 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$				13b			ç
Address							
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes b if 'Yes," enter the amount of gaming revenue received by the organization > \$		Name					
b If Yes, "enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If Yes," enter name and address of the third party. Name ▶		Address 🕨					
of gaming revenue retained by the third party ▶\$	15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		🗆	Yes		No
<pre>c If 'Yes,' enter name and address of the third party: Name ▶</pre>	b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	nt				
<pre>c If 'Yes,' enter name and address of the third party: Name ▶</pre>		of gaming revenue retained by the third party \$					
Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ □ Director/officer □ Director/officer □ Director/officer □ Director/officer □ Director/officer □ Independent contractor 17 Madatory distributions: a is the organization required under state law to make charitable distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ PartU Supplemental Information. Provide the explanational information. See instructions.							
16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Gaming manager compensation ▶ \$ Description of services provided ▶ □ □ Director/officer □ Employee □ Director/officer □ Employee □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Enter the anount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year № \$ Part IV Supplemental Information. Provide the exeptinations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: THE MANESS GROUP (I) ADDRESS OF FUNDRAISER: LYNNE COTTRELL (I) NAME OF FUNDRAISER: LYNNE COTTRELL (I) ADDRESS OF FUND		Name					
16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Gaming manager compensation ▶ \$ Description of services provided ▶ □ □ Director/officer □ Employee □ Director/officer □ Employee □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Enter the anount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year № \$ Part IV Supplemental Information. Provide the exeptinations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: THE MANESS GROUP (I) ADDRESS OF FUNDRAISER: LYNNE COTTRELL (I) NAME OF FUNDRAISER: LYNNE COTTRELL (I) ADDRESS OF FUND		Address 🕨					
Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer Employee □ Director/officer Information. □ Director/officer S □ Director/officer Information. □ Director/officer							
Description of services provided ►		Name 🕨					
Description of services provided ►		Gaming manager compensation					
Director/Officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Sector Yean Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Sector Yean Yes Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (1) NAME OF FUNDRAISER: THE MANESS GROUP (1) ADDRESS OF FUNDRAISER: 1536 BROOKHAVEN DRIVE, MCLEAN, VA 22101 (1) NAME OF FUNDRAISER: LYNNE COTTRELL (1) ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO 80014 PART I, LINE 2B, COLUMN (V):							
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer Employee Independent contractor					
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (1) NAME OF FUNDRAISER: THE MANESS GROUP (1) ADDRESS OF FUNDRAISER: 1536 BROOKHAVEN DRIVE, MCLEAN, VA 22101 (1) NAME OF FUNDRAISER: LYNNE COTTRELL (1) ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO 80014 (2) ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO 80014		-					
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (1) NAME OF FUNDRAISER: THE MANESS GROUP (1) ADDRESS OF FUNDRAISER: 1536 BROOKHAVEN DRIVE, MCLEAN, VA 22101 (1) NAME OF FUNDRAISER: LYNNE COTTRELL (1) ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO 80014 		Is the organization required under state law to make charitable distributions from the gaming proceeds to			v		
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (1) NAME OF FUNDRAISER: THE MANESS GROUP (1) ADDRESS OF FUNDRAISER: 1536 BROOKHAVEN DRIVE, MCLEAN, VA 22101 (1) NAME OF FUNDRAISER: LYNNE COTTRELL (1) ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO 80014 		retain the state gaming license?		. 📖	Yes		No
 Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: THE MANESS GROUP (I) ADDRESS OF FUNDRAISER: 1536 BROOKHAVEN DRIVE, MCLEAN, VA 22101 (I) NAME OF FUNDRAISER: LYNNE COTTRELL (I) ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO 80014 (PART I, LINE 2B, COLUMN (V): 		Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the				
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: THE MANESS GROUP (I) ADDRESS OF FUNDRAISER: 1536 BROOKHAVEN DRIVE, MCLEAN, VA 22101 (I) NAME OF FUNDRAISER: LYNNE COTTRELL (I) ADDRESS OF FUNDRAISER: LYNNE COTTRELL (I) ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO 80014 PART I, LINE 2B, COLUMN (V):	_		nd D-	et 11_15-)h 10	h
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: THE MANESS GROUP (I) ADDRESS OF FUNDRAISER: 1536 BROOKHAVEN DRIVE, MCLEAN, VA 22101 (I) NAME OF FUNDRAISER: LYNNE COTTRELL (I) ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO 80014 PART I, LINE 2B, COLUMN (V):	. ai		по Ра	u t 111, 11ľ	168 9, 8	ט, ונ	υ,
<pre>(I) NAME OF FUNDRAISER: THE MANESS GROUP (I) ADDRESS OF FUNDRAISER: 1536 BROOKHAVEN DRIVE, MCLEAN, VA 22101 (I) NAME OF FUNDRAISER: LYNNE COTTRELL (I) ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO 80014 PART I, LINE 2B, COLUMN (V):</pre>							
<pre>(I) ADDRESS OF FUNDRAISER: 1536 BROOKHAVEN DRIVE, MCLEAN, VA 22101 (I) NAME OF FUNDRAISER: LYNNE COTTRELL (I) ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO 80014 PART I, LINE 2B, COLUMN (V):</pre>	SCH	IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	SERS	5:			
<pre>(I) ADDRESS OF FUNDRAISER: 1536 BROOKHAVEN DRIVE, MCLEAN, VA 22101 (I) NAME OF FUNDRAISER: LYNNE COTTRELL (I) ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO 80014 PART I, LINE 2B, COLUMN (V):</pre>	(\	NAME OF FINDDATCED. THE MANECC ODAID					
(I) NAME OF FUNDRAISER: LYNNE COTTRELL (I) ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO 80014 PART I, LINE 2B, COLUMN (V):	<u>(</u>	MARE OF FUNDRAISER: INE MANESS GROUP					
(I) ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO 80014 PART I, LINE 2B, COLUMN (V):	(I)	ADDRESS OF FUNDRAISER: 1536 BROOKHAVEN DRIVE, MCLEAN, VA	221	L01			
(I) ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO 80014 PART I, LINE 2B, COLUMN (V):	/ _ ·						
PART I, LINE 2B, COLUMN (V):	(I)	NAME OF FUNDRAISER: LYNNE COTTRELL					
	(I)	ADDRESS OF FUNDRAISER: 2576 S. LANSING WAY, AUROURA, CO	3001	L4			
	<u>PA</u> R	RT I, LINE 2B, COLUMN (V):					
32083 09-11-19 Schedule G (Form 990 or 990-EZ) 2	32083		à (Forr	n 990 (or 990	-EZ) 2	201
38 31113 131839 064-203985-00 2019.05000 TRAGEDY ASSISTANCE PROGRA 064						_ .	

Schedule G (Form 990 or 990-EZ) SURVIVORS, IN	TANCE PROGRAM FOR	02 01 52269 5
Part IV Supplemental Information (continued)		52 0152200 Page4
TAPS PAID PROFESSIONAL FUNDRAISERS	5 FOR PROFESSIONA	L FUNDRAISING SERVICES
AND GENERAL FUNDRAISING SERVICES.		
IN 2019, THE MANESS GROUP RECEIVED	0 \$106,000 FOR PR	OFESSIONAL FUNDRAISING
SERVICES FOR THE GALA AND LYNNE CO	OTTRELL RECEIVED	\$58,750 FOR THE GOLF
EVENT.		
		Schedule G (Form 990 or 990-EZ)

10431113 131839 064-203985-00

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	er Assistand d Individuals answered "Yes"	ce to Organi s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	m 990. r the latest inform	ation.		Open to Public Inspection
Name of the organization	TRAGEDY SURVIVOF	ASSISTANCE	PR	~			ш	Employer identification number 92-0152268
Part I General Ir	General Information on Grants and Assistance	d Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants o	or assistance, the <u>c</u>	grantees' eligibility	for the grants or assis	stance, and the selectior	:
criteria used to a	criteria used to award the grants or assistance? Describe in Dort IV the eccenization's eccedures for monitoring the use of arout funds in the United States	ance?	oring the use of grant fi	hote in the Lotton	Statoe			A Yes No
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	omestic Organiz	ations and Domestic	Governments.	complete if the orga	Inization answered "Y	es" on Form 990, Part IV	V, line 21, for any
recipient ti	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	,000. Part II can	be duplicated if additio	onal space is neede	ed.			
1 (a) Name and ac or go	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government orc	anizations listed in the	line 1 table				
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	isted in the line 1	table					
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form	ee the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

932101 10-26-19

40

Schedule I (Form 990) (2019) SURVIVORS, INC.	NCE PROGRAM	RAM FOR			92-0152268 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.		organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SURVIVOR ASSISTANCE	414	612,643.	0.	0. BOOK VALUE	
Part IV Supplemental Information. Provide the information required in P	quired in Part I, lind	e 2; Part III, column	art I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
THE ORGANIZATION MAINTAINS RECORDS	OF CASH	RECEIPTS A	AND CASH DI	DISBURSEMENTS	
FOR EACH PROGRAM. IN CERTAIN SITUATIONS		SEPARATE AND	DISTINCT C	AND DISTINCT CASH ACCOUNTS	
HAVE BEEN ESTABLISHED. THE CASH ACC	ACCOUNTS ARE	E RECONCILED ON		A MONTHLY BASIS	
AND ALL DISBURSEMENTS REQUIRE VARIOUS	OUS LEVELS	S OF APPROVAL.	VAL.		
932102 10-26-19					Schedule I (Form 990) (2019)

41

			Complete if the org	anizations a	answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.			,
		ent of the Treasury evenue Service	Attach to Form 990.					Open to		ic
_			Go to www.irs.gov/					Inspe		
Name	eo	of the organization	TRAGEDY ASSI		PROGRAM I	FOR	Employer id			nber
Par	4	L Turnen of D	SURVIVORS, I	NC.			92	-0152	268	
Par	ſL	I Types of P	roperty	(-)	(1-)	(-)	I	(1)		
				(a) Check if	(b) Number of	(c) Noncash contribution	Method of	(d) of determin	ina	
				applicable	contributions or	amounts reported on	noncash con			s
					Items contributed	Form 990, Part VIII, line 1g				
1										
2			res							
3			sts							
4			ns							
5			old goods							
6			les							
7										
8										
9			raded							
10			eld stock							
11		Securities - Partnersh	• • •							
12			eous							
13		Qualified conservation								
			n contribution - Other							
14 15										
15 16			tial							
16 17			rcial							
18										
19										
20			upplies							
21										
22										
23										
24			S							
25		Other ► (SPC	ORTS TICKET)	X	146	843,697.	FAIR VALU	E		
26		·	GAL SERVICE	X	1		FAIR VALU			
27		· · · · · · · · · · · · · · · · · · ·	SCOUNT ON F	X	1		FAIR VALU			
28		Other 🕨 (,)							
29			83 received by the organiz	zation during	the tax year for c	ontributions				
			ation completed Form 82							
									Yes	No
30a	D	During the year, did t	he organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	n	nust hold for at least	three years from the date	e of the initia	I contribution, and	which isn't required to be u	sed for			
	е	exempt purposes for	the entire holding period?	?				30a		X
b	lf	f "Yes," describe the	arrangement in Part II.							
31	D	Does the organizatior	n have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribu	tions?	31		X
32a	C	Does the organizatior	n hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	С	contributions?						. 32a	Х	
b	lf	f "Yes," describe in F	Part II.							
33	lf	f the organization dic	dn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is che	cked,			
	С	lescribe in Part II.								

Noncash Contributions

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

Schedule M (Form 990) 2019

OMB No. 1545-0047

2010

932141 09-27-19

10431113 131839 064-203985-00

SCHEDULE M

(Form 990)

	TRAGEDY	ASSISTANCE	PROGRAM	FOR
Schedule M (Form 990) 2019	SURVIVO	RS, INC.		

92-0152268 Page 2

Part II Supplemental Information. 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.

SCHEDULE M, LINE 32B:

TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS HIRES THE MANESS GROUP TO

SOLICIT CASH AND NON-CASH CONTRIBUTIONS, AND ALL BOARD MEMBERS SOLICIT.

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

FORM 990, PART

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. TRAGEDY ASSISTANCE PROGRAM FOR



92-0152268

SURVIVORS, INC.

III,

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SINCE 1994, TAPS HAS OFFERED COMFORT AND HOPE 24/7 THROUGH A NATIONAL CONNECTION TO GRIEF RESOURCES AND COMMUNITY-BASED PEER SUPPORT NETWORK, CASEWORK ASSISTANCE AND THE NATIONAL MILITARY SURVIVOR HELPLINE CARE, ALL AT NO COST TO SURVIVING FAMILIES AND LOVED ONES. SUPPORT AND ACCESS TO RESOURCES ARE AVAILABLE TO ANY SURVIVOR, REGARDLESS OF THEIR RELATIONSHIP TO THE DECEASED, THE CIRCUMSTANCES OF THE DEATH, OR THEDUTY STATUS OF THE SERVICE MEMBER AT THE TIME OF THEIR DEATH. IN 2019 OVER 6,893 NEW SURVIVORS SOUGHT CARE CONTINUING A MULTI-YEAR UPWARD TRAJECTORY PROJECTED TO CONTINUE FOR 2020.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TAKING THOSE WHO ARE EXPERIENCING TRAUMATIC GRIEF OUTDOORS IN NATURE, PARTICIPATING IN ACTIVITIES IN A SAFE, SUPPORTIVE ENVIRONMENT THAT SHOW THEM THEY CAN OVERCOME CHALLENGES AND ESTABLISH AN EVER-PRESENT SUPPORT SYSTEM. THESE PROGRAMS UTILIZE THE CONCEPT OF EXPERIENTIAL EDUCATION TO HAVE THE MOST EFFECTIVE IMPACT.

 FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

 CREDENTIALS, THE SCT GENTLY ASSESSES SURVIVOR NEEDS, OFFERS A SHOULDER

 TO LEAN ON, AND DESIGN A CARE PLAN TO CONNECT SURVIVORS WITH MEANINGFUL

 PROGRAMS ACROSS TAPS. IN 2019, CARE TEAM MEMBERS MADE OVER 29,100

 DIRECT OUTREACH CALLS. FROM A SURVIVOR: THIS IS A GROUP OF THE MOST

 CARING, KIND, UNDERSTANDING AND NON-JUDGEMENTAL PEOPLE I HAVE EVER

 SEEN. TAPS HAS BEEN THE SINGLE MOST INFLUENTIAL CONTRIBUTOR TO MY

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

10431113 131839 064-203985-00

932211 09-06-19

44

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC.	Page 2 Employer identification number 92-0152268								
SURVIVAL AND IS HOW I LEARN TO COPE AND LIVE AGAIN AFTER T	THE LOSS OF MY								
SON. THE CARE AND LOVE I SEE EXPRESSED ARE FOR ALL AGES, A	LL								
RELATIONSHIPS TO THE SURVIVORS' LOST HERO, AND FOR SURVIVO	ORS OF EVERY								
MANNER OF DEATH IMAGINABLE. NO STIGMA. NO CONDESCENSION. C	ONLY LOVE.								
WHEN THERE IS A CRITICAL NEED THAT EXCEEDS WHAT THE GOVERN	IMENT OR								
PRIVATE SECTOR CAN PROVIDE A FAMILY, TAPS IS THERE WITH EM	IERGENCY								
FINANCIAL ASSISTANCE. THROUGH THE TAPS CASEWORK TEAM, SURV	VIVORS CAN								
ACCESS EDUCATION SUPPORT SERVICES; RECEIVE HELP NAVIGATING THE									
COMPLICATED GOVERNMENT BUREAUCRACY TO DETERMINE APPROPRIATE									
ENTITLEMENTS, EMERGENCY ASSISTANCE, AND MORE. IN 2019, OVER 5,557 CASES									
WERE RESOLVED, SURVIVORS WERE CONNECTED TO OVER \$2.2M IN RETROACTIVE									
BENEFITS, AND OVER \$203M IN EDUCATION BENEFITS WERE IDENTIFIED. THROUGH									
STRONG PARTNERSHIPS WITH OTHER ORGANIZATIONS, EMERGENCY FINANCIAL									
ASSISTANCE (CUMULATIVE OVER \$1M IN 2019) GAVE FAMILIES PEA	ACE OF MIND AS								
THEY COPED WITH THEIR LOSS AND BEGAN TO ADJUST TO AN ALTER	RED FUTURE. IN								
ADDITION TO THESE SERVICES, TAPS SUPPORT STRETCHES TO REAC	CH SURVIVING								
MILITARY FAMILIES WHERE THEY LIVE - IN THE HEART OF THEIR	COMMUNITIES,								
CONNECTING FAMILIES WITH GRIEF SUPPORT GROUPS AS WELL AS W	JARM								
CONNECTIONS TO CLINICAL GRIEF COUNSELING SERVICES. IN 2019), OVER 1,689								
MILITARY SURVIVING ADULTS AND CHILDREN WERE CONNECTED WITH	I APPROPRIATE								
AND VETTED MENTAL HEALTH PROFESSIONALS IN THEIR OWN COMMUN	ITY SPECIFIC								
TO THEIR GRIEF EXPERIENCE AND TRAUMA EXPOSURE.									
TAPS CARE GROUPS ARE AVAILABLE ACROSS THE COUNTRY, OFFERIN	IG SURVIVORS								
THE ABILITY TO FEEL THE WARMTH AND CONNECTION OF OTHERS WH	IO HAVE								
EXPERIENCED LOSS IN THE COMFORT OF FAMILIAR SURROUNDINGS.	THESE GROUPS								
ALLOW GRIEVING FAMILIES TO HAVE SUSTAINED CONNECTIONS, HEL	PING THEM TO								
KNOW THEY ARE NOT ALONE ON THEIR GRIEF JOURNEY. EACH MEETI	ING IS								
CO-HOSTED BY A TAPS PEER MENTOR AND A MENTAL HEALTH PROFES									
932212 09-06-19 Sche 45	dule O (Form 990 or 990-EZ) (2019)								

10431113 131839 064-203985-00

Schedule O (Form 990 or 990-EZ) (2019)	Page 2								
Name of the organization TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC.	Employer identification number 92-0152268								
TAPS PEER MENTOR IS A MILITARY SURVIVOR WHO IS AT LEAST 18									
BEYOND THEIR LOSS AND HAS COMPLETED TRAINING TO BE A COMPA	NION FOR NEW								
SURVIVORS. CARE GROUPS ARE NOT THERAPY BUT THEY ARE THERAP	EUTIC.								
SURVIVORS ARE GIVEN TIME TO TALK, OPPORTUNITIES TO LISTEN,	AND RECEIVE								
THE PRECIOUS GIFT OF AN ATMOSPHERE OF VALIDATION AND COMPA	SSION. IN								
2019, OVER 561 CARE GROUPS WERE HOSTED WELCOMING OVER 2,49	7 MILITARY								
SURVIVORS WITH A SAFE ENVIRONMENT TO SHARE THEIR GRIEF EXPERIENCE AND									
CONNECT WITH OTHER MILITARY SURVIVORS IN THEIR OWN COMMUNITY. TAPS ALSO									
PROVIDES SURVIVORS AWARENESS OF ADDITIONAL BEREAVEMENT GROUPS IN THEIR									
COMMUNITY. A CAREFULLY RESEARCHED COMMUNITY RESOURCE REPORT IS PROVIDED									
SO THAT SURVIVORS MAY CONFIDENTLY CHOOSE FROM A CUSTOMIZED LISTING OF									
GROUPS IN ORDER TO GAIN ACCESS TO ONGOING CONNECTION AND S	UPPORT CLOSE								
TO HOME. TAPS CONTINUES TO LEVERAGE TECHNOLOGY AND SOCIAL	MEDIA TO								
PROVIDE INFORMATION, HELPING TIPS ON COPING WITH GRIEF AND	KEEPING								
SURVIVORS CONNECTED, NATIONALLY AND GLOBALLY. THE TAPS ONL	INE COMMUNITY								
CONDUCTS CHAT SESSIONS AND THROUGH BLOGS, MESSAGE BOARDS,	AND PEER								
GROUPS SURVIVORS ARE GIVEN THE OPPORTUNITY TO SHARE, LEARN	HOW OTHERS								
ARE COPING WITH LOSS AND GAIN A SENSE OF COMMUNITY, REGARD	LESS OF WHERE								
THEY LIVE.									
FROM A SURVIVOR: WHEN I CAME TO TAPS, NO DOUBT IN MY MIND,	I WAS IN								
TERRIBLE SHAPE. I WOULDN'T BE HERE IF IT WASN'T FOR YOU AM	AZING PEOPLE.								
I STILL HAVE A LONG WAY TO GO, BUT I HAVE PRETTY MUCH COME	BACK FROM								
THE DEAD. I THANK YOU FOR MY LIFE.									

BEREAVEMENT EDUCATION AND TRAINING

THE TAPS INSTITUTE FOR HOPE AND HEALING OFFERS INFORMATIVE AND

INSTRUCTIONAL WEBINARS, BECOMING A LEADER IN TRAINING AND EDUCATION FOR

BEREAVEMENT PROFESSIONALS, BEREAVED INDIVIDUALS, AND GRIEVING MILITARY

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

10431113 131839 064-203985-00

932212 09-06-19

46

 Schedule O (Form 990 or 990 rEZ) (2019)
 Page 2

 Name of the organization
 TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC.
 Employer identification number 92-0152268

 AND CIVILIAN FAMILIES. THROUGH AN ALLIANCE WITH THE HOSPICE FOUNDATION
 OF AMERICA, THE FOREMOST LEADER IN PROFESSIONAL GRIEF AND LOSS

 EDUCATION, THE INSTITUTE SERVES AS A RESOURCE AND TRAINING CENTER,

 PROVIDING A HUB FOR HIGH-QUALITY COLLABORATION BETWEEN PROFESSIONALS

 WORKING IN THE FIELD OF GRIEF AND LOSS. IN 2019, OVER 5,241 MILITARY

 SURVIVORS, SUPPORTERS, AND BEREAVEMENT PROFESSIONALS ATTENDED A SESSION

 HOSTED BY THE TAPS INSTITUTE ON HOPE AND HEALING.

SUICIDE SURVIVOR SUPPORT

SINCE 2008, TAPS HAS SUPPORTED MORE THAN 16,000 SURVIVORS OF MILITARY SUICIDE LOSS. THROUGH THESE EFFORTS, TAPS HAS DEVELOPED A HIGHLY SUCCESSFUL APPROACH TO CARE THAT PROVIDES COMPREHENSIVE, PEER-BASED SUPPORT AND PROGRAMMING. IT IS CALLED THE TAPS SUICIDE POSTVENTION MODELTM. THIS MODEL PROVIDES HOPE AND HEALING TO SUICIDE LOSS SURVIVORS THROUGH A THREE-PHASE APPROACH THAT INCLUDES STABILIZATION, GRIEF WORK, AND POSTTRAUMATIC GROWTH.

IN 2019, THE TAPS SUICIDE PREVENTION AND POSTVENTION TEAM CONTINUED ITS MOST POPULAR AND IMPACTFUL PROGRAMMING AS WELL AS ADDING SOME NEW INITIATIVES THAT ARE JUST BEARING FRUIT.

 TAPS WORKED WITH BOSTON'S HOME BASE PROGRAM TO HELP 22 SUICIDE LOSS

 SURVIVORS GRADUATE FROM AN "INTENSIVE CLINICAL PROGRAM" TO TREAT

 SYMPTOMS OF POST-TRAUMATIC STRESS AND COMPLICATED GRIEF. DURING THREE

 TWO-WEEK COHORTS, THESE SURVIVING WIDOWS AND PARENTS -- ALL OF WHOM

 SUFFERED ADDITIONAL TRAUMA TO THEIR LOSS THAT INCLUDED EITHER

 WITNESSING THE SUICIDE DEATHS OF THEIR LOVED ONES OR DISCOVERING THEIR

 BODIES -- RECEIVED TRAUMA CARE FROM HOME BASE CLINICIANS BACKED BY

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

10431113 131839 064-203985-00

Schedule O (Form 990 or 9	990-EZ) (2019)	Page 2
Name of the organization	TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC.	Employer identification number 92-0152268
EMOTIONAL AND	LOGISTICAL SUPPORT FROM A ROTATING GROUP OF	TAPS STAFF.
THE TWO WEEKS	WERE FILLED WITH INTENSE THERAPY, BONDING AC	TIVITIES, AND
OPPORTUNITIES	FOR REST AND RELAXATION.	

FROM A SURVIVOR: THIS PAST MONTH HAS BEEN A HUGE MONTH FOR HEALING FOR ME ALL THANKS TO TAPS AND THEIR RELATIONSHIP WITH HOMEBASE. I WOULD NEVER HAVE HEARD OF HOMEBASE IF NOT FOR TAPS. AND THEN SHORTLY AFTER HOMEBASE, I WENT TO THE NATIONAL SEMINAR. THIS WAS THE BEST SEMINAR FOR ME SO FAR, PROBABLY DUE TO ME BEING IN A BETTER FRAME OF MIND. I APPRECIATE TAPS FOR ALL THE NEW FRIENDS I HAVE THAT ARE ALL SUPPORTIVE IN A WAY NO ONE ELSE CAN BE. I PLAN ON TAPS BEING IN MY LIFE FOREVER.

NEW INITIATIVES INCLUDED A STORYTELLING PROGRAM LAUNCHED DURING SEPTEMBER'S NATIONAL SUICIDE PREVENTION MONTH, WHEN A CRITICAL MASS OF SUICIDE LOSS SURVIVORS TOOK CONTROL OF THEIR GRIEF BY BEING INVOLVED IN A RANGE OF MEDIA OR WRITING ACTIVITIES. FIRST, IN A SERIES WE CALLED #SURVIVORSUNDAY, FIVE SUICIDE LOSS SURVIVORS FROM TAPS STAFF WROTE ESSAYS EACH WEEK ABOUT THEIR LOSS AND GRIEF JOURNEYS. THESE PROFOUNDLY MOVING STORIES REACHED ALMOST 60,000 PEOPLE. ALSO, THROUGH THE GENEROSITY OF A DONOR, A NEW INITIATIVE WILL ALLOW TAPS TO TRAIN LONGER-TERM SUICIDE LOSS SURVIVORS ON THE TAPS POSTVENTION MODELTM AND THE FIELD OF SUICIDOLOGY. THIS TRAINING WILL BUILD A COHORT OF TAPS "SUPER-VOLUNTEERS" TO RETURN TO THEIR COMMUNITIES AS AMBASSADORS WHO HELP OTHERS COPE WITH SUICIDE LOSS AS THEY HAVE. THE INTENT IS THAT ARMED WITH THIS NEW KNOWLEDGE, THESE SURVIVORS WILL BE EVER MORE CLOSE TO ADVANCING THEIR OWN POSTTRAUMATIC GROWTH. IN 2019, THE WOMEN'S EMPOWERMENT PROGRAM TRIPLED THE NUMBER OF

OFFERINGS AVAILABLE FOR FEMALE SURVIVORS WHILE MAINTAINING THE SMALL 932212 09-06-19 48

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

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC.	Employer identification number 92-0152268
GROUP FEEL THAT ALLOWS FOR DEEP AND MEANINGFUL CONNECTIONS	. MERGING THE
ELEMENTS OF THE FORMER TAPS INNER WARRIOR PROGRAM, RETREAT	S WERE
OFFERED THAT CONTINUED TO BROADEN THE SCOPE OF THESE VITAL	GATHERINGS.
WOMEN'S EMPOWERMENT ADDED A NEW CURRICULUM IN 2019, OFFERI	NG A RETREAT
FOCUSING ON THOSE WHO ARE NEW TO GRIEF. DUE TO DEMAND FOR	THIS
GATHERING, TWO ADDITIONAL NEW TO GRIEF RETREATS WERE ADDED	TO THE 2020
CALENDAR.	

SPORTS AND ENTERTAINMENT

TAPS CONNECT SURVIVING MILITARY FAMILIES WITH PROFESSIONAL SPORTS PROGRAMS AND THE ENTERTAINMENT INDUSTRY TO BRING HOPE AND HEALING WHILE HONORING THEIR FALLEN HEROES. THESE EXPERIENCES CREATE MEANINGFUL OPPORTUNITIES FOR FAMILIES TO MAKE NEW MEMORIES WITH THOSE WHO ONCE BROUGHT THEM, AND THEIR FALLEN HERO JOY AND HAPPINESS. PARTNERSHIPS WITH THE NFL, MAJOR LEAGUE BASEBALL, USA BASKETBALL, NASCAR, THE NHL, AND MORE ALLOW SURVIVORS MOMENTS OF JOY AND HELP THEM GAIN COMFORT IN KNOWING THEIR HEROES WILL NEVER BE FORGOTTEN. IN 2019, 201 EVENTS ENGAGED OVER 2,800 SURVIVING FAMILY MEMBERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: THE NATIONAL MILITARY SURVIVOR SEMINAR TAKES PLACE OVER MEMORIAL DAY WEEKEND IN WASHINGTON, D.C. THE NATIONAL MILITARY SUICIDE SURVIVOR SEMINAR IS HELD IN THE FALL, AND INCORPORATES CAREFULLY DESIGNED PROGRAMMING AND EXPERT SPEAKERS SPECIFIC TO THE NEEDS OF THOSE WHO HAVE EXPERIENCED THE DEATH OF A LOVED ONE FROM SUICIDE.

FROM A SURVIVOR: I WENT TO THE SUICIDE SURVIVOR SEMINAR IN OCTOBER FOR

	THE	FIRST	TIME.	IT	WAS	5	MONTHS	AFTER	MY	HUSBAN	ID DIED	AND	IT	WAS		
	932212 0	9-06-19										Sche	dule	O (Forn	n 990 or 990-	EZ) (2019)
									49							
104	3111	3 1318	339 06	4-20)3985	5 - 0	00	201	9.0	5000 TI	RAGEDY	ASSI	STA	NCE	PROGRA	064-2031

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC.	Employer identification number 92-0152268
PROBABLY ONE OF THE HARDEST AND MOST EMOTIONAL EXPERIENCES	I CHOSE TO
DO. HOWEVER, IT FELT GOOD TO BE AROUND PEOPLE WHO WERE UND	ERSTANDING
AND COMPASSIONATE AND WHO HAD AN IDEA OF HOW I FELT AND WH	AT I WAS
GOING THROUGH. I AM VERY THANKFUL FOR TAPS AS THEIR RESOUR	CES HAVE BEEN
SOME OF THE MOST HELPFUL THINGS I HAVE FOUND SINCE MY HUSB	AND DIED.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE IS COMPROMISED OF TWO OR MORE MEMBERS OF THE BOARD. EXCEPT AS OTHERWISE PROVIDED BY LAW OR THE CERTIFICATE OF INCORPORATION OR THESE BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE POWERS OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD. THE AUTHORITY OF THE EXECUTIVE COMMITTEE SHALL SPECIFICALLY INCLUDE, BUT NOT BE LIMITED TO, THE POWER TO ESTABLISH SUBSIDIARIES (FOR-PROFIT AND NON-PROFIT) AND ADOPT A CERTIFICATE OF OWNERSHIP AND MERGER OF THE CORPORATION WITH A SUBSIDIARY PURSUANT TO PROVISIONS OF THE ALASKA CORPORATION CODE AND THE ALASKA NONPROFIT CORPORATION ACT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM WITH THE ASSISTANCE OF THE ORGANIZATION'S ACCOUNTING MANAGER. THE RETURN IS SUBMITTED TO THE BOARD FOR APPROVAL PRIOR TO SUBMITTING TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: A NON-DISCLOSURE AND NON-COMPETE IS SIGNED BY ALL EMPLOYEES, INTERNS AND CONSULTANTS. EMPLOYEES MUST ALSO SUBMIT OTHER BOARD POSITIONS HELD AND OTHER EMPLOYMENT TO THE COMPANY FOR APPROVAL. THE CONFLICT OF INTEREST POLICY OF TAPS COVERS ALL DIRECTORS AND OFFICERS OF THE ORGANIZATION ALONG 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 50 2019.05000 TRAGEDY ASSISTANCE PROGRA 064-2031

Schedule O (Form 990 or 990-EZ) (2019)	Page 2	
Name of the organization TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC.	Employer identification number 92-0152268	
WITH ANY SPOUSE OR CHILD OF ANY DIRECTOR OR OFFICER. THE P	OLICY REQUIRES	
ANNUAL DISCLOSURE OF CONFLICTS THAT MAY GIVE RISE TO A POT	ENTIAL CONFLICT.	
ALL DETERMINATIONS OF THE CONFLICT IS MADE AT THE BOARD LE	VEL. ANY DIRECTOR	
OR OFFICER WHO HAS A CONFLICT OF INTEREST IS RECUSED FROM	PARTICIPATING IN	
THE DECISION MAKING, UNLESS A MAJORITY OF THE DISINTERESTE	D MEMBERS OF THE	
BOARD OF DIRECTORS VOTING ON SUCH TRANSACTION DECIDES OTHE	RWISE. THE	
INDIVIDUAL WITH A CONFLICT MAY NOT VOTE ON THE TRANSACTION.		
FORM 990, PART VI, SECTION B, LINE 15:		
WHEN DETERMINING COMPENSATION FOR THE PRESIDENT, THE TAPS	HR CONSULTANT	
PREPARES A DOCUMENT WITH SALARY COMPARATIVES WITH REGION,	SIZE AND	
INDUSTRY. THIS IS PRESENTED TO THE HR COMMITTEE OF THE BOA	RD OF DIRECTORS.	

ONCE REVIEWED IT IS PRESENTED TO THE ENTIRE BOARD OF DIRECTORS FOR

APPROVAL. THIS PROCESS WAS MOST RECENTLY COMPLETED IN SEPTEMBER 2018.

FOR OTHER EMPLOYEES, HR RESEARCHES APPLICABLE SALARY SURVEYS AND RESEARCHES 990S ON GUIDESTAR FOR PEER COMPARISON IN THE REGION. RECOMMENDATIONS ARE THEN MADE TO THE EXECUTIVE COMMITTEE OF THE BOARD. THIS PROCESS WAS MOST RECENTLY COMPLETED IN SEPTEMBER 2018.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,AL,AR,AZ,CA,CO,CT,DC,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MN,MO MS,MT,NC,ND,NE,NH,NJ,NM,NV,NY,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WA,WI,WV, WY

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

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

51

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization TRAGEDY ASSISTANCE PROGRAM FOR	Employer identification number
SURVIVORS, INC.	92-0152268
FORM 990, PART IX, LINE 11G, OTHER FEES:	
FEES FOR OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	1,897,185.
MANAGEMENT AND GENERAL EXPENSES	227,715.
FUNDRAISING EXPENSES	435,157.
TOTAL EXPENSES	2,560,057.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,560,057.
932212 09-06-19 Sc 52	hedule O (Form 990 or 990-EZ) (2019

2019.05000 TRAGEDY ASSISTANCE PROGRA 064-2031

10431113 131839 064-203985-00

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a	senarate	application	for each	n return
гие а	Separate	application	IOI eaci	i return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or				Taxpaye	axpayer identification number (TIN)		
print	TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC.				92-0152268		
File by the due date for filing your	ate for Number, street, and room or suite no. If a P.O. box, see instructions.						
return. See instructions.	City, town or post office, state, and ZIP code. For a ARLINGTON, VA 22201		ress, see instructions.				
Enter the	Return Code for the return that this application is for (f	ile a separat	te application for each return)			01	
Applicati	on	Return	Application			Return	
Is For			Is For			Code	
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF 04			Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	0-T (trust other than above)				12		
box ► 1 I re the	is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until organization named above. The extension is for the org X calendar year 2019 tax year beginning	and atta	tch a list with the names and TINs of MBER 16, 2020, to file return for:	all memb	ers the extens	sion is for.	
2 If ti	he tax year entered in line 1 is for less than 12 months, Change in accounting period	check reaso	on: Initial return	Final retur	'n		
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 / nonrefundable credits. See instructions.	0, or 6069, e	enter the tentative tax, less	3a	\$	0.	
b lftl	nis application is for Forms 990-PF, 990-T, 4720, or 606 imated tax payments made. Include any prior year over			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your p						
	ng EFTPS (Electronic Federal Tax Payment System). Se	-		3c	\$	0.	
	If you are going to make an electronic funds withdrawa				•	EO for payment	
LHA F	or Privacy Act and Paperwork Reduction Act Notice	. see instru	ictions.		Form 8	868 (Rev. 1-2020)	

923841 12-30-19