

Part III	Statement of Program Service Accomplishments
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g`\\_`mncdki

2 𐀀𐀁𐀂𐀃𐀄𐀅𐀆𐀇𐀈𐀉𐀊𐀋𐀌𐀍𐀎𐀏𐀐𐀑𐀒𐀓𐀔𐀕𐀖𐀗𐀘𐀙𐀚𐀛𐀜𐀝𐀞𐀟𐀠𐀡𐀢𐀣𐀤𐀥𐀦𐀧𐀨𐀩𐀪𐀫𐀬𐀭𐀮𐀯𐀰𐀱𐀲𐀳𐀴𐀵𐀶𐀷𐀸𐀹𐀺𐀻𐀼𐀽𐀾𐀿𐁀𐁁𐁂𐁃𐁄𐁅𐁆𐁇𐁈𐁉𐁊𐁋𐁌𐁍𐁎𐁏𐁐𐁑𐁒𐁓𐁔𐁕𐁖𐁗𐁘𐁙𐁚𐁛𐁜𐁝𐁞𐁟𐁠𐁡𐁢𐁣𐁤𐁥𐁦𐁧𐁨𐁩𐁪𐁫𐁬𐁭𐁮𐁯𐁰𐁱𐁲𐁳𐁴𐁵𐁶𐁷𐁸𐁹𐁺𐁻𐁼𐁽𐁾𐁿𐂀𐂁𐂂𐂃𐂄𐂅𐂆𐂇𐂈𐂉𐂊𐂋𐂌𐂍𐂎𐂏𐂐𐂑𐂒𐂓𐂔𐂕𐂖𐂗𐂘𐂙𐂚𐂛𐂜𐂝𐂞𐂟𐂠𐂡𐂢𐂣𐂤𐂥𐂦𐂧𐂨𐂩𐂪𐂫𐂬𐂭𐂮𐂯𐂰𐂱𐂲𐂳𐂴𐂵𐂶𐂷𐂸𐂹𐂺𐂻𐂼𐂽𐂾𐂿𐃀𐃁𐃂𐃃𐃄𐃅𐃆𐃇𐃈𐃉𐃊𐃋𐃌𐃍𐃎𐃏𐃐𐃑𐃒𐃓𐃔𐃕𐃖𐃗𐃘𐃙𐃚𐃛𐃜𐃝𐃞𐃟𐃠𐃡𐃢𐃣𐃤𐃥𐃦𐃧𐃨𐃩𐃪𐃫𐃬𐃭𐃮𐃯𐃰𐃱𐃲𐃳𐃴𐃵𐃶𐃷𐃸𐃹𐃺𐃻𐃼𐃽𐃾𐃿𐄀𐄁𐄂𐄃𐄄𐄅𐄆𐄇𐄈𐄉𐄊𐄋𐄌𐄍𐄎𐄏𐄐𐄑𐄒𐄓𐄔𐄕𐄖𐄗𐄘𐄙𐄚𐄛𐄜𐄝𐄞𐄟𐄠𐄡𐄢𐄣𐄤𐄥𐄦𐄧𐄨𐄩𐄪𐄫𐄬𐄭𐄮𐄯𐄰𐄱𐄲𐄳𐄴𐄵𐄶𐄷𐄸𐄹𐄺𐄻𐄼𐄽𐄾𐄿𐅀𐅁𐅂𐅃𐅄𐅅𐅆𐅇𐅈𐅉𐅊𐅋𐅌𐅍𐅎𐅏𐅐𐅑𐅒𐅓𐅔𐅕𐅖𐅗𐅘𐅙𐅚𐅛𐅜𐅝𐅞𐅟𐅠𐅡𐅢𐅣𐅤𐅥𐅦𐅧𐅨𐅩𐅪𐅫𐅬𐅭𐅮𐅯𐅰𐅱𐅲𐅳𐅴𐅵𐅶𐅷𐅸𐅹𐅺𐅻𐅼𐅽𐅾𐅿𐆀𐆁𐆂𐆃𐆄𐆅𐆆𐆇𐆈𐆉𐆊𐆋𐆌𐆍𐆎𐆏𐆐𐆑𐆒𐆓𐆔𐆕𐆖𐆗𐆘𐆙𐆚𐆛𐆜𐆝𐆞𐆟𐆠𐆡𐆢𐆣𐆤𐆥𐆦𐆧𐆨𐆩𐆪𐆫𐆬𐆭𐆮𐆯𐆰𐆱𐆲𐆳𐆴𐆵𐆶𐆷𐆸𐆹𐆺𐆻𐆼𐆽𐆾𐆿𐇀𐇁𐇂𐇃𐇄𐇅𐇆𐇇𐇈𐇉𐇊𐇋𐇌𐇍𐇎𐇏𐇐𐇑𐇒𐇓𐇔𐇕𐇖𐇗𐇘𐇙𐇚𐇛𐇜𐇝𐇞𐇟𐇠𐇡𐇢𐇣𐇤𐇥𐇦𐇧𐇨𐇩𐇪𐇫𐇬𐇭𐇮𐇯𐇰𐇱𐇲𐇳𐇴𐇵𐇶𐇷𐇸𐇹𐇺𐇻𐇼𐇽𐇾𐇿𐈀𐈁𐈂𐈃𐈄𐈅𐈆𐈇𐈈𐈉𐈊𐈋𐈌𐈍𐈎𐈏𐈐𐈑𐈒𐈓𐈔𐈕𐈖𐈗𐈘𐈙𐈚𐈛𐈜𐈝𐈞𐈟𐈠𐈡𐈢𐈣𐈤𐈥𐈦𐈧𐈨𐈩𐈪𐈫𐈬𐈭𐈮𐈯𐈰𐈱𐈲𐈳𐈴𐈵𐈶𐈷𐈸𐈹𐈺𐈻𐈼𐈽𐈾𐈿𐉀𐉁𐉂𐉃𐉄𐉅𐉆𐉇𐉈𐉉𐉊𐉋𐉌𐉍𐉎𐉏𐉐𐉑𐉒𐉓𐉔𐉕𐉖𐉗𐉘𐉙𐉚𐉛𐉜𐉝𐉞𐉟𐉠𐉡𐉢𐉣𐉤𐉥𐉦𐉧𐉨𐉩𐉪𐉫𐉬𐉭𐉮𐉯𐉰𐉱𐉲𐉳𐉴𐉵𐉶𐉷𐉸𐉹𐉺𐉻𐉼𐉽𐉾𐉿𐊀𐊁𐊂𐊃𐊄𐊅𐊆𐊇𐊈𐊉𐊊𐊋𐊌𐊍𐊎𐊏𐊐𐊑𐊒𐊓𐊔𐊕𐊖𐊗𐊘𐊙𐊚𐊛𐊜𐊝𐊞𐊟𐊠𐊡𐊢𐊣𐊤𐊥𐊦𐊧𐊨𐊩𐊪𐊫𐊬𐊭𐊮𐊯𐊰𐊱𐊲𐊳𐊴𐊵𐊶𐊷𐊸𐊹𐊺𐊻𐊼𐊽𐊾𐊿𐋀𐋁𐋂𐋃𐋄𐋅𐋆𐋇𐋈𐋉𐋊𐋋𐋌𐋍𐋎𐋏𐋐𐋑𐋒𐋓𐋔𐋕𐋖𐋗𐋘𐋙𐋚𐋛𐋜𐋝𐋞𐋟𐋠𐋡𐋢𐋣𐋤𐋥𐋦𐋧𐋨𐋩𐋪𐋫𐋬𐋭𐋮𐋯𐋰𐋱𐋲𐋳𐋴𐋵𐋶𐋷𐋸𐋹𐋺𐋻𐋼𐋽𐋾𐋿𐌀𐌁𐌂𐌃𐌄𐌅𐌆𐌇𐌈𐌉𐌊𐌋𐌌𐌍𐌎𐌏𐌐𐌑𐌒𐌓𐌔𐌕𐌖𐌗𐌘𐌙𐌚𐌛𐌜𐌝𐌞𐌟𐌠𐌡𐌢𐌣𐌤𐌥𐌦𐌧𐌨𐌩𐌪𐌫𐌬𐌭𐌮𐌯𐌰𐌱𐌲𐌳𐌴𐌵𐌶𐌷𐌸𐌹𐌺𐌻𐌼𐌽𐌾𐌿𐍀𐍁𐍂𐍃𐍄𐍅𐍆𐍇𐍈𐍉𐍊𐍋𐍌𐍍𐍎𐍏𐍐𐍑𐍒𐍓𐍔𐍕𐍖𐍗𐍘𐍙𐍚𐍛𐍜𐍝𐍞𐍟𐍠𐍡𐍢𐍣𐍤𐍥𐍦𐍧𐍨𐍩𐍪𐍫𐍬𐍭𐍮𐍯𐍰𐍱𐍲𐍳𐍴𐍵𐍶𐍷𐍸𐍹𐍺𐍻𐍼𐍽𐍾𐍿𐎀𐎁𐎂𐎃𐎄𐎅𐎆𐎇𐎈𐎉𐎊𐎋𐎌𐎍𐎎𐎏𐎐𐎑𐎒𐎓𐎔𐎕𐎖𐎗𐎘𐎙𐎚𐎛𐎜𐎝𐎞𐎟𐎠𐎡𐎢𐎣𐎤𐎥𐎦𐎧𐎨𐎩𐎪𐎫𐎬𐎭𐎮𐎯𐎰𐎱𐎲𐎳𐎴𐎵𐎶𐎷𐎸𐎹𐎺𐎻𐎼𐎽𐎾𐎿𐏀𐏁𐏂𐏃𐏄𐏅𐏆𐏇𐏈𐏉𐏊𐏋𐏌𐏍𐏎𐏏𐏐𐏑𐏒𐏓𐏔𐏕𐏖𐏗𐏘𐏙𐏚𐏛𐏜𐏝𐏞𐏟𐏠𐏡𐏢𐏣𐏤𐏥𐏦𐏧𐏨𐏩𐏪𐏫𐏬𐏭𐏮𐏯𐏰𐏱𐏲𐏳𐏴𐏵𐏶𐏷𐏸𐏹𐏺𐏻𐏼𐏽

3 𐀀𐀁𐀂𐀃𐀄𐀅𐀆𐀇𐀈𐀉𐀊𐀋𐀌𐀍𐀎𐀏𐀐𐀑𐀒𐀓𐀔𐀕𐀖𐀗𐀘𐀙𐀚𐀛𐀜𐀝𐀞𐀟𐀠𐀡𐀢𐀣𐀤𐀥𐀦𐀧𐀨𐀩𐀪𐀫𐀬𐀭𐀮𐀯𐀰𐀱𐀲𐀳𐀴𐀵𐀶𐀷𐀸𐀹𐀺𐀻𐀼𐀽𐀾𐀿𐁀𐁁𐁂𐁃𐁄𐁅𐁆𐁇𐁈𐁉𐁊𐁋𐁌𐁍𐁎𐁏𐁐𐁑𐁒𐁓𐁔𐁕𐁖𐁗𐁘𐁙𐁚𐁛𐁜𐁝𐁞𐁟𐁠𐁡𐁢𐁣𐁤𐁥𐁦𐁧𐁨𐁩𐁪𐁫𐁬𐁭𐁮𐁯𐁰𐁱𐁲𐁳𐁴𐁵𐁶𐁷𐁸𐁹𐁺𐁻𐁼𐁽𐁾𐁿𐂀𐂁𐂂𐂃𐂄𐂅𐂆𐂇𐂈𐂉𐂊𐂋𐂌𐂍𐂎𐂏𐂐𐂑𐂒𐂓𐂔𐂕𐂖𐂗𐂘𐂙𐂚𐂛𐂜𐂝𐂞𐂟𐂠𐂡𐂢𐂣𐂤𐂥𐂦𐂧𐂨𐂩𐂪𐂫𐂬𐂭𐂮𐂯𐂰𐂱𐂲𐂳𐂴𐂵𐂶𐂷𐂸𐂹𐂺𐂻𐂼𐂽𐂾𐂿𐃀𐃁𐃂𐃃𐃄𐃅𐃆𐃇𐃈𐃉𐃊𐃋𐃌𐃍𐃎𐃏𐃐𐃑𐃒𐃓𐃔𐃕𐃖𐃗𐃘𐃙𐃚𐃛𐃜𐃝𐃞𐃟𐃠𐃡𐃢𐃣𐃤𐃥𐃦𐃧𐃨𐃩𐃪𐃫𐃬𐃭𐃮𐃯𐃰𐃱𐃲𐃳𐃴𐃵𐃶𐃷𐃸𐃹𐃺𐃻𐃼𐃽𐃾𐃿𐄀𐄁𐄂𐄃𐄄𐄅𐄆𐄇𐄈𐄉𐄊𐄋𐄌𐄍𐄎𐄏𐄐𐄑𐄒𐄓𐄔𐄕𐄖𐄗𐄘𐄙𐄚𐄛𐄜𐄝𐄞𐄟𐄠𐄡𐄢𐄣𐄤𐄥𐄦𐄧𐄨𐄩𐄪𐄫𐄬𐄭𐄮𐄯𐄰𐄱𐄲𐄳𐄴𐄵𐄶𐄷𐄸𐄹𐄺𐄻𐄼𐄽𐄾𐄿𐅀𐅁𐅂𐅃𐅄𐅅𐅆𐅇𐅈𐅉𐅊𐅋𐅌𐅍𐅎𐅏𐅐𐅑𐅒𐅓𐅔𐅕𐅖𐅗𐅘𐅙𐅚𐅛𐅜𐅝𐅞𐅟𐅠𐅡𐅢𐅣𐅤𐅥𐅦𐅧𐅨𐅩𐅪𐅫𐅬𐅭𐅮𐅯𐅰𐅱𐅲𐅳𐅴𐅵𐅶𐅷𐅸𐅹𐅺𐅻𐅼𐅽𐅾𐅿𐆀𐆁𐆂𐆃𐆄𐆅𐆆𐆇𐆈𐆉𐆊𐆋𐆌𐆍𐆎𐆏𐆐𐆑𐆒𐆓𐆔𐆕𐆖𐆗𐆘𐆙𐆚𐆛𐆜𐆝𐆞𐆟𐆠𐆡𐆢𐆣𐆤𐆥𐆦𐆧𐆨𐆩𐆪𐆫𐆬𐆭𐆮𐆯𐆰𐆱𐆲𐆳𐆴𐆵𐆶𐆷𐆸𐆹𐆺𐆻𐆼𐆽𐆾𐆿𐇀𐇁𐇂𐇃𐇄𐇅𐇆𐇇𐇈𐇉𐇊𐇋𐇌𐇍𐇎𐇏𐇐𐇑𐇒𐇓𐇔𐇕𐇖𐇗𐇘𐇙𐇚𐇛𐇜𐇝𐇞𐇟𐇠𐇡𐇢𐇣𐇤𐇥𐇦𐇧𐇨𐇩𐇪𐇫𐇬𐇭𐇮𐇯𐇰𐇱𐇲𐇳𐇴𐇵𐇶𐇷𐇸𐇹𐇺𐇻𐇼𐇽𐇾𐇿𐈀𐈁𐈂𐈃𐈄𐈅𐈆𐈇𐈈𐈉𐈊𐈋𐈌𐈍𐈎𐈏𐈐𐈑𐈒𐈓𐈔𐈕𐈖𐈗𐈘𐈙𐈚𐈛𐈜𐈝𐈞𐈟𐈠𐈡𐈢𐈣𐈤𐈥𐈦𐈧𐈨𐈩𐈪𐈫𐈬𐈭𐈮𐈯𐈰𐈱𐈲𐈳𐈴𐈵𐈶𐈷𐈸𐈹𐈺𐈻𐈼𐈽𐈾𐈿𐉀𐉁𐉂𐉃𐉄𐉅𐉆𐉇𐉈𐉉𐉊𐉋𐉌𐉍𐉎𐉏𐉐𐉑𐉒𐉓𐉔𐉕𐉖𐉗𐉘𐉙𐉚𐉛𐉜𐉝𐉞𐉟𐉠𐉡𐉢𐉣𐉤𐉥𐉦𐉧𐉨𐉩𐉪𐉫𐉬𐉭𐉮𐉯𐉰𐉱𐉲𐉳𐉴𐉵𐉶𐉷𐉸𐉹𐉺𐉻𐉼𐉽𐉾𐉿𐊀𐊁𐊂𐊃𐊄𐊅𐊆𐊇𐊈𐊉𐊊𐊋𐊌𐊍𐊎𐊏𐊐𐊑𐊒𐊓𐊔𐊕𐊖𐊗𐊘𐊙𐊚𐊛𐊜𐊝𐊞𐊟𐊠𐊡𐊢𐊣𐊤𐊥𐊦𐊧𐊨𐊩𐊪𐊫𐊬𐊭𐊮𐊯𐊰𐊱𐊲𐊳𐊴𐊵𐊶𐊷𐊸𐊹𐊺𐊻𐊼𐊽𐊾𐊿𐋀𐋁𐋂𐋃𐋄𐋅𐋆𐋇𐋈𐋉𐋊𐋋𐋌𐋍𐋎𐋏𐋐𐋑𐋒𐋓𐋔𐋕𐋖𐋗𐋘𐋙𐋚𐋛𐋜𐋝𐋞𐋟𐋠𐋡𐋢𐋣𐋤𐋥𐋦𐋧𐋨𐋩𐋪𐋫𐋬𐋭𐋮𐋯𐋰𐋱𐋲𐋳𐋴𐋵𐋶𐋷𐋸𐋹𐋺𐋻𐋼𐋽𐋾𐋿𐌀𐌁𐌂𐌃𐌄𐌅𐌆𐌇𐌈𐌉𐌊𐌋𐌌𐌍𐌎𐌏𐌐𐌑𐌒𐌓𐌔𐌕𐌖𐌗𐌘𐌙𐌚𐌛𐌜𐌝𐌞𐌟𐌠𐌡𐌢𐌣𐌤𐌥𐌦𐌧𐌨𐌩𐌪𐌫𐌬𐌭𐌮𐌯𐌰𐌱𐌲𐌳𐌴𐌵𐌶𐌷𐌸𐌹𐌺𐌻𐌼𐌽𐌾𐌿𐍀𐍁𐍂𐍃𐍄𐍅𐍆𐍇𐍈𐍉𐍊𐍋𐍌𐍍𐍎𐍏𐍐𐍑𐍒𐍓𐍔𐍕𐍖𐍗𐍘𐍙𐍚𐍛𐍜𐍝𐍞𐍟𐍠𐍡𐍢𐍣𐍤𐍥𐍦𐍧𐍨𐍩𐍪𐍫𐍬𐍭𐍮𐍯𐍰𐍱𐍲𐍳𐍴𐍵𐍶𐍷𐍸𐍹𐍺𐍻𐍼𐍽𐍾𐍿𐎀𐎁𐎂𐎃𐎄𐎅𐎆𐎇𐎈𐎉𐎊𐎋𐎌𐎍𐎎𐎏𐎐𐎑𐎒𐎓𐎔𐎕𐎖𐎗𐎘𐎙𐎚𐎛𐎜𐎝𐎞𐎟𐎠𐎡𐎢𐎣𐎤𐎥𐎦𐎧𐎨𐎩𐎪𐎫𐎬𐎭𐎮𐎯𐎰𐎱𐎲𐎳𐎴𐎵𐎶𐎷𐎸𐎹𐎺𐎻𐎼𐎽𐎾𐎿𐏀𐏁𐏂𐏃𐏄𐏅𐏆𐏇𐏈𐏉𐏊𐏋𐏌𐏍𐏎𐏏𐏐𐏑𐏒𐏓𐏔𐏕𐏖𐏗𐏘𐏙𐏚𐏛𐏜𐏝𐏞𐏟𐏠𐏡𐏢𐏣𐏤𐏥𐏦𐏧𐏨𐏩𐏪𐏫𐏬𐏭𐏮𐏯𐏰𐏱𐏲𐏳𐏴𐏵𐏶𐏷𐏸𐏹𐏺𐏻𐏼𐏽

[illegible]

4a Code: _____ Expenses \$ _____ OGRPRGTNLI including grants of \$ _____ Revenue \$ _____ OGRQMGRTTI

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`p^lodji \i h^o`md\gn ajm gj^lg n^cjg dnomd^on oclo \m` dm^ogt
diqjgq` di in] \ kmjbm\hn np^c \n ilodji\g ^jii^`odjiG ^jpi^dg ja pm]\i
jj\m n ja `p^lodjiG ^jpi^dg ja n^cjg loojmi^tnG ilodji\g jg\^f
^jpi^dgG ilodji\g cdnk\id^ ^jpi^dgG \i \h`md^li di d\i \g\nf\ ilodq`
^jpi^dgI

4b Code: _____ Expenses \$ _____ QGNKLGPP I including grants of \$ _____ Revenue \$ _____ SGNRQGQKK I

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p^\odji \i h`o`md\gn ajm don OT no`o` \nnj^\d\odji h`h]`mnl in] \Bn

qj^\^t jaad^\` ^jindnon ja ocm`` kdgg\mn H a`m\g \\_qj^\^tG g`b\g

qj^\^t \i kp]gd^\` \\_qj^\^tI in] \\_ m`km`n`ion oc` dio`m`non ja oc`

i\odjiBn TKGKKK gj^\g n^cjg j]m_ h`h]`mn]`ajm` ^jibm`nnG a\_`m\g

^jpmon \i_ oc` kp]gd^\`

4c Code: _____ Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

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LLGKPTGMSQ I

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MKMKIKOKNK i\odji\g n^cj jg]j\m_n \n RLPOSzzL



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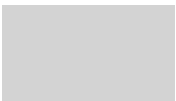
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		?co!tj!ued		
			Yes	No
2a		2a	RK	
b			2b	S
Note:		edfjle		
3a			3a	S
b		If "eo" to li!e Jy, p°o@ide x! e°plx!xtjo! o! Schedule f	3b	S
4a			4a	S
b				
5a			5a	S
b			5b	S
c			5c	
6a			6a	S
b			6b	
7	Organizations that may receive deductible contributions under section 170(c).			
a	_id the or£ ni! tion recei²e p ymnt in e´cess of ?RP m de p rtly s contri}±tion nd p rtly for £oods nd ser²ices pro²ided to the p yorZ		7a	S
b			7b	
c			7c	S
d		7d		
e			7e	S
f			7f	S
g			7g	
h			7h	
8	Sponsoring organizations maintaining donor advised funds.		8	
9	Sponsoring organizations maintaining donor advised funds.			
a			9a	
b			9b	
10	Section 501(c)(7) organizations.	10a		
a		10b		
b				
11	Section 501(c)(12) organizations.	11a		
a				
b		11b		
12a	Section 4947(a)(1) non-exempt charitable trusts.		12a	
b		12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a			13a	
Note:				
b		13b		
c		13c		
14a			14a	S
b		If "eo," p°o@ide x! e°plx!xtjo! o! Schedule f	14b	
15			15	S
16			16	S

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$\wedge \alpha_i : \neg S \psi n \sim \alpha_i : \pm'' ; i \sim \ll^{a^0} | y a^- | @ : ^- \ll^{a^-} ; \ll @ a \ll ^\circ : ^\circ \ll | a \mu '' y a : y a ^\circ \alpha i^- k | @^\circ q d d$

[illegible]
$$\wedge \square; \sim \mathcal{S}^0 \square \vee \} \ll ' \vee \mathcal{A}; \vee^0 \square; \mathcal{O}^0 \square; \ll \mathcal{O} \mathcal{F} | \mathcal{A} \vee | \vee^0 \ll \mathcal{A} \mathcal{A} \ll | \mathcal{A} \cup \mathcal{O}; " |^0; \ll \mathcal{O} \mathcal{F} | \mathcal{A} \vee | \vee^0 \ll \mathcal{A} \sim \ll \mathcal{C} \neg; \mathcal{A}^- |^0; | \mathcal{A} \cup \sim + \mathcal{O} \mathcal{O}; \mathcal{A}^0 \ll \mathcal{C} \vee \sim; \mathcal{O} \mathcal{G} \vee \mathcal{O}; \sim^0 \ll \mathcal{O} \mathcal{G} \ll \mathcal{O}^0 \mathcal{O} +^- |^0; |$$

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A)	(B)	(C) (do not check more than one box, unless person is both an officer and a director/trustee)						(D)	(E)	(F)
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DONALD R. HUBLER REGIONAL DIRECTOR - CENTRA	MIKK	S						K I	K I	K I
(19) TIFFANY JACKSON REGIONAL DIRECTOR - PACIFIC	MIKK	S						K I	K I	K I
(20) JACOB R. OLIVEIRA REGIONAL DIRECTOR - NE REG	MIKK	S						K I	K I	K I
(21) LYDIA TEDONE REGIONAL DIRECTOR - NE REG	MIKK	S						K I	K I	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2

	Yes	No
3 former		
If "Yes," complete Schedule a fo ^a such i j d i d u x l	3	
4		
If "Yes," complete Schedule a fo ^a such i j d i d u x l	4	
5		
If "Yes," complete Schedule a fo ^a such pe ^a so j	5	

Section B. Independent Contractors		
(A)	(B)	(C)
2		

				(A)	(B)	(C)	(D)
1	a	1a					
	b	1b					
	c	1c					
	d	1d	55,000.				
	e	1e					
	f	1f	105,887.				
	g	1g					
Noncash contributions included in lines 1a-1f				160,887.			
			Business Code				
DUES AND FEES			900099	8,376,600.	8,376,600.		
ANNUAL CONFERENCE			900099	3,743,671.	3,743,671.		
MEETINGS			900099	824,001.	824,001.		
SPONSORSHIPS			900099	470,550.			470,550.
OTHER PROGRAM REVENUE			900099	104,123.	104,123.		
			511120	138,848.	91,004.	47,844.	
				13,657,793.			
				9,523.			9,523.
				385,168.			385,168.
	19,327.						
	0.						
	19,327.						
				19,327.			19,327.
		50.					
		5,519.					
		-5,469.					
				-5,469.			-5,469.
			Business Code				
GAIN ON PREVIOUS SALE			900099	811,991.			811,991.
SHARED ADMIN SERV			900099	71,822.			71,822.
				883,813.			
Total revenue				15,111,042.	13,139,399.	47,844.	1,762,912.

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	(A)	(B)	(C)	(D)
1 br nts nd other ssist nce to domestic orE ni tions nd domestic Eo ² ernments nee P rt Iq? line ML				
2				
3				
4				
5	MGKQOGQSM I	LGPKRGTQO I	PPQGRLS I	
6 Compensation not incl±ded }o ² e to dis-± lified persons C s defined ±nder section OTPSCfDCLDD nd persons descri}ed in section OTPSCcDcNDC]D				
7	PGKNPGTSL I	NGOPTGRKO I	LGPRQGMRR I	
8 Pension pl n ccr± ls nd contri}±tions C nc±de section OKLcKd nd OKNC}D employer contri}±tionsD	MSKGNNQ I	LTOGTLMI	SPGOMO I	
9	OPMGRKK I	NNKGQSP I	LMMGKLP I	
10	OONGPOM I	MTKGRQL I	LPMGRSL I	
11				
a				
b	TSGSKQ I	NPGSRM I	QMGTON I	
c	NPGRPK I		NPGRPK I	
d				
e				
f				
g				
	MGLLSGTNQ I	LGNTOGPPM I	RMOGNSO I	
12	LRSGMPP I	LRSGMPP I		
13	MLPGNSP I	TKGMKM I	LMPGLSN I	
14				
15				
16	TKKGKPK I		TKKGKPK I	
17	MLSGLRO I	LKPGNKO I	LLMGSRK I	
18				
19	MOLGPQT I	MMMGQMQ I	LSGTON I	
20				
21				
22	ONTGTRN I		ONTGTRN I	
23	LKQGSNO I	MQGORK I	SKGNQO I	
24				
a Mb TK I	LRLGRSS I	MLGTQQ I	LOTGSMM I	
b	LOSGRQK I	LMRGRQQ I	MKGTTTO I	
c	LNQGOOQ I	LNOGRRL I	LGQRP I	
d	LKKGTOP I	LKKGTOP I		
e	MSPGPSR I	MGSNQGPNI I	HMGPPKGTOO I	
25 Total functional expenses.	LNGQROGOTT I	LLGKPTGMSQ I	MGQLPGMLNI	K I
26 Joint costs.				
Check here if following SOP 98-2 (ASC 958-720)				

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LKGLPLGQLK I

PGPMRGRKK I

MTKGSQL I

NGSPSGMON I

QTNGTTT I

QMPGMMR I

PGNOQGQNP I
NGPPTGTKS I

MGKTLGPNO I

LGRSQGRMR I

PMOGTRQ I
LNGRPMGTSK I
RNRGLSR I

PRNGLNK I
LMGNRLGKMR I
NNQGMSL I

SGNSSGQSL I

PGQQOGOOO I

S

LTGRMQGORM I
MSGSPMGNOK I

MLGNKSGKPN I
MRGNKSGRRS I

HLPGKTTGNQK I

HLPGKONGONS I
LKPGQSR I

HLPGKTTGNQK I
LNGRPMGTSK I

HLOGTNRGRPL I
LMGNRLGKMR I

LM

LPKOLKMM RLMLRR RLPOS

MKMKIKOKNK i\odji\g n^cj jg]j\m_n \n RLPOSzzL



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LPGLLLGKOM I
LNGQROGOTT I
LGONQGPON I
HLPGKTTGNQK I

HLGMROGTNO I

HLOGTNRGRPL I



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(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
| Attach to Form 990 or Form 990-EZ.
| Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

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Employer identification number

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Section 501(c)(3) organization or section 4947(a)(1) nonexempt charitable trust

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

1. \ ~\odj i \g n^c j j g j j \m n \nnj^d \odj i section 170(b)(1)(A)(i).

2. \ ~\odj i \g n^c j j g j j \m n \nnj^d \odj i section 170(b)(1)(A)(ii).

3. \ ~\odj i \g n^c j j g j j \m n \nnj^d \odj i section 170(b)(1)(A)(iii).

4. \ ~\odj i \g n^c j j g j j \m n \nnj^d \odj i section 170(b)(1)(A)(iii).

5. \ ~\odj i \g n^c j j g j j \m n \nnj^d \odj i section 170(b)(1)(A)(iv).

6. \ ~\odj i \g n^c j j g j j \m n \nnj^d \odj i section 170(b)(1)(A)(v).

7. \ ~\odj i \g n^c j j g j j \m n \nnj^d \odj i section 170(b)(1)(A)(vi).

8. \ ~\odj i \g n^c j j g j j \m n \nnj^d \odj i section 170(b)(1)(A)(vi).

9. \ ~\odj i \g n^c j j g j j \m n \nnj^d \odj i section 170(b)(1)(A)(ix).

10. S \ ~\odj i \g n^c j j g j j \m n \nnj^d \odj i section 509(a)(2).

11. \ ~\odj i \g n^c j j g j j \m n \nnj^d \odj i section 509(a)(4).

12. \ ~\odj i \g n^c j j g j j \m n \nnj^d \odj i section 509(a)(1).

a. Type I. \ ~\odj i \g n^c j j g j j \m n \nnj^d \odj i section 509(a)(1).

ô Û ó m k Û You must complete Part IV, Sections A and B.

ô Û ó m k Û You must complete Part IV, Sections A and B.

You must complete Part IV, Sections A and C.

c. Type III functionally integrated.

ô Û ó m k Û You must complete Part IV, Sections A, D, and E.

d. Type III non-functionally integrated.

You must complete Part IV, Sections A and D, and Part V.

ô Û ó m k Û You must complete Part IV, Sections A and D, and Part V.

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(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						



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Part VI See instructions.

Section A - Adjusted Net Income

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Part VI

Supplemental Information. k®«²ŷ i °□i i´¬|ª|º«ª¬ @i¬±¥®i }µ k|®° dđG`ŷªi LKV k|®° dđG`ŷªi LR| «® LR}V k|®° dđG`ŷªi LMV
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ŷªi LV k|®° dđG`n i~º«ªª \_G`ŷªi¬ M |ª NV k|®° dđG`n i~º«ªª `G`ŷªi¬ L~G M|G M}G N|G |ª N}V k|®° dđG`ŷªi LV k|®° dđG`n i~º«ªª ]G`ŷªi L iV k|®° dđG`
n i~º«ªª _G`ŷªi¬ P G QG |ª SV |ª k|®° dđG`n i~º«ªª `G`ŷªi¬ MG PG |ª QI \¬« ~«©¬i°i °²¬¬|®° t«® |ªµ | ŷº«ªª | ŷªªt«®© |º«ªª |
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(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

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

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Employer identification number

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Organization type C~□ i~\$ « a i DU

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Note:

General Rule

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Special Rules

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General Rule

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Caution:

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Employer identification number

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Part I Contributors C~i i ¥a~°©±~°¥«a~D| p~i ±~¥~|°i ~«~¥i~ «t k|©° d ¥G | ¥°¥«a| ~¥~|~i ¥~ a i i i l

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
L		? PPGKKKI	Person S Payroll Noncash C^«©~i°i k ©° dd t«© a«a~ ~° ~«a°¥} ±°¥«a~D
M		? LKKGKKKI	Person S Payroll Noncash C^«©~i°i k ©° dd t«© a«a~ ~° ~«a°¥} ±°¥«a~D
N		? PGQSR I	Person S Payroll Noncash C^«©~i°i k ©° dd t«© a«a~ ~° ~«a°¥} ±°¥«a~D
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Employer identification number

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Part II Noncash Property C~ij i^a~°±~°¶<a~D| p~i ±~¶~|°i ~<~¶i~ <t k|©° dd ¶¶ | i°¶<a| ~~i~i~ a~ij i |

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) Cn i j i^a~°±~°¶<a~D	(d) Date received
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Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once)

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Part IV	Supplemental Information
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(Form 990)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

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Employer identification number
NQHMLLKKLP

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Did the organization maintain any donor advised funds or other similar funds or accounts during the year?

	(a) Did the organization maintain any donor advised funds or other similar funds or accounts during the year?	(b) If "Yes," did the organization have any donor advised funds or other similar funds or accounts that were not closed or liquidated during the year?
1	Yes	No
2	Yes	No
3	Yes	No
4	Yes	No
5	Yes	No
6	Yes	No

Part II Conservation Easements.

1	Did the organization acquire any conservation easements during the year?
2	Did the organization acquire any conservation easements during the year that were not closed or liquidated during the year?
3	Did the organization acquire any conservation easements during the year that were not closed or liquidated during the year?
4	Did the organization acquire any conservation easements during the year that were not closed or liquidated during the year?
5	Did the organization acquire any conservation easements during the year that were not closed or liquidated during the year?
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7	Did the organization acquire any conservation easements during the year that were not closed or liquidated during the year?
8	Did the organization acquire any conservation easements during the year that were not closed or liquidated during the year?
9	Did the organization acquire any conservation easements during the year that were not closed or liquidated during the year?

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

1a	Did the organization have any collections of art, historical treasures, or other similar assets during the year?
1b	Did the organization have any collections of art, historical treasures, or other similar assets during the year that were not closed or liquidated during the year?
2	Did the organization have any collections of art, historical treasures, or other similar assets during the year that were not closed or liquidated during the year?

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

Schedule D (Form 990) 2020

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(a) Description of security or technology (including name of security)	(b) [§ 21±]	(c) h i °α «† 2 ± °¼«a ^ « ° « i a H « c μ i © © § i ° 2 ±

11/11/2019

(a) $i^{-1} \sim \frac{1}{2} \frac{1}{i} \ll a \ll \frac{1}{2} i^{a^2} i^{-1} \odot i^{a^0}$	(b) $] \ll \ll \S^2 ^{\pm} i$	(c) $h i^0 \alpha \ll \frac{1}{2} ^{\pm} ^{\frac{1}{2}} \frac{1}{i} \wedge \ll^{-1} \ll \frac{1}{2} i^{a} \ll \frac{1}{2} \mu i \odot \odot \S i^0 2 ^{\pm} i$
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3	LPGLLLGKOMI
4c	KI
5	LPGLLLGKOMI

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2e	MTKGPTT I
3	LNGQROGOTT I
4c	K I
5	LNGQROGOTT I

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Part XIII Supplemental Information ?co!ti!uedi

Supplemental information area with horizontal lines for text entry.

[illegible]Schedule J (Form 990) 2020

Part III Supplemental Information

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(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

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Employer identification number
NQHMMLKKLP

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

Open to Public Inspection

Employer identification number
NQHMMMLKKLP

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Part I

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	(a) $i \mid \odot i \ll \& \& i \mid \circ i \ll \& \& i \mid a \& \& i \mid \circ \& \ll a$	(b) $\odot \& \mid a^- \mid \sim \circ \& \ll a$ $\circ \mu \neg i \& \mid H^D$	(c) $\setminus \odot \ll \pm a^\circ \& a^2 \ll^2 i$	(d) $h i^\circ \& \ll \& i^\circ i \& \odot \& a \& \& \mid \odot \ll \pm a^\circ \& a^2 \ll^2 i$
(1)	$i \setminus \odot d j i \setminus g n^{\wedge} c j j g j j \setminus m_n \setminus^{\wedge} \odot d j i^{\wedge} i o^{\circ} m$	j	RLGSMMI	$\setminus^{\wedge} \odot p \setminus g^{\wedge} j n \odot n d i^{\wedge} p m m^{\circ}$
(2)	$i \setminus \odot d j i \setminus g n^{\wedge} c j j g j j \setminus m_n \setminus^{\wedge} \odot d j i^{\wedge} i o^{\circ} m$	^	PPGKKKI	$\setminus^{\wedge} \odot p \setminus g^{\wedge} h j p i o \setminus r \setminus m^{\circ}$
(3)	$i \setminus \odot d j i \setminus g n^{\wedge} c j j g j j \setminus m_n \setminus^{\wedge} \odot d j i^{\wedge} i o^{\circ} m$	l	LQGSRPI	$\setminus^{\wedge} \odot p \setminus g^{\wedge} h j p i o m^{\circ} d h \setminus p m n^{\circ}$
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