990 Form

Return of Organization Exempt From Income Tax

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

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Α	For t	he 2	2018 calend	ar year, or ta	ax year beginr	ning		10-01	, 2018, and er	iding	09-3	0,2019
В	Check	if ap	plicable:	C Name of org	anization NAMI	of Southe	rn Arizona				D	Employer identification no.
	Addre:			Doing busin	ess as						86	6-0450977
$\overline{}$			-			v if mail is not delive	red to street address)			Room/suite		Telephone number
\equiv	Name		•	i		x ii iiiali is iiot delive	ied to street address,	,		Nooningano		520) 622-5582
=	Initial i				22nd St					<u> </u>		
님	Final r	etum	/terminated	I -		country, and ZIP or	foreign postal code				ı	Gross receipts
\sqcup	Amen	ded re	eturn	Tucsor	ı, AZ 8571	.1						\$ 791,592
Ш	Applic	ation	pending	F Name and a	address of principal	l officer:				H(a) Is this a group r	eturn for sub	
										H(b) Are all subore	dinates inc	aluded? Yes No
1	Tax-ex	cempt	t status: X	501(c)(3)	501(c) () (insert no.)	4947(a)(1) d	or 527		If "No," a	tach a list	(see instructions)
J	Webs	ite:	► www	v.namisa.	org					H(c) Group exen	ption num	nber 🕨
ĸ	Form	of org	anization: X	Corporation	Trust Ass	ociation Othe	er 🕨	L Ye	ear of formation: 1	983 M State	of legal do	micile: AZ
	irt I		Summar									
00000000	Τ,	1	Briefly descr	ibe the organ	ization's missi	on or most sign	ificant activities:	NAMI S	outhern Ar	rizona is de	dicat	ed to the
									f quality	of life of	all o	f those
Activities & Governance		-					ducation,					
ğ			41100000	Dy prov	runing bur							
Ver	. .	2	Check this h	ox ▶ ☐ if th	e organization	discontinued it	s operations or o	disposed of m	ore than 25% o	f its net assets.		
စ္ပိ					•	rning body (Par	•				3	10
ంర				-	_		ng body (Part VI				4	10
ies	- 1						2018 (Part V, line				5	23
₹						-	•				6	
Act					rs (estimate if r	• •					7a	175
						Part VIII, colum		• • • • • •				0
	_	b	Net unrelate	d business ta	ixable income	from Form 990	T, line 38 •	····			7b	0
								1	-	Prior Year		Current Year
	1			-	(Part VIII, line	-				618	,163	707,659
Revenue	- '	9	Program sei	rvice revenue	(Part VIII, line	e 2g)						0
ě	1	0	Investment i	income (Part	VIII, column (A	A), lines 3, 4, an	d 7d)		[1	,423	21
Ş.	1	1.	Other reven	ue (Part VIII,	column (A), lin	nes 5, 6d, 8c, 9d	, 10c, and 11e)		[63	,063	75 <u>, 923</u>
	1	2	Total revenu	ie - add lines	8 through 11 (must equal Par	VIII, column (A)), line 12)	[682	, 649	783,603
	1					X, column (A),						0
						(, column (A), lii			[0
					· ·		IX, column (A),	lines 5-10)		292	,769	397,743
Ses	1					column (A), line			[,949	0
Expenses	'			•	•	umn (D), line 2	•	5	7,961		*******************	
e X	٠ 1			• .	•	nes 11a-11d, 11					, 325	347,645
	- 1			•			column (A), line 2	25)			,043	745,388
			•		,	•			-		,606	38,215
			Nevenue ica	so expenses.	Subtract line	TO HOTH HITE 12						End of Year
Š	nces		Total assets	(Dart V line	16)				-	Beginning of Current		
198	Bala			(Part X, line	•						,942	662,964
Ą	ĕΙ			es (Part X, lir	•	ine Od from line					,857	93,320
2 D.	正 2					line 21 from line	20			521	,085	569,644
	art I			ure Block		ım including accom	nanvina schedules ar	nd statements an	d to the hest of my k	nowledge and belief, it	<u> </u>	
true	e, corr	ect, a	nd complete. De	eclaration of prep	arer (other than of	ficer) is based on all	information of which	preparer has any	knowledge.			
			<u> </u>									
Sig	nn		0:			·					Date	
	-		Signati	ure of officer							Date	
He	re			ther McGo		asurer	\sim					
			Type o	r print name and	title	h	/_		N-4-		· ·	
_			Print/Type p	reparer's name		Preparer's signat		1100	Date	Check X	if PT	
Pa				er J Phi		T (Y)M	11		1-15-2020	self-employe	ed	P01607578
	epa			. •	Jennifer	r J Phlilli	ps CPA PLL	<u>c</u>		Firm's EIN		
Us	e O	nly	Firm's addre	ess 🕨	5151 E.	Broadway	Blvd. Ste.	1600		Phone no.		
					Tucson I	AZ 85711						7-7087
Ma	y the	IRS	discuss this	s return with t	he preparer sh	nown above? (s	ee instructions)					· · 🛚 Yes 🗌 No

4d Other program services (Describe in Schedule O.)

Total program service expenses

(Expenses \$ including grants of \$

537,446

) (Revenue \$

NAMI of Southern Arizona
Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		3.7
7	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		57
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		Λ
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			21
	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> · · · · · · · · · · · · · · · · · ·	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did not be a second of the sec			
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Χ	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Χ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
4.5	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100.000 or more? If "Yes." complete Schedule F. Parts I and IV	14h		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			21
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			21
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

1 01111 000 (2	NAMI OI SOUCHEIN AIIZONA	00-0
Part IV	Checklist of Required Schedules (continued)	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			5.7
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		v
20	entity 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):			
2	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Χ
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
b	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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		Х
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? <i>If</i> "Yes,"			
	complete Schedule N, Part II	32		Х
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		Х
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		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		X
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 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Χ	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	Щ_

18) NAMI of Southern Arizona

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year ••••••••• 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Χ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	42-		
а	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a		Λ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	10		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
.5	If "Yes," complete Form 4720, Schedule O.	10		71

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

the the number of voting members of the governing body at the end of the tax year If the governing body delegated interest or voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee, explain in Schedule O. b. Enter the number of voting members included in line 1a, above, who are independent committee, explain in Schedule O. b. Enter the number of voting members included in line 1a, above, who are independent be the seguination of the committee of the co	Sec	tion A. Governing Body and Management			
If there are material differences in volting rights among members of the governing body or if the governing body designed broad authority to an executive committee, explain in Schedule O. Did any officer, director, trustee, or key employee have a family reliationship or a business relationship with any other officer, director, trustee, or key employee have a family reliationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Old the organization delegate control over management utiles outstonarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		1		Yes	No
if the poverning body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b. Enter the number of voting members included in line 1a, above, who are independent 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 employees to a management common of officers, director, trustee, or key employees to a management officers of officers, director, trustees, or key employees to a management officers of officers, or trustees, or key employees to a management officers of officers, or trustees, or key employees to a management officers of the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholdens? 5 Did the organization have members or stockholdens? 6 Did the organization have members or stockholdens? 7 Did the organization have members or stockholdens? 8 Did the organization have members or stockholdens? 9 Did the organization have members or stockholdens? 9 Did the organization have members or stockholdens? 10 Did the organization ocolemproraneously document the meetings held or written actions undertaken during the year by the following: 10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 10 Did the organization have members of the governing body? 11 Did the organization have followed the names and addresses in Schedule O. 12 Did the organization have followed the names and addresses in Schedule O. 13 Did the organization have local chapters, branches, or affiliates? 14 Did the organization than the source of the presentation of the presentation of the source of the presentation of the organization to review this F	1a				
bommittee, explain in Schredule O. b Eaflet he number of volting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person? 3 Just the organization delegate control over management duties outsionarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Just but but the organization become aware during the year of a significant changes to its governing documents since the prior Form 990 was filed? 4 List of the organization have members and soldholders? 5 Did the organization have members as clockholders, or other persons who had the power to elect or appoint once or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or aubject to approval by) members, 5 Soldholders, or persons other than the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 6 Table 1 Table					
to Either the number of voting members included in line 1a, above, who are independent 1 to 10 any other officer, director, trustee, or key employees? 3 Did any officer, director, trustee, or key employees? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 980 was flued? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization have members, sockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, sockholders, or opersons other than the governing body? 8 Did the organization contemporation of the organization reserved to (or subject to approval by) members, sockholders, or persons other than the governing body? 9 In the committee with authority to act on behalf of the governing body? 9 In the report of the province of the organization reserved to (or subject to approval by) members, sockholders, or persons other than the governing body? 9 In the report of the organization contemporation of the organization province of the names and addresses in Schedule O 9 In the organization province of the names and addresses in Schedule O 10 In the organization province of the names and addresses in Schedule O 10 In the organization have written polices and procedure governing the activities of such chapters. 11 In the organization thave a written polices and procedure governing the activities of such chapters in the or		if the governing body delegated broad authority to an executive committee or similar			
2 Did the organization trustee, or key employee have a family relationship or a business relationship with any other officer, director, fusitee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Life the organization make any supficient changes to its governing documents since the prior Form 990 was filed? 4 Life to district the organization have members a stockholders or other organization sassets? 5 Did the organization have members a stockholders? 6 Did the organization have members as tookholders? 7 Did the organization have members as tookholders? 7 Did the organization thave members as tookholders? 8 Did the organization thave members as tookholders? 9 Did the organization thave members as tookholders? 10 Did the organization thave members as tookholders? 10 Did the organization thave members as tookholders? 10 Did the organization thave members as tookholders. 10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 10 Did the organization thave written policies of the governing body? 11 The governing body? 12 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code). 12 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code). 13 Life organization have written policies and procedures governing the activities of such chapters. 14 Did the organization have written policies and procedures governing the activities of such chapters. 15 Did the organization have written policies and procedures governing the activities of such chapters. 16 Did the organization have written policies and proc		committee, explain in Schedule O.			
any other officer, director, trustee, or key employee? 3 Did the organization designed control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior from 990 was filed? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 8 Did the organization have members of stockholders? 9 Did the organization have members or stockholders? 9 Did the organization have members or stockholders? 9 Did the organization have members or stockholders? 9 Did the organization thave members or stockholders? 9 Did the organization thave members or stockholders? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 10 The governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Each committee with authority to act on behalf of the governing body? 12 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 12 The governing body? 13 B X 14 Each committee with authority to act on behalf of the governing body? 15 Each committee with authority to act on behalf of the governing body? 16 Each committee with authority to act on behalf of the governing body? 17 B Did the organization have local chapters, branches, or affiliates? 18 In the organization have local chapters, branches, or affiliates? 19 Did the organization have local chapters, branches, or affiliates? 10 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 sex exempt purpo	b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3	2				
supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the conganization have members or stockholders? 8 Did the organization have members or stockholders? 8 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? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 10 The governing body? 10 The governing body? 11 The governing body? 12 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 13 The governing body? 14 Each committee with authority to act on behalf of the governing body? 15 Each committee with authority to act on behalf of the governing body? 16 Each committee with authority to act on behalf of the governing body? 17 Bid Noverning body? 18 Bid Noverning body? 18 Bid Noverning body? 19 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If Yes? Provide the names and addresses in Schedule O 18 Did the organization have local chapters, branches, or affiliates? 19 If Yes, did the organization have local chapters, branches, or affiliates? 10 If Yes, did the organization have written policies and procedures governing the activities of such chapters. 10 If Yes, did the organization have a written policies and procedures governing the activities of such chapters. 10 If Yes, did the organization have a written of the provide the names and addresses in Schedule O the process. If any used the organization have a written oc		,,,,, - , - ,	2		Χ
the diffusion make any significant changes to its governing documents since the prior Form 990 was fised? bid the organization become aware during the year of a significant diversion of the organization's assets? bid the organization have members or stockholders? bid the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the operaning body? bid the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the operaning body? bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? bis there any officer, director, trustee, or key employee listed in Part IVII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O considerable of the organization have local chapters, branches, or affiliates? bid the organization have local chapters, branches, or affiliates? bid the organization have local chapters, branches, or affiliates? bid the organization have awvitten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10a bid the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b bid the organization have a written conflict of interest policy? If "No." go to line 13 be section in Schedule O the process, if any, used by the organization to review this Form 990. bid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O to	3	Did the organization delegate control over management duties customarily performed by or under the direct			
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7 Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 A Name or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 5 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 in Schedule O 7 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 8 Ves 8 Each committee with authority to act on behalf of the governing body personal addresses in Schedule O 8 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 11 A Has 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? 11 A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 B A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Did the organization have a written conflict of interest policy? If "No." go to fire 173 12 Did the organization have a w		supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		
6 Did the organization have members or stockholders? 7a Did the organization have members of the governing body? 7b Did the organization have members of the governing body? 7c and any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7c As any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7c As Did the organization confemporaneously document the meetings held or written actions undertaken during the year by the following: 7d The governing body? 8d Did the organization confemporaneously document the meetings held or written actions undertaken during the year by the following: 8d The governing body? 8d Did the organization's mailing address? If Yes.* Provide the names and addresses in Schedule 0 9d Did the organization's mailing address? If Yes.* Provide the names and addresses in Schedule 0 9d Did the organization have local chapters, branches, or affiliates? 9d Did the organization have written poblices and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Did the organization have a written opticies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Did the organization have a written conflict of interest policy? If Yo,* go to line 13 10c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes.* describe in Schedule O the with was done 12b Vision of the organization have a written conflict of interest policy? 11c Did the organization have a written document retention and destruction policy? 11d Did the organization have a written document retention and destruction policy? 11d Did the organization have a written document retention and destruc	4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
The 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? Are any operamence decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? But the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? But be Each committee with authority to act on behalf of the governing body? But be Each committee with authority to act on behalf of the governing body? But be Each committee with authority to act on behalf of the governing body? But be Each committee with authority to act on behalf of the governing body? But be Each committee with authority to act on behalf of the governing body? But be Each committee with authority to act on behalf of the governing body? But be Each committee with authority to act on behalf of the governing body? But be Each committee with authority to act on behalf of the governing body? But be Each committee with authority to act on behalf of the governing body? But be Each committee with authority to act on behalf of the governing body? But be Each committee with authority to act on behalf of the governing body? But be Each committee with authority to act on behalf of the governing body? But be the government the governor and addresses in Schedule O But the organization have written policies and procedures governing the activities of such chapters. All the organization have any the replications are consistent with the organization's exempt purposes? 10b Ut the organization have any then conflict on proceedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11b Ut the soft particular the policies and procedures governing the activities of such chapters. affiliates, and branches to exempt the subtract policies and pro	5	g	5		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 The governing body? 8 The governing body? 8 Seath committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address? If Yes," provide the names and addresses in Schedule O 9 Yes 8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 9 Ves No. 10a Did the organization have local chapters, branches, or affiliates? 10b If Yes," and the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 to 10 the most provided a complete copy of this Form 990 to 10 the most provided a complete copy of this Form 990 to 10 the most provided a complete copy of this form 990 to 10 the most provided a complete copy of this form 990 to 10 the most provided in Part VII, Section 10 the organization have a written orificial of interest policy? If "No." go to line 13 10 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12d b Were officers, directors, or trustees, and key emp	6	Did the organization have members or stockholders?	6		Χ
b Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7b	7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
s bickholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 B 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 in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Did the organization have local chapters, branches, or affiliates? 10 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization by defore filing the form? 11a Is a the such a such		one or more members of the governing body?	7a		Χ
B 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? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maling address? if "Yes," provide the names and addressess in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chiefs. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Imaginates and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Imagination have a written officie of interest policy? If "No." go of time 13 10b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11c Imagination have a written officie interest policy? If "No." go of time 13 11d Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O than this was done 11d Did the organization have a written whistleblower policy? 11d Did the organization have a written whistleblower policy? 12c X 13d Did the organization have a written officient of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and d	b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b If the state he organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 12c X 13b Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 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? 15d Did the organization follow a written policy or procedure requiring the organization of the deliberation and decision? 15d Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under a		stockholders, or persons other than the governing body?	7b		Χ
a The governing body? b Each committee with authority to act on behalf of the governing body? 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves No	8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
b Each committee with authority to act on behalf of the governing body? 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 in Schedule O . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves		the year by the following:			
Section B. Policies (This Section B required by the Internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10a The Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b The Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b The Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a	а	The governing body?	8a	Χ	
Section B. Policles (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No	b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yee No 10a X	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
10a Did the organization have local chapters, branches, or affiliates? 10a X X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a X 12b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 12b Did the organization have a written whistleblower policy? 17w." go to line 13 12a X 12b Did the organization have a written whistleblower policy? 13 X 12c X		the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b	Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14b Did the organization have a written whistleblower policy? 13 X 14b Did the organization have a written document retention and destruction policy? 13 X 14b Did the organization have a written document retention and destruction policy? 15b 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? 15b X 15				Yes	No
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a	10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 X 14 X 15 Did the organization have a written whistleblower policy? 16 Did the organization have a written document retention and destruction policy? 17 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 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? 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? 16b If "Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Arizona 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. Own website Another's website Upon request Other (e	b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b		affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15 The organization's CEO, Executive Director, or top management official 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Did the organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 Disclosure 17 List the states with which a copy of this Form 990 is required to be filed organization and taxable 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. On website Another's website Upon request Other (explain in Schedule O) Describe in 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.	b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 ff "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15a X b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a X Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed	12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 ff "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? 16a ✓ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b ✓ Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed participate or public inspection. Indicate how you made these available. Check all that apply. □ Own website Another's website Upon request Other (explain in Schedule O) Describe in 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: 12c	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b		Χ
13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 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 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed organization for 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? 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. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in 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.	С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
14 Did the organization have a written document retention and destruction policy? 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? 15 The organization's CEO, Executive Director, or top management official 15		describe in Schedule O how this was done	12c	Х	
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	13	Did the organization have a written whistleblower policy?	13	Х	
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	14	Did the organization have a written document retention and destruction policy?	14	Х	
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If a Dif "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 C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶	15	Did the process for determining compensation of the following persons include a review and approval by			
b Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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. Own website Another's website Upon request Other (explain in Schedule O) Describe in 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records:		independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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? 16a X	а	The organization's CEO, Executive Director, or top management official	15a		Χ
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b	Other officers or key employees of the organization	15b		Χ
with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records:	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records:		with a taxable entity during the year?	16a		Χ
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 C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records:	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records:					
17 List the states with which a copy of this Form 990 is required to be filed 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. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) 19 Describe in 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶			16b		
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. Own website Another's website Upon request Other (explain in Schedule O) Describe in 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. State the name, address, and telephone number of the person who possesses the organization's books and records:	Sec		1		
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. Own website Another's website Upon request Other (explain in Schedule O) Describe in 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. State the name, address, and telephone number of the person who possesses the organization's books and records:					
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) 19 Describe in 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records:					
Own website Another's website Upon request Other (explain in Schedule O) Describe in 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. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶	-				
 Describe in 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. State the name, address, and telephone number of the person who possesses the organization's books and records: 					
financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:	19				
20 State the name, address, and telephone number of the person who possesses the organization's books and records:	-				
	20				
	-				

Form	990	(2018)

Page 7

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title Average house previous, (lit ray house for the compensation from the					((C)					
Average Aver	(A)	(B)						(D)	(F)	(F)	
The start Secretary Secr		' '	١,							, ,	` '
Compensation Comp		hours per							compensation	compensation from	amount of
Comparization Comparizatio		, ,									
(1) Laura Fairbanks		related	or d	Inst	Offi	Key	High	Fon	organization	•	from the
(1) Laura Fairbanks			vidua	itutio	cer	emp	nest i	ner	(W-2/1099-MISC)		
(1) Laura Fairbanks			or all true	nal tr		loye	comp				
(1) Laura Fairbanks			stee	uste		U	ensa				
Secretary				W.			ated				
Secretary											
Secry Soard Member Source Sourc	(1) Laura Fairbanks	5.00									
Board Member	-		Х		Х				0	0	0
3 David Delawder		5.00									
President			X						0	0	00
Secretary Source Stark Source		5.00	,,		,,						
Board Member	-		X		X				0	0	0
Solution		5.00	.,								
Vice President X X X 0 0 0 [6] Patricia Harrison-Monroe 5.00 X 0 0 0 Board Member 5.00 X X 0 0 0 [8] Margie Balfour, Dr. 5.00 X 0 0 0 0 Board Member X 0			X						0	0	0
(6) Patricia Harrison-Monroe		5.00	1,7		37						
Board Member		F 00	X		X				0	0	0
Treasurer		- 5.00	v						0		0
Treasurer		F 00								0	0
(8) Margie Balfour, Dr. 5.00 Board Member X (9) Julie Jameson 5.00 Board Member X (10)Kate Lawson 5.00 Board Member X (11)Matthew Pate 5.00 Board Member X (12)Heather McGovern 5.00 Treasurer X Secretary X X X Secretary X 40.00 0		- 3.00-	X		l x				0	0	0
Board Member		5.00	21		23						•
Secretary South Position South Pos	December 1		X						0	0	0
Board Member X 0 0 0 (10)Kate Lawson 5.00 0		5.00									
Board Member X 0 0 0 (11)Matthew Pate 5.00 X 0 0 0 Board Member X 0 0 0 0 (12)Heather McGovern 5.00 X X 0 0 0 Treasurer X X 0 0 0 0 (13)Michael Tacke 5.00 X X 0 0 0 Secretary X X 0 0 0 0 (14)H Clarke Romans 40.00 40.00 0 0 0 0		F	Х						0	0	0
Board Member X 0 0 0 (11)Matthew Pate 5.00 X 0 0 0 Board Member X 0 0 0 0 (12)Heather McGovern 5.00 X X 0 0 0 Treasurer X X 0 0 0 0 (13)Michael Tacke 5.00 X X 0 0 0 Secretary X X 0 0 0 0 (14)H Clarke Romans 40.00 40.00 0 0 0 0	(10)Kate Lawson	5.00									
Board Member			Х						0	0	0
(12)Heather McGovern 5.00 X X 0 0 0 Treasurer X X 0 0 0 (13)Michael Tacke 5.00 X X 0 0 0 Secretary X X X 0 0 0 (14)H Clarke Romans 40.00 0 0 0 0	(11)Matthew Pate	5.00									
Treasurer X X X 0 0 0 (13)Michael Tacke 5.00 X X 0 0 0 Secretary X X X 0 0 0 (14)H Clarke Romans 40.00 0 0 0 0	Board Member		Х						0	0	0
(13)Michael Tacke	(12)Heather McGovern	5.00									
Secretary X X 0 0 0 (14)H Clarke Romans 40.00 40.00 0	Treasurer		Х		Х				0	0	0
(14)H Clarke Romans 40.00	(13)Michael Tacke	5.00									
		1	X		Х				0	0	0
		40.00									
Executive Director	Executive Director					Χ			75,573	0	0

Section A. Officers, Directors, Trustees,	Key ⊑mploye	es, an	IU II			ompe	nsa	ted Employees (C	Timuea)	1	
				(0							
(A)	(B)	(do no	ot che	Posi ck m		nan one		(D)	(E)		(F)
Name and title	Average					both an		Reportable	Reportable		stimated
	hours per week (list any	office	r and	a dire	ctor/t	trustee)		compensation from	compensation from related	ar	nount of other
	hours for	약 la	Ins	Q	Ke.	em Hig	Fo	the	organizations	com	pensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)		rom the
	organizations	tor lal tr	ona		lold	t cor		(W-2/1099-MISC)		-	ganization nd related
	below dotted line)	uste.	trus		/ee	npe					anizations
	,	ď	stee			Highest compensatec employee					
						ed					
(15)Chaighing Wells	40.00										
(15)Christine Wells Interim Executive Director	40.00				Χ			0	o		^
(46)				Н	21			0	0		0
<u>(16)</u>											
(47)											
<u>(17)</u>											
(40)											
<u>(18)</u>											
<u>(19)</u>											
(20)	L										
(21)											
(22)											
(23)											
<u></u>											
(24)											
`-'											
(25)											
(25)											
1b Sub-total	'										
c Total from continuation sheets to Part VII, Section											
d Total (add lines 1b and 1c)								75 573	0		0
2 Total number of individuals (including but not limited							_	75,573	0	<u> </u>	
reportable compensation from the organization	to those liste	u abov	e) w	/110 1	CCCI	iveu iii	ole i	Hall \$100,000 01	•		
reportable compensation from the organization									0		Yes No
2 Did the executivation list any former officer director	ar tructae ka				امنما	h o o t o o		amonto d			Yes No
3 Did the organization list any former officer, director,			-		_						37
employee on line 1a? If "Yes," complete Schedule J										3	X
4 For any individual listed on line 1a, is the sum of rep											
organization and related organizations greater than										_	
individual • • • • • • • • • • • • • • • • • • •										4	X
5 Did any person listed on line 1a receive or accrue co	•		•			-	zatio	on or individual			
for services rendered to the organization? If "Yes," c	omplete Sche	edule J	for	such	per	rson				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest compensate	ed independe	nt cont	ract	ors t	hat r	receive	ed m	ore than \$100,000	of		
compensation from the organization. Report compe	nsation for the	e calen	dar	year	end	ling wit	th or	within the organiza	ation's tax		
year.											
(A)								(B)			(C)
Name and business address								Description of	services	Comp	ensation
Total number of independent contractors (including by	out not limited	to tho:	se li	sted	abo	ve) wh	10				
received more than \$100,000 of compensation from			>	_		, .					

Statement of Revenue Part VIII

		Check if Schedule O contains a response of	or no	te to any line in this	Part VIII • •			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a					
ants	b	Membership dues	1b	2,506				
يَ ق	С	Fundraising events	1c	64,250				
iifts ar A	d	Related organizations	1d	,				
s, ⊞	е	Government grants (contributions)	1e					
r Si	f	All other contributions, gifts, grants,						
ja H		and similar amounts not included above	1f	640,903				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	: \$,				
<u>a</u>	h	Total. Add lines 1a-1f		. 	707,659			
				Business Code				
Program Service Revenue	2a							
Reve	b							
ice	С							
Serv	d							
am	е		_					
rogr	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, interest and other similar amounts)			21			21
	4	Income from investment of tax-exempt bond p	roce	eds · · · ▶				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securities		(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)						
enne	8a	Gross income from fundraising						
Ven		events (not including \$64,250	_					
æ		of contributions reported on line 1c).						
Other Rev		See Part IV, line 18 · · · · · · · · · · · · · · · · · ·	а	83,714				
ŏ	b	Less: direct expenses	b	7,989				
	С	Net income or (loss) from fundraising events	•		75,725			75,725
	9a	Gross income from gaming activities.						
		See Part IV, line 19 · · · · · · · · · · · · · · · · · ·	а					
	1	Less: direct expenses	b					
	С	Net income or (loss) from gaming activities	٠.					
	10a	Gross sales of inventory, less returns and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales of inventory		. •				
		Miscellaneous Revenue		Business Code				
	11a	Miscellaneous revenue		900099	198	-		198
	b		_					
	С		_					
		All other revenue						
	е	Total. Add lines 11a-11d · · · · · · · ·			198			
	12	Total revenue. See instructions			783,603	0	0	75,944

Part IX

86-0450977

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

Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, 7b, (B) (C) Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 75,147 <u>56,7</u>31 14,753 3,663 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 290,841 177,236 91,006 22,599 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 31,755 19,351 9,937 2,467 11 Fees for services (non-employees): а Legal 10,200 6,216 3,192 792 d Lobbying Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 197,777 196,377 1,400 12 13 42,683 26,009 13,357 3,317 14 Information technology 15 16 17,012 5,323 1,322 10,367 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 13,584 5,574 8,010 20 950 3,037 1,851 236 21 13,883 13,883 22 Depreciation, depletion, and amortization 8,981 5,472 2,811 698 23 8,088 4,929 2,531 628 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Dues and subscriptions 485 151 38 296 Meals, food, beverage 9,468 6,135 3,333 18,493 С Stipends 18,493 d All other expenses 3,954 2,409 1,237 308 25 **Total functional expenses.** Add lines 1 through 24e 745,388 537,446 149,981 57,961 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

86-0450977

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 302,612 307,694 2 Savings and temporary cash investments 2 3,296 2,769 3 Pledges and grants receivable, net 16,160 3 44,070 4 Accounts receivable. net 4 31 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 15,210 2,068 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 255,903 Less: accumulated depreciation 10b 10c b 96,962 167,922 158,941 11 11 19,860 19,389 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 122,882 15 128,002 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 647,942 662,964 17 Accounts payable and accrued expenses 58,455 17 38,634 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 62,402 54,686 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 120,857 26 93,320 Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 27 330,803 27 336,269 28 Temporarily restricted net assets 28 196,282 233,375 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 527,085 33 569,644 34 Total liabilities and net assets/fund balances 647,942 34 662,964

Χ

Χ

2c

За

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

the Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

2018 **Open to Public**

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

		f Southern Arizona					86-04509	77	
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must c	omplete	this part	.) See instruction	S.	
he	orgar	nization is not a private foundation beca	ause it is: (For lines	1 through 12, check only	one box.)				
1		A church, convention of churches, or a	association of churc	hes described in section	n 170(b)(1)	(A)(i).			
2	Ш	A school described in section 170(b)((1)(A)(ii). (Attach So	chedule E (Form 990 or 9	990-EZ).)				
3	Ш	A hospital or a cooperative hospital se	ervice organization of	described in section 170	(b)(1)(A)(ii	i).			
4		A medical research organization opera	ated in conjunction	with a hospital described	l in section	170(b)(1)	(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the bene	fit of a college or ur	niversity owned or operat	ted by a go	vernmenta	I unit described in		
		section 170(b)(1)(A)(iv). (Complete P	Part II.)						
6		A federal, state, or local government of	or governmental uni	t described in section 17	70(b)(1)(A)	(v).			
7		An organization that normally receives	s a substantial part	of its support from a gove	ernmental ι	unit or from	the general public		
		described in section 170(b)(1)(A)(vi).	(Complete Part II.)						
8	Χ	A community trust described in section	n 170(b)(1)(A)(vi).	(Complete Part II.)					
9		An agricultural research organization of	described in sectio	n 170(b)(1)(A)(ix) operat	ted in conju	nction with	a land-grant college		
		or university or a non-land-grant colleg	ge of agriculture (se	e instructions). Enter the	e name, city	, and state	of the college or		
		university:							
0		An organization that normally receives	s: (1) more than 33	1/3% of its support from	contribution	ns, membe	ership fees, and gross		
		receipts from activities related to its ex	cempt functions - su	bject to certain exception	ns, and (2)	no more th	nan 33 1/3% of its		
		support from gross investment income	e and unrelated bus	iness taxable income (le	ss section	511 tax) fro	om businesses		
	_	acquired by the organization after Jun	e 30, 1975. See se	ction 509(a)(2). (Comple	ete Part III.)				
1	Ц	An organization organized and operate	ed exclusively to tes	st for public safety. See s	section 509	9(a)(4).			
2	Ш	An organization organized and operat	ed exclusively for th	ne benefit of, to perform t	he function	s of, or to	carry out the purposes	S	
		of one or more publicly supported orga	anizations described	d in section 509(a)(1) or	section 50	09(a)(2) . S	ee section 509(a)(3).		
		Check the box in lines 12a through 12	d that describes the	e type of supporting orga	nization an	d complete	e lines 12e, 12f, and 1	2g.	
	а	☐ Type I. A supporting organization	operated, supervise	ed, or controlled by its su	ipported or	ganization	(s), typically by giving		
		the supported organization(s) the		•	y of the dire	ectors or tr	ustees of the		
		supporting organization. You mus	•						
	b	Type II. A supporting organization	•			_	. , .		
		control or management of the sup			sons that c	ontrol or m	anage the supported		
		organization(s). You must compl							
	С	Type III functionally integrated.		•			•		
		its supported organization(s) (see	,	•					
	d	Type III non-functionally integra		•				•	
		that is not functionally integrated.		•		•	t and an attentiveness	5	
		requirement (see instructions). Yo	•						
	е	Check this box if the organization				a Type I, I	ype II, Type III		
		functionally integrated, or Type III		egrated supporting organ	nization.				
	f	Enter the number of supported organiz							
	g	Provide the following information abou	ı ii	,	1				
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary support (see	(vi) Amo other supp	
				above (see instructions))	docum	ent?	instructions)	instruc	tions)
					Yes	No	-		
					103	110			
A)									
<u></u>									
B)									
C)									
D)									
E)									
ota	ı						I		

990 or 990-EZ) 2018 NAMI of Southern Arizona 86-0450977 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

	•			` '\	,, ,, ,	` '\ '\	,, ,
(Comple	ete only if you checked the box on li	ne 5, 7,	or 8 of Part I	or if the	organization	failed to qu	ualify unde
Part III	If the organization fails to qualify un	ider the	tests listed be	elow ple	ease complete	Part III)	

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	520,407	1,002,875	421,575	618,163	707,659	3,270,679
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 · · · · · ·	520,407	1,002,875	421,575	618,163	707,659	3,270,679
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						552,808
6	Public support. Subtract line 5 from line 4 · · tion B. Total Support						2,717,871
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	520,407	1,002,875	421,575			``
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	520,407	1,002,875	421,575	618,163	707,659	3,270,679
	similar sources		2,791	558	1,423	21	4,793
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.)						
11	Total support. Add lines 7 through 10						3,275,472
12	Gross receipts from related activities, etc. (se	ee instructions)				12	351,304
13	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ 🗌
	tion C. Computation of Public Su	• •				г	
14	Public support percentage for 2018 (line 6, c	` ' '	, ,	•			82.98 %
15	Public support percentage from 2017 Sched						88.99 %
16a	33 1/3% support test - 2018. If the organiza						► 57
	box and stop here. The organization qualified						· · · · · ► K
b	33 1/3% support test - 2017. If the organiza			•	·		. □
470	this box and stop here. The organization qu						· · · · · · ·
17a	10%-facts-and-circumstances test - 2018.	•				•	
	10% or more, and if the organization meets t		•			1	
	Part VI how the organization meets the "factoring organization meets the "factoring organization		-				▶ □
b	10%-facts-and-circumstances test - 2017.						
D	15 is 10% or more, and if the organization m	· ·					
	Explain in Part VI how the organization meet			•	•	1	
	-			-	-	, 	▶ □
18	Private foundation. If the organization did n					-	. Ц
	instructions						▶ □

90 or 990-EZ) 2018 NAMI of Southern Arizona Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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								
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·							
8	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support	1				1		
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources • •							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b · · · · · · · · · · · · · · · · · · ·							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is for the orgorganization, check this box and stop here						▶ 📋	
Se	ction C. Computation of Public Su							
15	Public support percentage for 2018 (line 8, co	. ,	•	• •		15	%	
16 Sa	Public support percentage from 2017 Scheduction D. Computation of Investme					16	%	
17	Investment income percentage for 2018 (line			lumn (f))		17	%	
18	Investment income percentage from 2017 Sc		•			18		
	33 1/3% support tests - 2018. If the organization is not more than 33 1/3%, check this box at	ation did not check	the box on line 14,	and line 15 is more	e than 33 1/3%, and	d line	▶□	
	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this b	oox and stop here.	The organization of	ualifies as a public	ly supported organ	ization • • • • •		
20	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b,	check this box and	a see instructions		· · · · · • 📙	

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
		103	140
	1		
	2		
	3a		
	Sa		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	01		
	9b		
	9с		
	10a		
	. Ju		
	10b		
(Fo	rm 990 d	or 990-F	7) 2018

86-0450977

Schedule A (Form 990 or 990-EZ) 2018 NAMI of Southern Arizona

Part IV Supporting Organizations (Continued)

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

Schedule A (Form 990 or 990-EZ) 2018 NAMI of Southern Arizona

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 86-0450977

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

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

a Excess from 2014

b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

. . . .

Sched	ule A (Form 990 or 990-EZ) 2018 NAMI of Southern Arizona TV Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	86-04!	50977 Page
	tion D - Distributions	, capporting organia	idiono (commuca)	Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets	-		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
2	Breakdown of line 7:			

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

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, 2b, 3c, 4b, 4c, 5c, 6, 9c, 9b, 9c, 11c, 11b, and 11c; Part IV, Section
	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.)

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

Department of the Treasury Internal Revenue Service

Name of the organization

NAMI of Southern Arizona

Schedule of Contributors

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

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

OMB No. 1545-0047

2018

Employer identification number

86-0450977

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ∑ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

NAMI of Southern Arizona 86-0450977

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	David C and Lura M Lovell Foundatio 4765 E Campbell Dr Tucson, AZ 85712	\$ 246,952	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Stonewall Foundation 3125 N. Melpomene Way Tucson, AZ 85749	\$35,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Connie Hillman Family Foundation 3567 E Sunrise Dr Ste 200 Tucson, AZ 85718	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Arizona Complete Health 333 E. Wetmore Tucson, AZ 85705	\$254,190	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Community Foundation for SoAZ 5049 E Broadway Blvd Tucson, AZ 85711	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

Department of the Treasury

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.

Internal Revenue Service Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

86-0450977 NAMI of Southern Arizona 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. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	ule D (Form 990) 2018 NAMI of Souther					86-04			age 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Historical ⁻	Γreasures,	or Oth	er Similar As	ssets (co	ntinue	ed)
3	Using the organization's acquisition, accession, a	and other records, ch	eck any of the follo	owing that are a	significa	int use of its			
	collection items (check all that apply):								
а	a Public exhibition d Loan or exchange programs								
b	Scholarly research		er						
С	Preservation for future generations		-						
4									
	XIII.								
5	During the year, did the organization solicit or rec	eive donations of art	historical treasure	es or other sim	ilar				
·	assets to be sold to raise funds rather than to be		-	•			🗆	Yes	□No
Pa	rt IV Escrow and Custodial Arrang		i ino organization i	o conconori:				100	
	Complete if the organization an		Form 990 Pa	art IV line 9	or rep	orted an amo	ount on Fo	orm	
	990, Part X, line 21.				о ор				
	Is the organization an agent, trustee, custodian of	r other intermediary t	or contributions or	other assets n	ot				
ıa		· · · · · · · · · · · · · · · ·						Yes	□ No
h	If "Yes," explain the arrangement in Part XIII and						· · · · ⊔	162	
b	ii res, explain the arrangement in Fatt Ain and	complete the following	ig table.				Amount		
_	Beginning balance				1		Amount		
C	Beginning balance								
d						· •			
e									
f	Ending balance								П.,
2a	Did the organization include an amount on Form				•		_	Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII. Che rt V Endowment Funds.	eck here if the explan	ation has been pro	ovided on Part	XIII				
Га		awarad "Vaa" an	. Form 000 D	art IV/ line 1	1				
	Complete if the organization an	swered res or		1		ı			
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years bad	ck (e) Fo	ur years b	ack
1a	Beginning of year balance	122,882	123,059						
b	Contributions			110	,000				
С	Net investment earnings, gains, and								
	losses	5,120	(177	7) 13	,059				
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance	128,002	122,882	2 123	,059				
2	Provide the estimated percentage of the current	year end balance (lin	e 1g, column (a)) l	neld as:					
а	Board designated or quasi-endowment	100.00 %							
b	Permanent endowment								
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should	equal 100%.							
3a	Are there endowment funds not in the possession	n of the organization	that are held and a	administered fo	r the				
	organization by:	-						Yes	No
	(i) unrelated organizations · · · · · ·						3a(i	X	
	(ii) related organizations						3a(ii		Х
b	If "Yes" on line 3a(ii), are the related organization	s listed as required o	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the org	•							l
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization an		Form 990. Pa	art IV. line 1	1a. See	e Form 990. F	Part X. lin	e 10.	
	Description of property			st or other basis	1				
	респрион огргоретту	(a) Cost or othe (investme	1 ' '	st or other basis (other)	1 ' '	Accumulated epreciation	(a) 80	ok value	
12	Land	,zum	<u> </u>	• • •		•		40 '	207
1a		· · ·	2,600	37,787		70 005		40,3	
b	Buildings	· · ·		196,252		78,835		117,4	4T /
C	Leasehold improvements	• • •		4.7		4			100
d	Equipment	• • •		11,673		10,537		1,1	136
<u>e</u>	Other			7,591		7,590			1
Tota	I. Add lines 1a through 1e. (Column (d) must equa	nı ⊢orm 990, Part X, c	oıumn (B), line 10	C.) • • •		🕨	I	158,9	941

Part VII Investments - Other Securities. Complete if the organization answe		Part IV line 11b See Form 990 F	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	:
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Part VIII Investments - Program Related. Complete if the organization answe	red "Yes" on Form 990, F	Part IV, line 11c. See Form 990, F	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answe	red "Yes" on Form 990, F	Part IV, line 11d. See Form 990, F	Part X, line 15.
·	a) Description		(b) Book value
(1) Assets held by Community Foundation			128,002
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities.	5.)		128,002
Complete if the organization answe line 25.	red "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form	990, Part X,
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	(b) Book value		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII • • • • • • • 🗷

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

nedule D (Forr	n 990) 2018 NAM I	I of Southern Arizona		86-0450977	Page 4
art XI	Reconciliation	n of Revenue per Audited	l Financial Statements With Revenu	e per Return.	
	Complete if the	e organization answered "Y	es" on Form 990, Part IV, line 12a.		

1	Total revenue, gains, and other support per audited financial statements	1	787,947
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	4,344
3	Subtract line 2e from line 1	3	783,603
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	783,603
	A PART OF THE PROPERTY OF THE PART OF THE		4

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990. Part IV. line 12a.

	· · · · · · · · · · · · · · · · · ·		
1	Total expenses and losses per audited financial statements	1	745,388
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	745,388
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	745,388
D -	ut VIII Cumplemental Information		

| Part XIII | Supplemental Information.

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

01. Footnote for uncertain tax position under FIN 48 (Part X)

Management of NAMISA considers the likelihood of changes by taxing authorities in its filed tax returns and recognizes a liability for or discloses potential significant changes if management believes it is more likely than not for a change to occur, including changes to the organization's status as a not-for-profit entity. Management believes that NAMISA met the requirements to maintain its tax-exempt status and has no income subject to unrelated business income tax, therefore, no provision for income taxes has been provided in these financial statements.

EEA Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2018

Open to Public

Internal Revenue Service ►Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization NAMI of Southern Arizona 86-0450977 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations e Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, Yes ☐ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 5 6 7 R 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

hedule G (Fo	orm 990 or 990-EZ) 2018	MI of Southern Ari	zona	86-	0450977	Page 2	
Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more						
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with						
	gross receipts greater than \$5,000.						
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total event	s	

		0 1 0	' '			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Revenue			Walk (overt type)	J. Click (event type)	(total number)	col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	146,708	725	531	147,964
	-	0.000,000,000	210,700	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	331	111,7501
	2	Less: Contributions	64,250			64,250
	3	Gross income (line 1 minus				
		line 2)	82,458	725	531	83,714
	4	Cash prizes				
	_	Noncock wines				
	5	Noncash prizes				
S	6	Rent/facility costs · · · · · · ·				
Direct Expenses	Ŭ					
xpe	7	Food and beverages				
ы Б		Ç				
Dire	8	Entertainment				
	9	Other direct expenses	7,989			7,989
		5: .	4.0		_	
	10	'				7,989
Pa	11 rt I	Net income summary. Subtract line Gaming. Complete if the o			IV line 10 or reported n	75,725
1 6		than \$15,000 on Form 990	~	res on Form 990, Fait	iv, line 19, or reported i	nore
		αιαιτ φτο,σοσ στι τ στιπ σσσ	- L2, III 0 0d.	(In) Duill to be a fire at a set		(-1) T-4-1 (
Jue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
Ś	2	Cash prizes				
Direct Expenses						
xpe	3	Noncash prizes				
S S	4	Rent/facility costs				
Dire	4	Rentraciity costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor				
7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Subtr	act line 7 from line 1, colum	ın (d) • • • • • • • •		
_			:			
9		nter the state(s) in which the organizati the organization licensed to conduct g	• •			· · · · · Yes No
a b		"No," explain:	•			· · · · · · · les No
	_					
10a	W	ere any of the organization's gaming li	censes revoked, suspende	d or terminated during the t	ax year?	· · · · 🗌 Yes 📗 No
b	lf '	"Yes," explain:	·			
	_					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

86-0450977 NAMI of Southern Arizona 01. Form 990 governing body review (Part VI, line 11) The Finance Committee will review the 990 before it's approved for submission. 02. Conflict of interest policy compliance (Part VI, line 12c) Each board member is provided with a copy of the bylaws, including the conflict of interest policy. 03. Governing documents, etc, available to public (Part VI, line 19) Financial statements and conflict of interest policy are available for review upon The 990 return is available upon request and through other public sources, including the IRS. These are available at the NAMI Southern Arizona office at 6122 E. 22nd Street, Tucson, Arizona. 04. List of other fees for services expenses (Part IX, line 11g) Primarily consulting fees to fulfill purpose of restricted grant