

**Return of Organization Exempt From Income Tax**  
 EXTENDED TO NOVEMBER 16, 2020  
 OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Part I Summary**  
 A For the 2019 calendar year, or tax year beginning and ending  
 B Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization: **RONALD MCDONALD HOUSE CHARITIES DAYTON**  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address): **555 VALLEY STREET**  
 City or town, state or province, country, and ZIP or foreign postal code: **DAYTON, OH 45404**  
 F Name and address of principal officer: **RITA CYR**  
 H(a) Is this a group return for subordinates?  Yes  No  
 H(b) Are all subordinates included?  Yes  No  
 H(c) Group exemption number: **1978**  
 J Website: **WWW.RMHCDAYTON.ORG**  
 K Form of organization:  Corporation  Trust  Association  Other  
 L Year of formation: **1978** M State of legal domicile: **OH**

1 Briefly describe the organization's mission or most significant activities: **TO PROVIDE COMMUNITY, COMFORT, AND HOPE TO FAMILIES OF SERIOUSLY ILL CHILDREN.**  
 2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.  
 3 Number of voting members of the governing body (Part VI, line 1a) **17**  
 4 Number of independent voting members of the governing body (Part VI, line 1b) **17**  
 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) **36**  
 6 Total number of volunteers (estimate if necessary) **593**  
 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **0.**  
 7 b Net unrelated business taxable income from Form 990-T, line 39 **0.**

Part II Signature Block	
20	Total assets (Part X, line 16) <b>3,416,456.</b>
21	Total liabilities (Part X, line 26) <b>145,591.</b>
22	Net assets or fund balances. Subtract line 21 from line 20 <b>3,270,865.</b>

Part III Expenses	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>100,000.</b>
14	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>847,792.</b>
16a	Professional fundraising fees (Part IX, column (A), line 1e) <b>0.</b>
16b	Total fundraising expenses (Part IX, column (D), line 25) <b>235,585.</b>
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>775,386.</b>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>1,723,178.</b>
19	Revenue less expenses. Subtract line 18 from line 12 <b>-332,439.</b>

Part IV Revenue	
8	Contributions and grants (Part VIII, line 1h) <b>1,142,038.</b>
9	Program service revenue (Part VIII, line 2g) <b>224,661.</b>
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>27,388.</b>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>-3,348.</b>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>1,390,739.</b>

Part V Activities & Governance	
3	Number of voting members of the governing body (Part VI, line 1a) <b>17</b>
4	Number of independent voting members of the governing body (Part VI, line 1b) <b>17</b>
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) <b>36</b>
6	Total number of volunteers (estimate if necessary) <b>593</b>
7a	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 39 <b>0.</b>

Part VI Net Assets or Fund Balances	
20	Total assets (Part X, line 16) <b>3,416,456.</b>
21	Total liabilities (Part X, line 26) <b>145,591.</b>
22	Net assets or fund balances. Subtract line 21 from line 20 <b>3,270,865.</b>

Part VII Expenses	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>100,000.</b>
14	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>847,792.</b>
16a	Professional fundraising fees (Part IX, column (A), line 1e) <b>0.</b>
16b	Total fundraising expenses (Part IX, column (D), line 25) <b>235,585.</b>
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>775,386.</b>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>1,723,178.</b>
19	Revenue less expenses. Subtract line 18 from line 12 <b>-332,439.</b>

Part VIII Revenue	
8	Contributions and grants (Part VIII, line 1h) <b>1,142,038.</b>
9	Program service revenue (Part VIII, line 2g) <b>224,661.</b>
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>27,388.</b>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>-3,348.</b>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>1,390,739.</b>

Part IX Expenses	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>100,000.</b>
14	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>847,792.</b>
16a	Professional fundraising fees (Part IX, column (A), line 1e) <b>0.</b>
16b	Total fundraising expenses (Part IX, column (D), line 25) <b>235,585.</b>
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>775,386.</b>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>1,723,178.</b>
19	Revenue less expenses. Subtract line 18 from line 12 <b>-332,439.</b>

Check if Schedule O contains a response or note to any line in this Part III  X

1 Briefly describe the organization's mission:  
 RONALD MCDONALD HOUSE CHARITIES OF DAYTON'S MISSION IS TO PROVIDE COMMUNITY, COMFORT, AND HOPE TO FAMILIES OF SERIOUSLY ILL CHILDREN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

4 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.

4a (Code: ) (Expenses \$ 1,202,314. Including grants of \$ ) (Revenue \$ 232,795.)  
 OPERATED RONALD MCDONALD HOUSE OF DAYTON (RHM), WHICH PROVIDES TEMPORARY HOUSING FOR FAMILIES WITH HOSPITALIZED CHILDREN FROM THE GREATER MIAMI VALLEY REGION. DURING 2019, THE ORGANIZATION PROVIDED 3,658 NIGHTS OF SERVICE TO 318 FAMILIES FROM 37 OHIO COUNTIES, 20 STATES, AND 2 COUNTRIES (CANADA, US).  
 DONATED VOLUNTEER SERVICES VALUED AT \$129,743.86 IN 2019. ALSO ENABLED RONALD MCDONALD HOUSE CHARITIES OF THE MIAMI VALLEY REGION TO PROVIDE A PLACE FOR FAMILIES TO STAY WHILE THEIR CHILDREN ARE HOSPITALIZED.  
 THE RONALD MCDONALD FAMILY ROOM (RMFR) LOCATED INSIDE DAYTON CHILDREN'S HOSPITAL PROVIDES COMPLIMENTARY SNACKS, BEVERAGES, LITE MEALS, A

4b (Code: ) (Expenses \$ ) (Revenue \$ )  
 (Code: ) (Expenses \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O):  
 (Expenses \$ ) (Revenue \$ )  
 4e Total program service expenses 1,202,314.  
 (Expenses \$ ) (Revenue \$ )



1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1a	0
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	
Check if Schedule O contains a response or note to any line in this Part V		Yes	No

Part V Statements Regarding Other IRS Filings and Tax Compliance

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27? If "Yes," complete Schedule I, Parts I and III		22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		24a	X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b	
24c 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	
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a	X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		25b	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 (including an employee thereof) or family member of any of these persons? If "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 instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "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? If "Yes," complete Schedule L, Part IV		28a	X
		28b	X
		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 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 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 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? 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 1b and 19? Note: All Form 990 filers are required to complete Schedule O		38	X

Part IV Checklist of Required Schedules (continued)

Form 990 (2019)

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	36	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X
2c	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation on Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country		
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		X
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
9	Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
10	Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
11	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?		N/A
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		N/A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state?		N/A
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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?		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

555 VALLEY STREET, DAYTON, OH 45404  
 RITA CYR - 937-224-0047

- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**

**Section C. Disclosure**

10a	Did the organization have local chapters, branches, or affiliates?	Yes	No
10b	Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
16b	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 arrangement with a taxable entity during the year?	X	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

1a	Enter the number of voting members of the governing body at the end of the tax year	17
1b	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.	17
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	X
5	Did the organization have members or stockholders?	X
6	Did the organization have members or stockholders?	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	X

**Section A. Governing Body and Management**

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

To line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or 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.

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

(A) Name and title	(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)	(C) Position (do not check more than one)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LORI MORGAN KERSHNER	2.00	CHAIR	0.	0.	0.
(2) JOE ABUZEID	2.00	VICE CHAIR	0.	0.	0.
(3) TIM DEHART	2.00	CO-TREASURER	0.	0.	0.
(4) DEBORAH PRESTON	2.00	CO-TREASURER	0.	0.	0.
(5) AMY BARNHART	0.50	TRUSTEE	0.	0.	0.
(6) JESSIE BUSH	0.50	TRUSTEE	0.	0.	0.
(7) LINDA DUNDON	0.50	TRUSTEE	0.	0.	0.
(8) NICK ENDSLEY	0.50	TRUSTEE	0.	0.	0.
(9) ELIZABETH EY, MD	0.50	TRUSTEE	0.	0.	0.
(10) JAYNE GMEINER	0.50	TRUSTEE	0.	0.	0.
(11) CHRISTIE GRAY	0.50	TRUSTEE	0.	0.	0.
(12) TIM GREENLEE	0.50	TRUSTEE	0.	0.	0.
(13) ALEX MORGAN	0.50	TRUSTEE	0.	0.	0.
(14) JESSICA RAMSEY	0.50	TRUSTEE	0.	0.	0.
(15) PENNY RIKE	0.50	TRUSTEE	0.	0.	0.
(16) GEORGIE WOESSNER	0.50	TRUSTEE	0.	0.	0.
(17) DEBBIE WRIGHT	0.50	TRUSTEE	0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTOPHER CROOM, MD	0.50	X					0.	0.	0.	
(19) ROGER CASS	0.50	X					0.	0.	0.	
(20) RITA CYR	40.00			X			104,571.	0.	15,204.	
CHIEF EXECUTIVE OFFICER							104,571.	0.	15,204.	
<b>1b Subtotal</b>							104,571.	0.	15,204.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and c)</b>							104,571.	0.	15,204.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

3	4	5
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person
Yes No	Yes No	Yes No
X	X	X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

1	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>0</b>		



**Part VIII**

**Statement of Revenue**

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

(A)	(B)	(C)	(D)
Total revenue	Related or exempt business revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
1,389,750.	232,795.	232,795.	0.
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>			
1	8,860.		
2	163,491.		
3			
4			
5			
6			
7			
8			
9			
10			
<b>Program Service Revenue</b>			
2	624100	232,795.	232,795.
3			
4			
5			
6			
7			
8			
9			
10			
<b>Miscellaneous Revenue</b>			
11			
12			
<b>Total revenue. See instructions</b>			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule C contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.			
(A)	(B)	(C)	(D)
Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1			
2			
3			
4			
5			
6	119,775.	23,955.	
7	553,722.	442,977.	18,584.
8			
9	9,377.	7,501.	122.
10	63,215.	50,572.	3,793.
11			
12			
13	50,377.	28,256.	1,308.
14			
15			
16	40,372.	37,546.	807.
17			
18			
19	22,494.	3,024.	12,610.
20			
21			
22	122,834.	114,235.	2,457.
23			
24	14,725.	13,694.	295.
25	1,589,729.	1,202,314.	151,830.
26			

Form 990 (2019)

		Beginning of year (A)		End of year (B)	
1	Cash - non-interest-bearing	96,018.	296,361.	1	296,361.
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net	98,077.	76,500.	3	76,500.
4	Accounts receivable, net	26,673.	25,610.	4	25,610.
5	Loans and other receivables from 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			5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges	1,217.	1,217.	9	1,217.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,176,544.			
b	Less: accumulated depreciation	2,159,113.		10b	
11	Investments - publicly traded securities	2,106,405.	2,017,431.	10c	
12	Investments - other securities. See Part IV, line 11			11	
13	Investments - program-related. See Part IV, line 11			12	
14	Intangible assets			13	
15	Other assets. See Part IV, line 11			14	
16	Total assets. Add lines 1 through 15 (must equal line 39)	3,416,456.	3,610,103.	15	3,610,103.
17	Accounts payable and accrued expenses	145,591.	88,888.	16	88,888.
18	Grants payable			17	
19	Deferred revenue			18	
20	Tax-exempt bond liabilities			19	
21	Escrow or custodial account liability. Complete Part IV of Schedule D			20	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			21	
23	Secured mortgages and notes payable to unrelated third parties			22	
24	Unsecured notes and loans payable to unrelated third parties			23	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			24	
26	Total liabilities. Add lines 17 through 25	145,591.	88,888.	25	88,888.
27	Net assets without donor restrictions and complete lines 27, 28, 32, and 33.	2,112,206.	2,210,935.	26	2,210,935.
28	Net assets with donor restrictions	1,158,659.	1,310,280.	27	1,310,280.
29	Capital stock or trust principal, or current funds			28	
30	Paid-in or capital surplus, or land, building, or equipment fund			29	
31	Retained earnings, endowment, accumulated income, or other funds			30	
32	Total net assets or fund balances	3,270,865.	3,521,215.	31	3,521,215.
33	Total liabilities and net assets/fund balances	3,416,456.	3,610,103.	32	3,610,103.

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

Form 990 (2019)

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No

2b Were the organization's financial statements audited by an independent accountant?  Yes  No

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?  Yes  No

3b 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

**Part XIII Financial Statements and Reporting**

1	Total revenue (must equal Part VIII, column (A), line 12)	1,642,939.
2	Total expenses (must equal Part IX, column (A), line 25)	1,589,729.
3	Revenue less expenses. Subtract line 2 from line 1	53,210.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3,270,865.
5	Net unrealized gains (losses) on investments	193,300.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	3,840.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	3,521,215.

**Part XI Reconciliation of Net Assets**



**Section A. Public Support**

Calendar 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.")	1187304.	1235105.	1318170.	1366699.	1188960.	6296238.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1187304.	1235105.	1318170.	1366699.	1188960.	6296238.
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 1.						
6 Public support. Subtract line 5 from line 4.						868,090.
7 Amounts from line 4	1187304.	1235105.	1318170.	1366699.	1188960.	6296238.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,490.	24,030.	26,631.	27,388.	25,634.	120,173.
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 assets (explain in Part VI)		75,000.				75,000.
11 Total support. Add lines 7 through 10	1187304.	1235105.	1318170.	1366699.	1188960.	6296238.
12 Gross receipts from related activities, etc. (see instructions)						6491411.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **83.62 %**

15 Public support percentage from 2018 Schedule A, Part II, line 14 **85.20 %**

14	15
83.62 %	85.20 %

16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1						
2						
3						
4						
5						
6						
7a						
7b						
8						

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

**Section C. Computation of Public Support Percentage**

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage for 2018 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17	Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage for 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2019

Part IV	Supporting Organizations	Yes	No
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.		
3b	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.		
3c	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")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
4b	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.		
4c	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).		
5b	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?		
5c	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.		
9b	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.		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
10b	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.)		

Section A. All Supporting Organizations

(Complete only if you checked 12a of 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.)

Part IV Supporting Organizations



Schedule A (Form 990 or 990-EZ) 2019

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  
 a  The organization satisfied the Activities Test. Complete line 2 below.  
 b  The organization is the parent of each of its supported organizations. Complete line 3 below.  
 c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b		
3a		
2b		
2a		
Yes		
No		

**Section D. All Type III Supporting Organizations**

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

3		
2		
1		
Yes		
No		

**Section C. Type II Supporting Organizations**

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 supporting organization.

2 Did the organization operate for the benefit of any supported organization other than the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

2		
1		
Yes		
No		

**Section B. Type I Supporting Organizations**

11 Has the organization accepted a gift or contribution from any of the following persons?  
 a 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?  
 b A family member of a person described in (a) above?  
 c 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.

11a		
11b		
11c		
Yes		
No		

Part IV Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2019

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.		
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)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)		
6	Multiply line 5 by .035.		
7	Recoveries of prior-year distributions		
8	Minimum Asset Amount (add line 7 to line 6)		
Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)		
2	Enter 85% of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Section D - Distributions		Section E - Distribution Allocations (see instructions)	
1	2	(i)	(ii)
Amounts paid to supported organizations to accomplish exempt purposes	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	Excess Distributions	Underdistributions Pre-2019
3	4		
Administrative expenses paid to accomplish exempt purposes of supported organizations	Amounts paid to acquire exempt-use assets		
5	6		
Qualified set-aside amounts (prior IRS approval required)	Other distributions (describe in Part VI). See instructions.		
7	8		
Total annual distributions. Add lines 1 through 6.	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VII). See instructions.		
9	10		
Distributable amount for 2019 from Section C, line 6	Line 8 amount divided by line 9 amount		
Section E - Distribution Allocations (see instructions)			
1	2	3	4
Distributable amount for 2019 from Section C, line 6	Underdistributions, if any, for years prior to 2019 (reason-able cause required- explain in Part VI). See instructions.	Excess distributions carryover, if any, to 2019	a From 2014
b From 2015			b From 2015
c From 2016			c From 2016
d From 2017			d From 2017
e From 2018			e From 2018
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
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:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			







LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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).

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. \$

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)(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.

Special Rules

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.

General 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. Check if your organization is covered by the General Rule or a Special Rule.

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

Filters of: Section:

Organization type (check one):

Name of the organization		RONALD MCDONALD HOUSE CHARITIES DAYTON
Employer identification number		31-0964793

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2019

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAYTON CHILDREN'S HOSPITAL 1 CHILDREN'S PLAZA DAYTON, OH 45404	\$ 125,304.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MCAFFEE HEATING & AIR CONDITIONING 4750 HEMPSTEAD STATION DR. DAYTON, OH 45429	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MCDONALD'S OWNERS OF THE MIAMI VALLEY 555 VALLEY STREET DAYTON, OH 45404	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	RONALD MCDONALD HOUSE CHARITIES ONE KROC DRIVE OAK BROOK, IL 60523	\$ 170,523.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PREMIER HEALTH PARTNERS 1 WYOMING STREET DAYTON, OH 45409	\$ 125,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	GALA OF HOPE FOUNDATION 3500 PENTAGON BLVD #500 BEAVERCREEK, OH 45431	\$ 53,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number 31-0964793	Name of organization RONALD MCDONALD HOUSE CHARITIES DAYTON
--	--



Name of organization

RONALD MCDONALD HOUSE CHARITIES DAYTON

31-0964793

Employer identification number

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HANES LAW GROUP LTD 507 S BROADWAY ST GREENVILLE, OH 45331	\$ 33,108.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution



Name of organization

RONALD MCDONALD HOUSE CHARITIES DAYTON

31-0964793

Employer identification number

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.)

Use duplicate copies of Part III if additional space is needed.

Table with 5 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, (e) Transfer of gift. Includes sub-headers for 'Transfer of gift' and 'Transferor's name, address, and ZIP + 4'.

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization: RONALD MCDONALD HOUSE CHARITIES DAYTON

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for Total number at end of year, Aggregate value of contributions, Aggregate value of grants, and Aggregate value at end of year.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Questions 1-6 regarding purposes, preservation, and charitable purposes.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Questions 1-9 regarding art, historical treasures, and conservation easements.

Part IV Other Information. Questions 1-4 regarding other information and the organization's accounting for conservation easements.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019. Questions 1-2 regarding revenue and assets.

Schedule D (Form 990) 2019

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
Land	365,781.	365,781.		365,781.
Buildings	3,381,348.	3,381,348.	1,803,045.	1,578,303.
Leasehold improvements				
Equipment	111,304.	111,304.	103,107.	8,197.
Other	318,111.	318,111.	252,961.	65,150.
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)</b>				<b>2,017,431.</b>

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

**Part VI Land, Buildings, and Equipment.**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

(i) Unrelated organizations  Yes  No

(ii) Related organizations  Yes  No

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

c Term endowment  56.09 %

b Permanent endowment  43.70 %

a Board designated or quasi-endowment  .21 %

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,088,066.	1,357,611.	1,332,786.	1,282,813.	1,543,011.
b Contributions	204,918.	-119,545.	174,825.	99,973.	-29,519.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	100,000.	150,000.	150,000.	50,000.	230,679.
g End of year balance	1,192,984.	1,088,066.	1,357,611.	1,332,786.	1,282,813.

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

Amount	1c	1d	1e	1f

b If "Yes," explain the arrangement in Part XIII and complete the following table:

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets?

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

a  Public exhibition

b  Scholarly research

c  Preservation for future generations

d  Loan or exchange program

e  Other

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

Schedule D (Form 990) 2019

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

Table with 2 columns: (a) Description of liability, (b) Book value. Rows 1-9. Total line 25.

Part X Other Liabilities

Table with 2 columns: (a) Description, (b) Book value. Rows 1-9. Total line 15.

Part IX Other Assets

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows 1-9. Total line 13.

Part VIII Investments - Program Related

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows 1-9. Total line 12.

Part VII Investments - Other Securities

FUNDRAISING EXPENSES

50,320.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

50,320.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

INCLUDES DONOR-RESTRICTED ENDOWMENT FUNDS THAT ARE CLASSIFIED AND REPORTED

OF HOSPITALIZED CHILDREN FROM THE GREATER MIAMI VALLEY AREA. ITS ENDOWMENT

MISSION AND VISION OF PROVIDING RESIDENTIAL LIVING QUARTERS FOR FAMILIES

THE ORGANIZATION'S ENDOWMENT CONSISTS OF A FUND CREATED TO SUPPORT THE

PART V, LINE 4:

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 XIII Supplemental Information.**

1	Total expenses and losses per audited financial statements	1	1,637,215.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	15,022.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	50,320.
e	Add lines 2a through 2d	2e	65,342.
3	Subtract line 2e from line 1	3	1,571,873.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,016.
b	Other (Describe in Part XIII.)	4b	3,840.
c	Add lines 4a and 4b	4c	17,856.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,589,729.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

1	Total revenue, gains, and other support per audited financial statements	1	1,887,565.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	193,300.
b	Donated services and use of facilities	2b	15,022.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	50,320.
e	Add lines 2a through 2d	2e	258,642.
3	Subtract line 2e from line 1	3	1,628,923.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,016.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	14,016.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,642,939.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**









\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(I) ADDRESS OF FUNDRAISER: 155 COMMERCE DRIVE, FREEDOM, PA 15042

(I) NAME OF FUNDRAISER: TRUESENSE MARKETING

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

organization's own exempt activities during the tax year \$

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  No  
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the

Director/officer  Employee  Independent contractor

Description of services provided

Gaming manager compensation \$

Name

16 Gaming manager information:

Address

Name

c If "Yes," enter name and address of the third party:

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount 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

Address

Name

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

13a	%
13b	%

a The organization's facility

b An outside facility

13 Indicate the percentage of gaming activity conducted in:

Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

Yes  No

11 Does the organization conduct gaming activities with nonmembers?  Yes  No







**SCHEDULE O**  
(Form 990 or 990-EZ)

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

Name of the organization

RONALD MCDONALD HOUSE CHARITIES DAYTON

Employer identification number  
31-0964793

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

RESPIRE/RELAXATION AREA, LAUNDRY FACILITIES, SHOWER FACILITIES, A

CHARGING STATION, AND COMPUTER ACCESS WITH PRINTER AND FAX TO FAMILIES

WITH CHILDREN INPATIENT AT DAYTON CHILDREN'S HOSPITAL AND ONLY STEPS

AWAY FROM THE BEDSIDE. IN 2019 THE RMFR INSIDE OF DAYTON CHILDREN'S

HOSPITAL SERVED 2071 NEW FAMILIES AND 15,910 INDIVIDUALS FROM 16 STATES

AND 48 OHIO COUNTIES.

IN 2019 THE RMFR INSIDE OF MIAMI VALLEY HOSPITAL SERVED 640 NEW

FAMILIES AND 15,119 INDIVIDUALS FROM 5 STATES AND 23 OHIO COUNTIES.

THIS RMFR SERVES ANTEPARTUM MOTHERS AND FAMILIES OF BABIES IN THE

NEONATAL INTENSIVE CARE UNIT. THIS SPACE PROVIDES THE AMENITIES OF

COMPLIMENTARY SNACKS, BEVERAGES, LITE MEALS, A RESPIRE/RELAXATION AREA,

LAUNDRY AND ACCESS TO AN I-PAD AND INTERNET.

FORM 990, PART VI, SECTION A, LINE 7A:

THREE (3) OF THE TWENTY-FIVE TRUSTEES WILL BE APPOINTED. TWO (2) OF THE

APPOINTED TRUSTEES SHALL BE MEMBERS OF THE MIAMI VALLEY MCDONALD'S

COOPERATIVE, ONE REPRESENTATIVE BEING A MCDONALD'S OWNER OPERATOR AND THE

OTHER A REPRESENTATIVE OF THE MCDONALD'S CORPORATE OFFICES. THE THIRD

APPOINTED TRUSTEE SHALL BE A MEMBER OF THE SENIOR MANAGEMENT OF THE

CHILDREN'S MEDICAL CENTER, DAYTON.

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

FORM 990 IS PROVIDED TO THE ORGANIZATION'S EXECUTIVE DIRECTOR AND FINANCE

COMMITTEE MEMBERS FOR AN IN-DEPTH REVIEW OF THE RETURN. PRIOR TO THE TIME

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932221 09-06-19

AND PRESENTS AN OVERVIEW OF THE ANNUAL EVALUATION TO THE FULL BOARD.

THE BOARD OF TRUSTEES EVALUATES THE EXECUTIVE DIRECTOR ANNUALLY IN WRITING

AND ANY RECOMMENDATION FOR COMPENSATION CHANGE. THE EXECUTIVE COMMITTEE OF

OF EXECUTIVE DIRECTOR, THE CHAIR OF THE BOARD FACILITATES THE ANNUAL REVIEW

USING INFORMATION FROM THE RMHC SALARY ADMINISTRATION PLAN FOR THE POSITION

FORM 990, PART VI, SECTION B, LINE 15:

CONFLICTS OF INTEREST MIGHT NOT HAVE BEEN DISCLOSED.

CHAIR FOLLOWS UP WITH ANY BOARD MEMBER WHO INDICATES THAT POTENTIAL

ABOUT WHETHER POTENTIAL CONFLICTS OF INTEREST WERE DISCLOSED. THE BOARD

MEMBERS COMPLETE A SHORT SELF-ASSESSMENT FORM THAT INCLUDES A QUESTION

BOARD MEETING. IN ADDITION, AT THE END OF EACH BOARD MEETING, ALL BOARD

THAT ITEM OF BUSINESS. THIS ABSTENTION IS DOCUMENTED IN THE MINUTES OF THE

LEAVE THE ROOM WHEN THE VOTE IS TAKEN AND THEY MUST ABSTAIN FROM VOTING ON

BOARD MEMBER(S) INVOLVED MAY PARTICIPATE IN THE DISCUSSION BUT THEY MUST

THERE BE AN ITEM OF BUSINESS THAT MIGHT POSE A CONFLICT OF INTEREST, THE

DISCLOSING ANY KNOWN CONFLICTS OF INTEREST. AT BOARD MEETINGS, SHOULD

INDICATING THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY AND

YEAR, ALL BOARD MEMBERS SIGN AN "ANNUAL INTERESTED PARTIES STATEMENT"

CONFLICT OF INTEREST POLICY. ANNUALLY, AT THE FIRST BOARD MEETING OF THE

DURING ORIENTATION, NEW BOARD MEMBERS RECEIVE A COPY OF THE ORGANIZATION'S

FORM 990, PART VI, SECTION B, LINE 12C:

990 BEFORE IT IS FILED WITH THE IRS.

MEMBER IS GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND COMMENT ON THE FORM

OF THE GOVERNING BODY OF THE ORGANIZATION FOR THEIR REVIEW. EACH VOTING

OF FILING WITH THE IRS, THE FORM 990 IS ALSO PROVIDED TO EACH VOTING MEMBER

Name of the organization

RONALD MCDONALD HOUSE CHARITIES DAYTON

Employer identification number

31-0964793



RONALD MCDONALD HOUSE CHARITIES DAYTON

Employer identification number  
31-0964793

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

THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE ON THE WEBSITE

OF THE OHIO SECRETARY OF STATE. THE CONFLICT OF INTEREST POLICY IS NOT A

PUBLIC DOCUMENT. THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL

STATEMENTS ARE AVAILABLE BY CONTACTING THE ORGANIZATION AT 555 VALLEY

STREET, DAYTON, OHIO 45404 OR BY VISITING THE WEBSITE AT

WWW.RMHCDAYTON.ORG.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES

18,752.

MANAGEMENT AND GENERAL EXPENSES

403.

FUNDRAISING EXPENSES

2,936.

TOTAL EXPENSES

22,091.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

48,588.

MANAGEMENT AND GENERAL EXPENSES

66,003.

FUNDRAISING EXPENSES

60,672.

TOTAL EXPENSES

175,263.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL. A

197,354.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RECLASSIFICATION OF DONATED GOODS AND SERVICES EXPENSE TO

BALANCE SHEET

3,840.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S PROCESS FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL



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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.  
► Go to [www.irs.gov/Form8868](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	RONALD MCDONALD HOUSE CHARITIES DAYTON	31-0964793
<b>File by the due date for filing your return. See instructions.</b>	555 VALLEY STREET	
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	DAYTON, OH 45404	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Code	Return Code	Application Is For
01	01	Form 990 or Form 990-EZ
02	02	Form 990-BL
03	03	Form 4720 (individual)
04	04	Form 990-PF
05	05	Form 990-T (sec. 401(a) or 408(a) trust)
06	06	Form 990-T (trust other than above)
07	07	Form 990-BL
08	08	Form 4720 (individual)
09	09	Form 990-PF
10	10	Form 990-T (sec. 401(a) or 408(a) trust)
11	11	Form 990-T (trust other than above)
12	12	Form 990-T (individual)

The books are in the care of ▶ **555 VALLEY STREET - DAYTON, OH 45404**  
 Telephone No. ▶ **937-224-0047** Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  calendar year **2019** or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. **0.**

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. **0.**

c **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. **0.**

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.