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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 08-01-2018, and ending 07-31-2019

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: COUNCIL FOR AID TO EDUCATION INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): 215 LEXINGTON AVENUE FL 16. Room/suite: City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10016

D Employer identification number: 95-4570253. E Telephone number: (212) 661-5800. G Gross receipts \$ 5,919,115

F Name and address of principal officer: INGMAR BERG, 215 LEXINGTON AVENUE FL 16, NEW YORK, NY 10016

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: WWW.CAE.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 2007

M State of legal domicile: DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO ADVANCE OPPORTUNITIES FOR A QUALITY EDUCATION BY CONDUCTING EDUCATION POLICY RESEARCH, DISSEMINATING INFORMATION BASED ON THIS RESEARCH, AND PROVIDING ASSESSMENTS AND OTHER SERVICES TO HELP PROMOTE TEACHING AND LEARNING IN THE 21ST CENTURY.

Table with 3 columns: Description, Prior Year, Current Year. Rows include 2-7b: Number of voting members, independent voting members, total employees, volunteers, and business revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include 8-12: Contributions and grants, program service revenue, investment income, other revenue, and total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include 13-19: Grants and similar amounts paid, benefits, salaries, fundraising fees, other expenses, total expenses, and revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include 20-22: Total assets, total liabilities, and net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer (INGMAR BERG CFO) and Date (2020-03-04)

If "Yes," complete Schedule C, Part III

efile Public Visual Render ObjectID: 202000649349300625 - Submission: 2020-03-04 TIN: 95-4570253

SCHEDULE A Public Charity Status and Public Support (Form 990 or 990-EZ) 2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization COUNCIL FOR AND TO EDUCATION IN SERVICES
Employer identification number 95-4570253

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

10 Did the organization operate primarily for the benefit of one or more individuals? No

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, and X as applicable.

11a Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

11b Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

11c Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

11d Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

11e Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

11f Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

12a Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

12b Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

13 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

14a Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

14b Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

15 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

16 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

17 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

18 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

19 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

20a Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

20b Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

21 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

22 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a trustee for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt services? No

Total

Form 990 (2018)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2018 Page 4

Part IV Checklist of Required Schedules (continued) Page 2

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current Schedule D officers or directors, trustees, key employees, and highest compensated employees? Yes No

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year that was issued after December 31, 2002? Yes No

24b Did the organization invest any proceeds or tax-exempt bonds beyond a temporary period exception? Yes No

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, and membership fees received. (Do not include any unusual grants or tax revenues levied for the organization's maintenance and repair.)						
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.						

3	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"	25a	No
4	Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and the organization has not reported on any of the organization's prior Forms 990 or 990-EZ?	25b	No
5	Did the organization report any amount for a disqualified person (former officer, director, trustee, key employee, or substantial contributor) included on		No
6	Did the organization report any amount for a disqualified person (former officer, director, trustee, key employee, or substantial contributor) included on		No

Section B. Total Support							
Calendar year (or fiscal year beginning in)							
	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Adults from line 4.					28a	No
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and					28b	No
9	Income from unrelated business activities, whether or not the business is regularly carried on					28c	No
29	Other income. Do not include gain or loss from the sale of capital assets (excluding stocks).					30	No
31	Total support. Add lines 7 through 10.						No
12	Gross receipts from related activities, etc. (see instructions).				12		
13	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?						

33	Did the organization have 100% of an entity disregarded as separate from the organization under Regulations sections 1.1361-1 and 1.1361-2?	33	No
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Section C. Computation of Public Support Percentage						
34	Public support percentage for 2018 (line 6 column (f) divided by line 14 column (f)).	34	Yes			
35a	1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box.	35a	Yes			
35b	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box.	35b	Yes			
36	10% facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	36	No			
37	10% facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	37	Yes			

Statements Regarding Other IRS Filings and Tax Compliance						
18	Private foundation. Schedule O contains a response to each line. If this Part IV b, check this box and see instructions.		Yes			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	Schedule A (Form 990 or 990-EZ) 2018			
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			

Schedule A (Form 990 or 990-EZ) 2018 Form 990 2018

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.)

Section A. Public Support							
Calendar year (or fiscal year beginning in)							
	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Number of employees reported on the calendar year return.					2a	
2	Did the organization file all required federal employment tax returns?					2b	Yes
3a	Business gross income of \$1,000 or more during the year?	6,343,589	6,763,350	5,166,186	6,681,134	5,933,919	30,868,114
3b	Did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country?					3b	Yes
4a	Did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country?					4a	No
4b	Did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country?					4b	No
5a	Was there a prohibited tax shelter transaction at any time during the year?					5a	No
5b	Was there a prohibited tax shelter transaction at any time during the year?					5b	No
5c	Did the organization file Form 8886-1?					5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000 and did the organization tax deductible as charitable contributions?	6,343,589	6,763,350	5,166,186	6,681,134	5,933,919	30,868,114
7a	Amounts included on lines 1, 2, and 3 received from the organization persons with every solicitation an express statement that such contributions or gifts were					6b	
7b	Amounts included on lines 2 and 3 received from the organization persons that may be deductible contributions under section 170(c).	2,006,631	3,353,532	2,176,674	3,492,211	3,839,559	14,870,601

Section 170(b)(1)(D) - Substitution of the result of an event beyond the organization's control?

Section 170(b)(1)(E) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(F) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(G) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(H) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(I) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(J) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(K) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(L) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(M) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(N) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(O) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(P) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(Q) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(R) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(S) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(T) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(U) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(V) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(W) - Support for the provision of services to anyone other than the supported organizations?

Section 170(b)(1)(X) - Support for the provision of services to anyone other than the supported organizations?

The organization is the parent or equal of its supported organizations. Complete line 5 below.

Schedule J (Form 990)		Compensation Information		OMB No. 1545-0047	
<p>Part I Questions Regarding Compensation</p> <p>(1) Did the organization have any of the following activities during the tax year (directly, through the exempt purposes of the supported organization(s), or through the organization's support of other exempt organizations)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>(2) If "Yes," explain in Part VI the reasons for the organization's involvement in these activities but for the organization's exempt purposes.</p>					
<p>Part II Investments, Program Related</p> <p>(3) Did the organization exercise a substantial degree of direction over the investments or program related activities? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>					
<p>Part III Reimbursement of Expenses</p> <p>(4) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement of all of the expenses described above? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If "No," complete Part III to explain.</p>					
<p>Part IV Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</p> <p>(5) Indicate which, if any, of the following the filing organization used to establish the qualification of 2019 (explain in Part VI):</p> <p>(a) <input checked="" type="checkbox"/> Section 509(a)(3) Executive Director, Clerk, or other officer</p> <p>(b) <input type="checkbox"/> Section 509(a)(3) Board of Directors</p> <p>(c) <input type="checkbox"/> Section 509(a)(3) Other</p>					
<p>Section A - Adjusted Net Income</p> <p>(6) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 128,475</p>					
<p>Section B - Minimum Asset Amount</p> <p>(7) For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>(a) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year assets held for part of year): 1 5a No</p> <p>(b) Average monthly cash balances: 1a 5b No</p> <p>(c) Average monthly cash balances: 1b</p> <p>(d) Total (add lines 1a, 1b, and 1c): 1d</p>					
<p>Section C - Distributable Amount</p> <p>(8) Adjusted net income for prior year (from Section A, line 6, Col. Page 2) 1</p> <p>(9) Enter 85% of line 1 2</p> <p>(10) Minimum asset amount for prior year (from Section B, line 8, Column A) 3</p>					
<p>Part V Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if a greater of line 2 or line 3.</p> <p>For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations on row (ii) if the individual is not listed on Form 990, Part VII, Section A, line 1a.</p> <p>Note. The sum of columns (B) (i) and (ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable color temporary reduction (see instructions) (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirer and other deferred compensation</p> <p>(6) <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type I (i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation</p>					

2018

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TRUST BENJAMIN
PRESIDENT

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268,605

0

0

5,750

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OMB No. 1545-0047

9,020

2018

Form 990 or 990-EZ of to provide any additional information.

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

Employer identification number

95-4570253

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PREPARED BY INDEPENDENT ACCOUNTANTS AND ASSISTED BY THE ORGANIZATION'S STAFF. THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE BEFORE IT IS FILED. A COPY OF THE FORM IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE OFFICERS IS SET BY THE BOARD COMPENSATION COMMITTEE, WHICH ALSO APPROVES COMPENSATION POLICIES FOR ALL EMPLOYEES INCLUDING INCENTIVE PLANS. COMPENSATION IS BASED ON ANALYSIS OF COMPARABLE COMPENSATION USING PUBLICLY AVAILABLE DATA SUCH AS FORM 990'S.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	SUBCONTRACTS: PROGRAM SERVICE EXPENSES 1,701,146. MANAGEMENT AND GENERAL EXPENSES 109,776. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,810,922.
FORM 990, PART XI, LINE 9:	EQUITY IN LOSS OF SUBSIDIARY -674,493.
FORM 990, PART XII, LINE 2C:	NO CHANGE FROM PRIOR YEAR.

For Part III, Section A, "Officer", see the instructions for Form 990 or 990-EZ.

12c Applied to understand distributions of prior years

2c

Additional Data 2a Applied (see

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Software ID:

Software Version:

4a

4b

4c

195,300

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5

Return Reference	Explanation
7 Excess distributions carryover to 2019. Add lines	MANAGEMENT RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS.
Additional Data of Revenue	
b Excess from 2015.	
c Excess from 2016.	
d Excess from 2017.	

erated campaigns . . . 1a

Software ID:

Software Version:

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

Part VI Other Similar Contributions, Grants, and Amounts

1e

Facts And Circumstances Test

and similar amounts not included
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1f

Return Reference	Explanation
9	Schedule A (Form 990 or 990-EZ) 201
Noncash contributions included in lines 1a - 1f: \$	
h Total. Add lines 1a-1f ▶	

Additional Data		Business Code			
		611710	3,966,116	3,966,116	Return to Form
Program Service Revenue	SOFTWARES & CONTRACTS		1,947,803	1,947,803	
	CONSULTING FEES				
	ROYALTIES				
	ALL OTHER PROGRAM SERVICE REVENUE				
	9 Total. Add lines 2a-2f ▶			5,913,919	

3	Investment income (including dividends, interest, and other similar amounts) ▶		5,196		5,196
4	Income from investment of tax-exempt bond proceeds ▶				
5	Royalties ▶				
6a	Gross rents	(i) Real	(ii) Personal		
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶				
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a				
	b Less: direct expenses b				
	c Net income or (loss) from fundraising events ▶				
a	Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶				
10a	Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
11a	Miscellaneous Revenue	Business Code			
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d ▶				
12 Total revenue. See Instructions. ▶					

SCHEDULE R (Form 990) Form 990 (2018)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 3 Attach to Form 990. Page 11

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: COUNCIL FOR AIDS TO EDUCATION INC. Contains a response or note to any line in this Part IX [checked]

Table with columns (A) Total expenses, (B) Program services expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include: 1 Grants and other assistance to domestic organizations and domestic governments, 2 Grants and other assistance to domestic individuals, 3 Grants and other assistance to foreign organizations, 4 Benefits paid to or for members, 5 Compensation of current officers, directors, trustees, and key employees, 6 Compensation not included above, to disqualified persons, 7 Other salaries and wages, 8 Pension plan accruals and contributions, 9 Other employee benefits, 10 Part II Identification of Related Tax-Exempt Organizations, 11 Fees for services (non-employees), 12 Advertising and promotion, 13 Office expenses, 14 Information technology, 15 Royalties, 16 Occupancy, 17 Travel, 18 Payments of travel or entertainment expenses, 19 Conferences, conventions, and meetings, 20 Interest, 21 Payments to affiliates, 22 Depreciation, depletion, and amortization, 24 Other expenses more related organizations treated as a partnership, 25 Total functional expenses, 26 Joint costs.

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Part IV Balance Sheet of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 3. Check if Schedule O contains a response or note to any line in this Part IV.

Table with columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (A) Beginning of year; Direct controlling entity; (d) End of year; (e) Type of entity; Share in. Rows include Assets (1-15), Liabilities (17-26), and Net Assets of Fund Balances (27-34).

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Table with columns: (a) Name of related organization; (b) Transaction type (a-s); (c) Amount inv. Rows include Reconciliation of Net Assets (1-2) and Total revenue (1) and Total expenses (2).

3	Revenue less expenses. Subtract line 2 from line 1	3	-199,30
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,142,05
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-674,49
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	268,26

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Part VI Financial Organizations Applying a Partnership Complete if the organization answered "Yes" on Form 990, Pa

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its active... Check if Schedule O contains a response or note to any line in this part. If the organization was not a related organization, see instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant income	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	
					Yes	No		Yes	No
1	Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked other, explain in Schedule O.	<input type="checkbox"/> Cash	<input type="checkbox"/> Other						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	<input type="checkbox"/> Separate basis	<input checked="" type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	<input type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							Yes	
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?								No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.								

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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