** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

(Rev. January 2020) 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.

OMB No. 1545-0047

| Α | For th | e 2019 calendar year, or tax year beginning $$ OCT 1 , $$ 2019 $$ and endi | ng S | EP 30, 2020 | |
|--------------------------------|---------------------------|--|-------------------|--|-------------------------------|
| В | Check if applicab | e: C Name of organization | | D Employer identifi | cation number |
| | Addre | NATIONAL ARCHIVES FOUNDATION | | | |
| | Name chang | ge Doing business as | | 52-17926 | 08 |
| | Initial return | | n/suite | E Telephone numbe | |
| | Final return termir | | 2 | 202-357- | |
| _ | ated Amen | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 5,249,683. |
| F | Ireturn □Appli | WASHINGTON, DC 20400-0001 | | H(a) Is this a group re | |
| | ⊥ltiön pendi | SAME AS C ABOVE | | for subordinates H(b) Are all subordinates in | |
| $\overline{\mathbf{T}}$ | Tax-ex | empt status: X 501(c)(3) | 527 | 1 | list. (see instructions) |
| | | te: WWW.ARCHIVESFOUNDATION.ORG | | H(c) Group exemption | |
| | | | L Year | | ■ State of legal domicile: DC |
| | | Summary | | · | - |
| ø | 1 | Briefly describe the organization's mission or most significant activities: SEE PAR | RT I | II, LINE 1. | |
| Governance | | | | | |
| /ern | 1 | Check this box if the organization discontinued its operations or disposed of the continued its operations or disposed of the continued its operations. | | ı | |
| છું | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 39 39 |
| <u>«</u> | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 40 |
| iţie | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) | | | 39 |
| Activities & | _ | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| Ă | | Net unrelated business taxable income from Form 990-T, line 39 | | | 0. |
| | | ······································ | | Prior Year | Current Year |
| Φ | 8 | Contributions and grants (Part VIII, line 1h) | 🗀 | 3,779,679. | 2,811,236. |
| nue | 9 | Program service revenue (Part VIII, line 2g) | | 191,870. | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 153,917. | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,756,555. | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 5,882,021. | |
| | 1 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 633,445. | 286,405. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. 2,565,604. | 2,542,819. |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,303,004. | 2,542,619. |
| Expenses | loa | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 1,176,014 | | <u> </u> | 0. |
| X | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,274,262. | 1,447,411. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 6,473,311. | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | :: - | -591,290. | |
| Net Assets or Find Balances | | | Ве | ginning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | 🗀 | 8,146,785. | 8,649,245. |
| t As | 21 | Total liabilities (Part X, line 26) | | 363,110. | 1,417,243. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 7,783,675. | 7,232,002. |
| | | Signature Block | | | |
| | • | alties of perjury, I declare that I have examined this return, including accompanying schedules and | | • | y knowledge and belief, it is |
| true | , corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of which p | reparer | nas any knowledge. | |
| e: | n | Signature of officer | | I Date | |
| Sig He | | PATRICK M. MADDEN, EXECUTIVE DIRECTOR | | | |
| 116 | E | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Pai | d | RICHARD J. LOCASTRO, CPA Rectard by hoeastro | | 06/22/21 if self-employ | P00288314 |
| Pre | parer | Firm's name GELMAN, ROSENBERG & FREEDMAN | | Firm's EIN | 52-1392008 |
| Use | Only | Firm's address 4550 MONTGOMERY AVE SUITE 800N | | | |
| | | BETHESDA, MD 20814-2930 | | Phone no. (3 | 01) 951-9090 |
| Ma | v the I | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

| Pa | rt III Statement of Program Service Accomplishments |
|-----------|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | THE FOUNDATION WAS CREATED TO SUPPORT THE ARCHIVIST OF THE UNITED |
| | STATES IN THE DEVELOPMENT OF PROGRAMS, TECHNOLOGY, PROJECTS AND |
| | MATERIALS THAT WILL INTRODUCE THE ARCHIVES AND INTERPRET ITS HOLDINGS |
| | TO INDIVIDUALS AROUND THE WORLD. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$910 , 449 •including grants of \$0 • (Revenue \$ 621 , 249 •) |
| | NATIONAL ARCHIVES STORE: THE NATIONAL ARCHIVES STORE PLAYS A VITAL ROLE |
| | IN FULFILLING THE MISSION OF THE NATIONAL ARCHIVES FOUNDATION. AS THE |
| | EXCLUSIVE GIFT SHOP OF THE NATIONAL ARCHIVES MUSEUM, THE NATIONAL |
| | ARCHIVES STORE SUPPORTS EXHIBITION AND EDUCATIONAL MESSAGING THROUGH |
| | THE DEVELOPMENT AND PRESENTATION OF HIGH-QUALITY MERCHANDISE |
| | HIGHLIGHTING THE HOLDINGS OF THE NATIONAL ARCHIVES. ALL PROCEEDS HELP |
| | SUPPORT NATIONAL ARCHIVES EXHIBITS, PUBLIC PROGRAMS, AND EDUCATIONAL |
| | INITIATIVES ACROSS THE COUNTRY. |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 522, 294 • including grants of \$) (Revenue \$) |
| | MUSEUM ACTIVITIES: MUSEUM ACTIVITIES ARE INTENDED TO SUPPORT AUDIENCE |
| | DEVELOPMENT, BRANDING AND PROMOTION OF THE NATIONAL ARCHIVES, AS WELL |
| | AS VOLUNTEER PROGRAMS. ACTIVITIES INCLUDE: THE JULY 4TH CELEBRATION AND |
| | MANY OTHERS. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 454,417 • including grants of \$ 286,405 •) (Revenue \$) |
| 70 | EDUCATION: TEACHERS AND STUDENTS FROM AROUND THE COUNTRY PARTICIPATED |
| | IN WORKSHOPS AND VIDEO CONFERENCES THROUGH THE FOUNDATION SUPPORTED THE |
| | BOEING LEARNING CENTER. PARTICIPATING IN THESE WORKSHOPS AND VIDEOS, |
| | STUDENTS AND TEACHERS LEARN HOW TO USE THE NATIONAL ARCHIVES RECORDS IN |
| | THE CLASSROOM. THE FOUNDATION ALSO HELPED THE NATIONAL ARCHIVES |
| | MAINTAIN ITS DOCSTEACH WEBSITE AND SUPPORTS NATIONAL HISTORY DAY |
| | ACTIVITIES. |
| | 1101141111100 |
| | |
| | |
| | |
| | |
| A :-! | Other program continue (Decerbe on Cabadula O.) |
| 40 | Other program services (Describe on Schedule O.) (Expenses \$ 491,809 • including grants of \$) (Revenue \$ 159,020 •) |
| A :- | 0 050 060 |
| <u>4e</u> | Total program service expenses ► 2,378,969. |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|----------|--|-----------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | <u> </u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | 3,7 |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | , |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | x |
| • | 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 | | | x |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | - | | |
| 0 | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | ۰ | | |
| 3 | 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 donor-restricted endowments | ١Ť | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 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 the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 37 | |
| _ | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | х |
| 40 | If "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 Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | X |
| 14a b | and the contract of the contra | 144 | | |
| J | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | <u> </u> | | |
| | 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 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 Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 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 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 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 | |

| Form 990 (2 | 2019) | NATIONAL | ARCHIVES |
|-------------|-------|---------------------------|-------------------|
| Part IV | Che | ecklist of Required Sched | dules (continued) |

| . u | one state of the quality of the state of the | | \ <u>'</u> | |
|------|--|------|------------|----------|
| | D: III | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | v |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | <u> </u> |
| 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 | | 37 | |
| | Schedule J | 23 | Х | |
| 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 | | <u> </u> |
| 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 | | |
| 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| 20 | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| _ | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| а | | 200 | | х |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If | | | v |
| | "Yes," complete Schedule L, Part IV | 28c | Х | <u> </u> |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | 37 |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | _X_ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | , 50 | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Silver in Served and Contains a response of flots to dirty into in the fact y | | Yes | No |
| 1. | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11 | | 169 | 140 |
| _ | The state that the state of the |) | | |
| b | | + | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Х | |
| | MARTINITIAN WITH HIGH TO DITECT WITH 1010! | ı IC | 42 | 1 |

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

| 2a 14 de 15 | | | | | Yes | No |
|--|-----|---|---------------------------------------|-----------------|----------|--------|
| b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a ID if the organization have unrelated business goes income of \$1,000 or more during the year? 3b ID if Yes, Thas I filed a form 950°F for this year? If Yes' to line 3b, provide an explanation on Schedule 0 3b If Yes, Thas I filed a form 950°F for this year? If Yes' to line 3b, provide an explanation on Schedule 0 3c ID if Yes, Thas I filed a form 950°F for this year? If Yes' to line 3b, provide an explanation on Schedule 0 3c ID if Yes, Thas I filed a form 950°F for this year? If Yes' to line 3b, provide an explanation on Schedule 0 3c ID if Yes, Thas I filed a form 950°F for Schedule N 3c If Yes' to line the name of the foreign country. 5c If Yes' to line 5a or 5b, did the organization that It was or is a party to a prohibitot as whether transaction? 5c If Yes' to line 5a or 5b, did the organization that It was or is a party to a prohibitot as whether transaction? 5c If Yes' to line 5a or 5b, did the organization that It was or is a party to a prohibitot as whether transaction? 5c If Yes' to line 5a or 5b, did the organization in charge that I was or is a party to a prohibitot as whether transaction? 5c If Yes' to line 5a or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of exhibitations and express statement that such contributions or gifts were not tax deductibles of exhibitation and express statement that such contributions or gifts were no tax deductibles of exhibitation and express statement that such contributions or gifts were not tax deductibles of exhibitation and express statement that such contributions or gifts were not tax deductibles of exhibitation exhibitation and the property of the organization receive a payment in excess of \$75 made party | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 | | filed for the calendar year ending with or within the year covered by this return | 2a | 40 | | |
| 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has tifled a Form 9907 for this year of "Wo" to fine 3b, promotive an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5b If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5c In "Yes" to line Sar o Sb, did the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5c In "Yes" to line Sar o Sb, did the organization file Form 88867 to 1" or "Yes" to line Sar o Sb, did the organization the Carpination file Form 88867 to 1" or "Yes" to line Sar o Sb, did the organization the organization that It was or is a party to a prohibited tax shelter transaction? 6a Dess 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? 7b Organization than any receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," inclinate the number of forms 8882 filed during the year. 9c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 88897. 9c Did the organization received a contribution of qualified intellectual property, did the organization file Form 1907. 9c Did the organization received a contribution of pullified intellectual property, did the organization file Form 1907. 9c Did the organization received a contribution of a pullified intellectual property, did the | b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ns? | 2b | X | |
| b If Yes, "has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O 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? A b If Yes, "enter the name of the foreign country [such as a bank account, securities account, or other financial accounts? 5b If Yes, "enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization state any contributions that were not tax deductible as charitable contributions? 6c Were not tax deductible? 7 Organizations that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization network appearint access of \$15 made party as contribution any party for goods and services provided? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization network any party of the one of the value of the goods or services provided? 7 Organizations that may receive deductible contributions or defined that the under the payor? 7a X b If Yes, "Indicate the number of Forms 8282? filed during the year 1b If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file form 8293? 7b If Wes, indicate the number of Forms 8282 filed during the year 7f If If the organization received a contribution of acre, boats, airplanes, or other vehicles, did the organization file a form 1098 C? 7c If If the organization received an ortificiation of th | | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | |
| 4a A any time during the calendary year, dot 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 accounts (FBAR). b If "Yes," enter the name of the foreign country ▶ 5a Was the organization party to a prohibited tax shelter transaction? 5b Was the organization to party to a prohibited tax shelter transaction? 5c If "Yes" to lie So or 5b, did the organization the fire m88867 or 1" or | За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | За | | X |
| the interval of the contributions of the financial account, or other financial account)? b if 1'Yes, 'return the name of the foreign country | b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | 3b | | |
| b If "Yes," enter the name of the foreign country ▶ Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b I/ Was the organization hose party to a prohibited tax shelter transaction? 5c If "Yes" to line Sar of Sb, of the organization file Form 8868-77 Sc 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization norify the donor of the value of the goods or services provided? 9b If "Yes," did the organization norify the donor of the value of the goods or services provided? 9b If "Yes," did the organization norify the donor of the value of the goods or services provided? 1c Did the organization norify the donor of the value of the goods or services provided? 1c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1c Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1096-C? 1c Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C? 1c Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to all donor, donor advised fund the organization file a Form 1096-C? 1c Did the organization have excess business holdings at any time during the year? 1c Section 501 | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authority over, a | | | |
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| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 8 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? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8 Did the organization notify the donor of the value of the goods or services provided? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization funding the year, pay premiums, directly or indirectly, or a personal benefit contract? 11 Did the organization funding the year, pay premiums, directly or indirectly, or a personal benefit contract? 12 Did the organization funding the year, pay premiums, directly or indirectly, or a personal benefit contract? 13 Did the spanization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 14 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 15 Did the prosposoring organization make at distribution to a donor advised funds. 16 Did the sponsoring organization make at distribution to a donor advised fund maintained by the sponsoring organization make at distribution to a donor, donor advised fund maintained by the sponsoring organization make at distribution to a donor, donor advised | | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccounts (FBAR). | | | |
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| a Did the sponsoring organization make any taxable distributions under section 4966? N/A 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Did Gross income from members or shareholders N/A 11a Did Gross income from members or shareholders N/A 11a Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Did If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Did It section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a X Did the organization receive any payments for indoor tanning services during the tax year? 14a X Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X Diff "Yes," see instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X Diff "Yes," complete Form 4720, Schedule O. | 9 | | | - | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11b 11a 11a 11b 11a 11a | | | N/A | 9a | | |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. | _ | | 37 / 3 | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b | | | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b | | | 10a | | | |
| 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. | _ | | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 11 | · | • | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | а | Gross income from members or shareholders N/A | 11a | | | |
| amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N./A. 12b | | | 11b | | | |
| Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. | 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
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| Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. | 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. | а | Is the organization licensed to issue qualified health plans in more than one state? | N/A | 13a | | |
| organization is licensed to issue qualified health plans 13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 16 "Yes," complete Form 4720, Schedule O. | | Note: See the instructions for additional information the organization must report on Schedule O. | | | | |
| c Enter the amount of reserves on hand 13c | b | | | | | |
| Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule O. | | | 13b | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. | С | | 13c | | | |
| Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | | 14a | <u> </u> | X |
| excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | b | | | 14b | <u> </u> | |
| If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. | 15 | | | | | ,, |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | | 15 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | | | | v |
| | 16 | | t income? | 16 | | |
| | | It "Yes," complete Form 4720, Schedule O. | | Fa | 200 | (2010) |

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 on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---|-----------|---------|------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year la | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| _ | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | Ť | | |
| , . | more members of the governing body? | 7a | | Х |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 74 | | |
| | | 7b | | х |
| 8 | persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 75 | | |
| | | 8a | Х | |
| b | The governing body? Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | OD | | |
| 3 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | x |
| Sec | etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | The state of the section by requests information about politics not required by the internal nevertice code. | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 103 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 100 | | |
| - | 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 | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| | | 12b | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| Ŭ | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | 17 | | |
| 10 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| 9 | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| | Other officers or key employees of the organization | 15b | | х |
| b | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 130 | | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| ioa | | 16a | | х |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | IUa | | |
| b | | | | |
| | 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 | | |
| Sec | exempt status with respect to such arrangements? | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 |)s only |) avail | able |
| | for public inspection. Indicate how you made these available. Check all that apply. | , - Oilly | , 4,411 | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d fina | ncial | |
| | statements available to the public during the tax year. | IUI | .orai | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| _0 | PATRICK M. MADDEN - 202-357-5222 | | | |
| | 700 PENNSYLVANIA AVENUE, NW, RM G12, WASHINGTON, DC 20408-0001 | | | |

932006 01-20-20

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.

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

See instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average hours per | | not c | Pos heck | c) ition more erson i | than | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|---------------------------|--|------------------|-----------------------|-------------|-------------------------------------|--|--|--|---|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | od a d | Key employee | Highest compensated highest compensated employee | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) JAMES J. BLANCHARD | 5.00 | | | l | | | | • | |
| CHAIR AND PRESIDENT | | Х | | Х | <u> </u> | | 0. | 0. | 0. |
| (2) RODNEY E. SLATER | 2.00 | l | | l | | | | • | |
| VICE CHAIR | | Х | | Х | <u> </u> | | 0. | 0. | 0. |
| (3) JACQUELINE B. MARS | 2.00 | | | l | | | | | |
| VICE PRESIDENT | | Х | | Х | _ | | 0. | 0. | 0. |
| (4) ROBERT MOSBACHER, JR. | 2.00 | | | l | | | | | |
| VICE PRESIDENT | | Х | | Х | _ | | 0. | 0. | 0. |
| (5) MICHAEL POWELL | 2.00 | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | 0. | 0. | 0. |
| (6) LUCINDA ROBB | 2.00 | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | 0. | 0. | 0. |
| (7) ROSS O. SWIMMER | 2.00 | | | | | | | | |
| TREASURER | | Х | | Х | | | 0. | 0. | 0. |
| (8) MARILYNN WOOD HILL | 2.00 | | | | | | | | |
| SECRETARY | | Х | | Х | | | 0. | 0. | 0. |
| (9) MICHAEL BESCHLOSS | 1.50 | | | | | | | | |
| BOARD MEMBER | | Х | | | | | 0. | 0. | 0. |
| (10) A'LELIA BUNDLES | 1.50 | | | | | | _ | _ | _ |
| BOARD MEMBER | | Х | | | | | 0. | 0. | 0. |
| (11) KEN BURNS | 1.50 | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | 0. | 0. | 0. |
| (12) KEVIN BROWN | 1.50 | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | 0. | 0. | 0. |
| (13) STEVEN W. CAPLE | 1.50 | | | | | | | _ | |
| BOARD MEMBER | | Х | | | | | 0. | 0. | 0. |
| (14) JAMES W. CICCONI | 1.50 | _ | | | | | _ | _ | _ |
| BOARD MEMBER | | Х | | | | | 0. | 0. | 0. |
| (15) PETER CUNEO | 1.50 | | | | | | | | _ |
| BOARD MEMBER | | Х | | | $ldsymbol{ldsymbol{ldsymbol{eta}}}$ | | 0. | 0. | 0. |
| (16) TERRI FARIELLO | 1.50 | | | | | | | | _ |
| BOARD MEMBER | | Х | | | $ldsymbol{ldsymbol{ldsymbol{eta}}}$ | | 0. | 0. | 0. |
| (17) LAURA GATES | 1.50 | <u>-</u> _ | | | | | | | _ |
| BOARD MEMBER | | Х | | | | | 0. | 0. | 0 • Form 990 (2019) |

932007 01-20-20 Form **990** (2019)

| Form 990 (2019) NATIONAL | ARCHIVI | ΞS | FC | <u>IUC</u> | ND2 | AT: | [O] | N | 52-1792 | 608 | Р | age 8 |
|---|------------------------|--------------------|-----------------|--------------|--------------|---------------------------------|-------------|--|----------------------------------|--------|------------------|-------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , and | d Hi | ghe | st C | Compensated Employe | es (continued) | | | |
| (A) | (B) | | | _ (0 | - | | | (D) | (E) | | (F) | |
| Name and title | Average | (do | | Posi heck | | | one | Reportable | Reportable | E | stimate | ed |
| | hours per | box | , unle | ss pe | rson i | is bot | h an | compensation | compensation | ar | nount | of |
| | week | _ | CCI aii | 10 0 0 | ii coto |)/ ii us | 1 | from | from related | | other | |
| | (list any hours for | or director | | | | | | the organization | organizations (W-2/1099-MISC) | | npensa rom th | |
| | related | e or c | tee | | | satec | | (W-2/1099-MISC) | (88-2/1099-181130) | 1 | ganizat | |
| | organizations | truste | al trustee | | /ee | mper | | (17 27 1000 111100) | | 1 ~ | d relat | |
| | below | Individual trustee | Institutional t | <u>.</u> | key employee | Highest compensated employee | ь | | | | anizati | |
| | line) | Indiv | Instit | Officer | Key e | High empl | Former | | | | | |
| (18) MARY GRAHAM | 1.50 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | | | 0. |
| (19) FRUZSINA M. HARSANYI | 1.50 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | | | 0. |
| (20) SHARRON HUNT | 1.50 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0 . | | | 0. |
| (21) DAVID JACOBSON | 1.50 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | | | 0. |
| (22) JOHN JOHNSON | 1.50 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | | | 0. |
| (23) TIM KEATING | 1.50 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | | | 0. |
| (24) CAMERON F. KERRY | 1.50 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | | | 0. |
| (25) ZINA KRAMER | 1.50 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | | | 0. |
| (26) FAY HARTOG-LEVIN | 1.50 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | | | 0. |
| 1b Subtotal | | | | | | | <u>►</u> | 0. | 0 . | | | 0. |
| c Total from continuation sheets to Part VI | | | | | | | • | 941,115. | 0. | 5 | 1,9 | 28. |
| d Total (add lines 1b and 1c) | | | | | | | > | 941,115. | 0 . | 5 | 1,9 | 28. |
| 2 Total number of individuals (including but n | | | | | | | no r | eceived more than \$100 | 0,000 of reportable | | | |
| compensation from the organization | | | | | | | | | | | | 6 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director, trust | ee, k | кеу е | empl | loye | e, o | r hig | ghest compensated emp | oloyee on | | | |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | |
| and related organizations greater than \$150 | 0,000? If "Yes, | " co | mple | ete S | Sche | edule | e J t | for such individual | | 4 | X | |
| 5 Did any person listed on line 1a receive or a | accrue compe | nsat | ion f | rom | any | unr/ | elat | ted organization or indiv | idual for services | | | |
| rendered to the organization? If "Yes," com | plete Schedul | e J f | or su | uch j | pers | son . | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | mpensated in | depe | ende | ent c | ontr | racto | ors t | that received more than | \$100,000 of compen | sation | from | |
| the organization. Report compensation for | the calendar y | ear (| endi | ng v | vith | or w | ithir | n the organization's tax | year. | | | |
| (A) | | | | | | | | (B) | | | C) | |
| Name and business | address | NO | INC | 3 | | | | Description of s | ervices | Compe | nsatio | n |
| | | | | | | | | | | | | |
| | | | | | | | _ | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | _ | | | | | |
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| | | | | | | | _ | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | _ | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | \perp | | | | | |
| 2 Total number of independent contractors (in | • | ot lii | mite | d to | | _ | stec | d above) who received n | nore than | | | |
| \$100,000 of compensation from the organiz | zation > | חד» | TT T 7 | \ m ¬ | |) \T (| 777 | TT | | _ | 000 | |
| SEE PART VII, SECTION | N A CON'. | ΓŢŢ | NU | 7 T. 7 | LOI | i v | эĦ. | PP.T.O | | Form | 990 (| 2019) |

932008 01-20-20

| Form 990 NATIONAL | ARCHIVI | <u> ::S</u> | FC | <u> 1UC</u> | ND? | Γ,Γ_{F} | LOI | N | 52-179 | 2608 |
|--|-------------------|----------------------|-----------------------|-------------|--------------|------------------------------|--------|--------------------|-----------------|-----------------------------|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key Eı | mplo | yee | s, a | nd F | ligh | est | Compensated Employ | ees (continued) | |
| (A) | (B) | | | (0 | | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | ition | 1 | | Reportable | Reportable | Estimated |
| | hours | (cl | neck | all t | that | арр | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | _ | | | | loyee | | the | organizations | compensation |
| | (list any | director | | | | emp | | organization | (W-2/1099-MISC) | from the |
| | hours for related | eord | tee | | | sated | | (W-2/1099-MISC) | | organization and related |
| | organizations | truste | al frus | | yee | mpen | | | | organizations |
| | below | ndividual trustee or | Institutional trustee | le le | Key employee | Highest compensated employee | er | | | 3 |
| | line) | Indiv | Instit | Officer | Key e | High | Former | | | |
| (27) JON LIEBMAN | 1.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (28) KENNETH G. LORE | 1.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (29) CAPPY R. MCGARR | 1.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (30) WILLIAM H. MINOR | 1.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (31) MARY C. MOYNIHAN | 1.50 | | | | | | | _ | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (32) LAWRENCE F. O'BRIEN, III | 1.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (33) SOLEDAD O'BRIEN | 1.50 | l | | | | | | | | |
| BOARD MEMBER | 4 50 | Х | | | | | | 0. | 0. | 0. |
| (34) BRUCE RAMER | 1.50 | ١ | | | | | | | • | • |
| BOARD MEMBER | 1 50 | Х | | | | | | 0. | 0. | 0. |
| (35) DEOBORAH RATNER SALZBERG | 1.50 | ,, | | | | | | | 0 | 0 |
| BOARD MEMBER | 1 50 | Х | | | | | | 0. | 0. | 0. |
| (36) RILEY TEMPLE | 1.50 | X | | | | | | 0. | 0. | 0 |
| BOARD MEMBER (37) MARJORIE B. TIVEN | 1.50 | ^ | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (38) DAVID E. WEISMAN | 1.50 | ^ | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1.50 | X | | | | | | 0. | 0. | 0. |
| (39) THOMAS E. WHEELER | 1.50 | | | | | | | 0. | 0. | • |
| BOARD MEMBER | 1.30 | x | | | | | | 0. | 0. | 0. |
| (40) PATRICK MADDEN | 45.00 | | | | | | | | • | • |
| EXECUTIVE DIRECTOR | 13700 | 1 | | х | | | | 248,962. | 0. | 10,398. |
| (41) STEVE JENKINS | 40.00 | | | | | | | | | |
| SENIOR DIRECTOR OF FINANCE | | 1 | | х | | | | 102,485. | 0. | 5,597. |
| (42) JIM DOUMAS | 40.00 | | | | | | | , , , | - | . , |
| DEPUTY DIRECTOR | | 1 | | | Х | | | 178,811. | 0. | 13,239. |
| (43) MATTHEW BANKS | 40.00 | | | | | | | - | | - |
| SENIOR DIRECTOR OF DEVELOPMENT | | 1 | | | | Х | | 178,063. | 0. | 5,396. |
| (44) ANGELA CATIGANO | 40.00 | | | | | | | | | |
| SENIOR DIRECTOR OF RETAIL & ECOMM. | | L | L | | | Х | L | 114,104. | 0. | 15,996. |
| (45) CANEIL MCDONALD | 40.00 | | | | | | | | | |
| SR. DIR., SPECIAL EVENTS & OUTREACH | | L | | | | Х | | 118,690. | 0. | 1,302. |
| | | | | | | | | | | |
| | <u> </u> | | | | | | | | | |
| | | | | | | | | 041 115 | | F1 000 |
| Total to Part VII, Section A, line 1c | | | | | | | | 941,115. | | 51,928. |

Form 990 (2019) NATIONAL Part VIII Statement of Revenue

| | | | Check if Schedule O | conta | ains a r | esponse | or note to anv lir | ne in this Part VIII | | | |
|--|----|---|---|----------|-------------------|---|--------------------|----------------------|-------------------|------------------|--------------------------------------|
| | | | | | | | , | (A) | (B) | (C) | (D) |
| | | | | | | | | Total revenue | Related or exempt | | Revenue excluded |
| | | | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| S S | _ | | | | | <u>. </u> | | | | | 0000010 012 011 |
| ant | | | Federated campaigns | | | 1a | 202 424 | | | | |
| 9 9 | | | Membership dues | | | 1b | 320,404. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Fundraising events | | | 1c | 198,158. | | | | |
| ig ig | | d | Related organizations | | | 1d | | | | | |
| ii, | | е | Government grants (contr | ibuti | ons) | 1e | | | | | |
| 호기 | | f | All other contributions, gifts, | grant | s, and | | | | | | |
| ફ | | | similar amounts not included | abov | ⁄е | 1f | 2,292,674. | | | | |
| 물일 | | g | Noncash contributions included in | lines | 1a-1f | 1g \$ | 57,228. | | | | |
| a Co | | | Total. Add lines 1a-1f | | | | | 2,811,236. | | | |
| | | | | | | | Business Code | | | | |
| o l | 2 | 2 | EXHIBITION REVENUE | | | • | 900099 | 123,520. | 123,520. | | |
| , vic | _ | | ADMISSION FEES | | | | 900099 | 35,500. | 35,500. | | |
| Ser | | ~ | | | | | 700077 | | 55,555 | | |
| ΕŽ | | C | | | | | | | | | |
| gra Re | | d | | | | | | | | | _ |
| Program Service Revenue | | e | A.I | | | | | | | | |
| - | | | All other program service | | | | | | | | |
| $\overline{}$ | | g | Total. Add lines 2a-2f | | | | | 159,020. | | | |
| | 3 | | Investment income (include | - | | | | | | | |
| | | | other similar amounts) | | | | | 145,190. | | | 145,190. |
| | 4 | | Income from investment of | of tax | exem _l | pt bond p | roceeds > | | | | |
| | 5 | | Royalties | | | | | 170. | | | 170. |
| | | | | | (i) | Real | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | | |
| | | b | Less: rental expenses | 6b | | | | | | | |
| | | С | Rental income or (loss) | 6с | | | | | | | |
| | | d | Net rental income or (loss |) | | | | | | | |
| | | | Gross amount from sales of | | | curities | (ii) Other | | | | |
| | | | assets other than inventory | 7a | 7 | 69,754. | | | | | |
| | | h | Less: cost or other basis | <u> </u> | | | | | | | |
| e e | | | and sales expenses | 7b | 6 | 83,427. | | | | | |
| enr | | _ | Gain or (loss) | 7c | | 86,327. | | | | | |
| ther Revenue | | | | _ | | | | 86,327. | | | 86,327. |
| 포 | | | Net gain or (loss) | | | | | 00,327. | | | 00,327. |
| Ě | 8 | а | Gross income from fundraising a backing as Φ | | | | | | | | |
| 0 | | | including \$ | | | | | | | | |
| | | | contributions reported on | | | | 06 750 | | | | |
| | | | Part IV, line 18 | | | | 26,750. | | | | |
| | | | Less: direct expenses | | | | 136,038. | | | | |
| | | С | Net income or (loss) from | fund | raising | events | > | -109,288. | | | -109,288. |
| | 9 | а | Gross income from gamin | g ac | tivities. | . See | | | | | |
| | | | Part IV, line 19 | | | 9a | | | | | |
| | | b | Less: direct expenses | | | 9b | | | | | |
| | | С | Net income or (loss) from | gam | ing act | ivities | | | | | |
| | 10 | а | Gross sales of inventory, | ess i | returns | , [| | | | | |
| | | | and allowances | | | | 1,337,123. | | | | |
| | | b | Less: cost of goods sold | | | | 715,874. | | | | |
| | | | Net income or (loss) from | | | | | 621,249. | 621,249. | | |
| | | | | | | , | Business Code | · | · | | |
| Miscellaneous Revenue | 11 | а | MISCELLANEOUS | | | | 900099 | 440. | | | 440. |
| lg a | | b | | | | | | | | | |
| ₩ | | c | | | | | | | | | |
| <u>8</u> | | | All other revenue | | | | | | | | |
| ≥ | | | Total. Add lines 11a-11d | | | | | 440. | | | |
| | 12 | _ | Total revenue. See instruction | | | | | 3,714,344. | 780,269. | 0. | 122,839. |

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Part IX | Statement of Functional Expenses

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

| 7b, 8b, 9d 1 Gran and and and and and and and and and a | include amounts reported on lines 6b, and 10b of Part VIII. Ints and other assistance to domestic organizations domestic governments. See Part IV, line 21 Ints and other assistance to domestic viduals. See Part IV, line 22 Ints and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 Interest paid to or for members | (A) Total expenses 285,055. 1,350. 611,654. 1,598,807. 45,090. 107,206. 180,062. | (B) Program service expenses 285,055. 1,350. 245,435. 744,645. 10,708. 42,915. 68,589. | 310,085. 94,298. 14,409. 30,257. | (D) Fundraising expenses 56,134. 759,864. 19,973. |
|--|--|---|---|---|--|
| and definition and individual series of a compersor | domestic governments. See Part IV, line 21 Ints and other assistance to domestic viduals. See Part IV, line 22 Ints and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 Interest paid to or for members Inpensation of current officers, directors, at ees, and key employees Inpensation not included above to disqualified it is in the section 4958(f)(1)) and it is in section 4958(f)(1)) and it is in plan accruals and contributions (include it in 401(k) and 403(b) employer contributions) er employee benefits Interest in a section in agement Interest in the section in the section in agement Interest in the section 401(k) and 403(b) employer contributions) er employee benefits Interest in the section in the s | 1,350. 611,654. 1,598,807. 45,090. 107,206. | 1,350. 245,435. 744,645. 10,708. 42,915. | 94,298. | 759,864. |
| 2 Gran individual of the column of the colum | nts and other assistance to domestic viduals. See Part IV, line 22 nts and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 nefits paid to or for members mpensation of current officers, directors, attees, and key employees neensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) ner salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits storoll taxes as for services (nonemployees): nagement and contributions and salaries an | 1,350. 611,654. 1,598,807. 45,090. 107,206. | 1,350. 245,435. 744,645. 10,708. 42,915. | 94,298. | 759,864. |
| individual organical organ | viduals. See Part IV, line 22 nts and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 perits paid to or for members perits perit | 611,654. 1,598,807. 45,090. 107,206. | 245,435. 744,645. 10,708. 42,915. | 94,298. | 759,864. |
| 3 Grar organindion organindion of the compersor of the column of the col | nts and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 perits paid to or for members perits peri | 611,654. 1,598,807. 45,090. 107,206. | 245,435. 744,645. 10,708. 42,915. | 94,298. | 759,864. |
| orgaindid A Ben 5 Com trus 6 Com pers pers 7 Othe 8 Pens secti 9 Othe 10 Payl 11 Fees a Man b Lega c Acc d Lobl e Profe f Inve g Othe colui 12 Adv 13 Offic 14 Info 15 Roy 16 Occ 17 Trav 18 Payl for a | anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 | 1,598,807. 45,090. 107,206. | 744,645. 10,708. 42,915. | 94,298. | 759,864. |
| indiv. 4 Ben 5 Com trus: 6 Com persi persi 7 Othe 8 Pens secti 9 Othe 10 Payi 11 Fees a Man b Lega c Accid Lobi e Profe f Inve g Othe colui 12 Advi 13 Offic 14 Info 15 Roy 16 Occ 17 Trav 18 Payi for a | viduals. See Part IV, lines 15 and 16 nefits paid to or for members npensation of current officers, directors, stees, and key employees npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits croll taxes s for services (nonemployees): nagement al | 1,598,807. 45,090. 107,206. | 744,645. 10,708. 42,915. | 94,298. | 759,864. |
| 4 Ben 5 Com trus: 6 Com persi persi 7 Othe 8 Pens secti 9 Othe 10 Paye 11 Fees a Man b Lega c Acci d Lobi e Profe f Inve g Othe colui 12 Adv 13 Offic 14 Info 15 Roy 16 Occ 17 Trav 18 Paye for a | nefits paid to or for members mpensation of current officers, directors, stees, and key employees mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits erroll taxes s for services (nonemployees): magement al | 1,598,807. 45,090. 107,206. | 744,645. 10,708. 42,915. | 94,298. | 759,864. |
| 5 Com trus 6 Com pers perse 7 Othe 8 Pens secti 9 Othe 10 Paye 11 Fees a Man b Lega c Acco d Lobi e Profe f Inve g Othe colui 12 Adv 13 Offic 14 Info 15 Roy 16 Occ 17 Trav 18 Paye for a | npensation of current officers, directors, stees, and key employees npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits eroll taxes so for services (nonemployees): nagement al | 1,598,807. 45,090. 107,206. | 744,645. 10,708. 42,915. | 94,298. | 759,864. |
| trus' form persipersi form persipersi form form form persipersi form form form form form form form form | stees, and key employees inpensation not included above to disqualified ions (as defined under section 4958(f)(1)) and ions described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits ioroll taxes s for services (nonemployees): inagement ial | 1,598,807. 45,090. 107,206. | 744,645. 10,708. 42,915. | 94,298. | 759,864. |
| 6 Com persi persi persi 7 Othe 8 Pensi secti 9 Othe 10 Payi 11 Fees a Man b Lega c Acci d Lobi e Profe f Inve g Othe colui 12 Adv 13 Offic 14 Info 15 Roy 16 Occ 17 Trav 18 Payi for a | npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits erroll taxes s for services (nonemployees): nagement al | 1,598,807. 45,090. 107,206. | 744,645. 10,708. 42,915. | 94,298. | 759,864. |
| persipersion persi | cons (as defined under section 4958(f)(1)) and cons described in section 4958(c)(3)(B) er salaries and wages contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits contributions (include ion 401(k) and 403(b) employer contributions) | 45,090. 107,206. | 10,708. 42,915. | 14,409. | |
| persident persid | er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits croll taxes s for services (nonemployees): nagement al | 45,090. 107,206. | 10,708. 42,915. | 14,409. | |
| 7 Othe Section | er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits croll taxes s for services (nonemployees): nagement al | 45,090. 107,206. | 10,708. 42,915. | 14,409. | |
| 8 Pens secti 9 Other land land land land land land land land | sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees): nagement al | 45,090. 107,206. | 10,708. 42,915. | 14,409. | |
| secti 9 Othe 10 Paye 11 Fees a Man b Legs c Acco d Lobe e Profe f Inve g Othe colui 12 Adv 13 Offic 14 Info 15 Roy 16 Occ 17 Trav 18 Paye for a | ion 401(k) and 403(b) employer contributions) er employee benefits rroll taxes s for services (nonemployees): nagement al | 107,206. | 42,915. | | 19,973. |
| 9 Other 10 Payr 11 Fees a Man b Lega c Acc d Lobb e Profe f Inve g Other coluit 12 Adv 13 Offic 14 Info 15 Roy 16 Occ 17 Trav 18 Payr for a | er employee benefits rroll taxes s for services (nonemployees): nagement | 107,206. | 42,915. | | ⊥ 9,9/3. |
| 10 Paying 11 Fees a Man b Lega c Accord Lobing Other colurs 12 Adv. 13 Official 14 Information 15 Roy. 16 Occurs 17 Trav. 18 Paying for a see a man and a ma | roll taxes s for services (nonemployees): nagement al | | | 30 /3/1 | |
| 11 Fees a Man b Legs c Accord d Lobi e Profe f Inve g Othe colui 12 Adv 13 Offic 14 Info 15 Roy 16 Occ 17 Trav 18 Payi for a | s for services (nonemployees): nagement al | 180,062. | 00,009.1 | | 34,034. |
| a Man b Lega c Acco d Lobi e Profe f Inve g Othe colui 12 Adv 13 Offic 14 Info 15 Roy 16 Occ 17 Trav 18 Payi for a | nagement al | | - | 44,829. | 66,644. |
| b Lega c Accord d Lobo e Profit f Inve g Othe coluit 12 Adv 13 Offic 14 Info 15 Roy 16 Occ 17 Trav 18 Payi | al | | | | |
| c Accord Lobble Profession 1 Investigation 2 Adv. 13 Office 15 Royal 16 Occu 17 Trav. 18 Payer for a second column 15 Payer for a se | | | | | |
| d Lobi e Profe f Inve g Othe colui 12 Adv 13 Offic 14 Info 15 Roy 16 Occ 17 Trav 18 Payr for a | | 20 026 | 4 720 | 10 747 | C 250 |
| e Profe f Inverse g Other colur 12 Adv. 13 Offic 15 Roy. 16 Occ. 17 Trav 18 Payer for a | counting | 29,836. | 4,739. | 18,747. | 6,350. |
| f Inverse g Other colure 12 Adv. 13 Office 14 Inform 15 Roy. 16 Occurrent 17 Trav. 18 Payer for a | bying | | | | |
| g Othe coluin 12 Adv. 13 Offic 14 Infor 15 Roy. 16 Occ 17 Trav 18 Payin for a | essional fundraising services. See Part IV, line 17 | 02 020 | 27 556 | FF 202 | |
| colui 12 Adv 13 Offic 14 Info 15 Roy 16 Occ 17 Trav 18 Payi for a | estment management fees | 82,839. | 27,556. | 55,283. | |
| 12 Adv 13 Offici 14 Info 15 Roy 16 Occ 17 Trav 18 Payr for a | er. (If line 11g amount exceeds 10% of line 25, | 720 170 | F72 22F | 42 202 | 100 (54 |
| 13 Office 14 Info 15 Roy 16 Occ 17 Trav 18 Pays for a | mn (A) amount, list line 11g expenses on Sch O.) | 739,172. | 573,225. | 43,293. | 122,654. |
| 14 Info15 Roy16 Occ17 Trav18 Payefor a | rertising and promotion | 122,433. | 121,564. | 1 | 72 726 |
| 15 Roy16 Occ17 Trav18 Payrfor a | ce expenses | 272,804. | 166,772. | 32,306. | 73,726. |
| 16 Occ17 Trav18 Payefor a | rmation technology | 16,798. | 14,144. | 2,654. | |
| 17 Trav18 Payefor a | ralties | | | | |
| 18 Payı | cupancy | E0 404 | 26 242 | 6 007 | 17 064 |
| for a | vel | 50,404. | 26,343. | 6,097. | 17,964. |
| | ments of travel or entertainment expenses | | | | |
| | any federal, state, or local public officials | 7 751 | 4 004 | 1 610 | 2 122 |
| 19 Con | nferences, conventions, and meetings | 7,754. | 4,004. | 1,618. | 2,132. |
| 20 Inte | | 37. | 3/. | | |
| | ments to affiliates | E 224 | 5,099. | 125 | |
| • | preciation, depletion, and amortization | 5,224. 23,253. | 5,099. | 125. 23,253. | |
| | urance | 43,433. | | 43,433. | |
| abov line 2 | er expenses. Itemize expenses not covered ve (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A) ount, list line 24e expenses on Schedule 0.) | | | | |
| | EDIT CARD FEES | 53,103. | 24,040. | 24,336. | 4,727. |
| | SCELLANEOUS | 18,060. | 8,306. | 9,544. | 210. |
| | NDRAISING FEES | 9,664. | · | | 9,664. |
| | TERING | 9,096. | | 9,096. | - |
| | I | 6,934. | 4,443. | 553. | 1,938. |
| | other expenses | 4,276,635. | 2,378,969. | 721,652. | 1,176,014. |
| | | | | | |
| | other expenses | I | | | |
| | other expensesal functional expenses. Add lines 1 through 24e | | | J. | |
| Check | other expenses al functional expenses. Add lines 1 through 24e at costs. Complete this line only if the organization | | | | |

| Par | τχ | Balance Sheet | | | | | |
|-----------------------------|-----|---|------------|-----------------------|--------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or r | note to ar | y line in this Part X | | | X |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | | | | 706,353. | 1 | 227,319. |
| | 2 | | | | 788,510. | 2 | 844,899. |
| | 3 | Pledges and grants receivable, net | | 490,391. | 3 | 135,722. | |
| | 4 | Accounts receivable, net | | | 21,417. | 4 | 0. |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sul | ostantial | contributor, or 35% | | | |
| | | controlled entity or family member of any of the | nese pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqu | alified pe | rsons (as defined | | | |
| | | under section 4958(f)(1)), and persons describ | oed in se | ction 4958(c)(3)(B) | | 6 | |
| şţ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 848,772. | 8 | 979,198. |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 116,668. | 9 | 41,699. |
| | 10a | Land, buildings, and equipment: cost or other | | 0.44 000 | | | |
| | | basis. Complete Part VI of Schedule D | | 241,829. | P 110 | | 42.446 |
| | b | Less: accumulated depreciation | • | 198,683. | 7,112. | 10c | 43,146. |
| | 11 | Investments - publicly traded securities | | | 5,167,562. | 11 | 6,377,262. |
| | 12 | Investments - other securities. See Part IV, lin | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, lin | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 0 146 705 | 15 | 0 (40 045 |
| | 16 | Total assets. Add lines 1 through 15 (must en | | | 8,146,785. 239,269. | 16 | 8,649,245. |
| | 17 | Accounts payable and accrued expenses | | | 433,403. | 17 | 347,137. |
| | 18 | Grants payable | | | 123,841. | 18 | 69,122. |
| | 19 | Deferred revenue | | | 123,041. | 19 | 09,122. |
| | 20 | Tax-exempt bond liabilities | | (0 | | 20 | |
| . | 21 | Escrow or custodial account liability. Complet | | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or for | | | | | |
| ii q | | trustee, key employee, creator or founder, sul | | | | 22 | |
| Lia | 23 | controlled entity or family member of any of the Secured mortgages and notes payable to unr | | | | 23 | 543,729. |
| | 24 | Unsecured notes and loans payable to unrela | | | | 24 | 457,255. |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | 20 | parties, and other liabilities not included on lir | | | | | |
| | | of Schedule D | .00 17 2 1 | , complete rate x | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 363,110. | 26 | 1,417,243. |
| | | Organizations that follow FASB ASC 958, c | | | · | | |
| Ses | | and complete lines 27, 28, 32, and 33. | | · | | | |
| lau | 27 | Net assets without donor restrictions | | | 3,246,153. | 27 | 2,209,497. |
| Ва | 28 | Net assets with donor restrictions | | | 4,537,522. | 28 | 5,022,505. |
| pur | | Organizations that do not follow FASB ASC | | | | | |
| Ę | | and complete lines 29 through 33. | | | | | |
| 0 5 | 29 | Capital stock or trust principal, or current fund | ds | | | 29 | |
| se | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated | income, | or other funds | | 31 | |
| Š | 32 | Total net assets or fund balances | | | 7,783,675. | 32 | 7,232,002. |
| | 33 | Total liabilities and net assets/fund balances | | | 8,146,785. | 33 | 8,649,245. |

| Pa | rt XI Reconciliation of Net Assets | | | , | , , , , , , , , , , , , , , , , , , , |
|----|--|-----------|------|-----|---|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,71 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,27 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -56 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | 75. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1 | 0,6 | 18. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 7,23 | 2,0 | 02. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Ш |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | Yes | No |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | 37 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | I on a | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit. | | | |
| _ | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | | | | |
| | Act and OMB Circular A-133? | J | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | red audit | " | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NATIONAL ARCHIVES FOUNDATION 52-1792608 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

organization. You must complete Part IV, Sections A and B.

organization(s). You must complete Part IV. Sections A and C.

functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| 360 | ction A. Public Support | | | | | | | |
|------|---|-----------------------|---------------------|---------------------|---------------------------|---------------------|-------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 4,906,083. | 6,523,558. | 3,673,682. | 3,779,679. | 2,811,236. | 21,694,238. | |
| 2 | Tax revenues levied for the organ- | | | | | | _ | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | 337,440. | 347,563. | 357,990. | 357,990. | 363,189. | 1,764,172. | |
| 4 | Total. Add lines 1 through 3 | 5,243,523. | 6,871,121. | 4,031,672. | 4,137,669. | 3,174,425. | 23,458,410. | |
| | 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) | | | | | | 2,778,390. | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 20,680,020. | |
| | ction B. Total Support | | | | | | , , | |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | |
| | Amounts from line 4 | 5,243,523. | 6,871,121. | 4,031,672. | 4,137,669. | 3,174,425. | 23,458,410. | |
| | Gross income from interest, | , , | , , | , , | | , , | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | 15,763. | 15,342. | 71,539. | 123,862. | 145,360. | 371,866. | |
| 9 | Net income from unrelated business | , | , | <u> </u> | , | , | · | |
| _ | 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.) | 2,836. | 19,159. | 12,289. | 11,096. | 440. | 45,820. | |
| 11 | Total support. Add lines 7 through 10 | , | , | , | , | | 23,876,096. | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 14 | ,328,471. | |
| | First five years. If the Form 990 is for | • | , | | | | · | |
| | organization, check this box and stop | here | | | • | | > | |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | · | |
| | Public support percentage for 2019 (I | | | olumn (f)) | | 14 | 86.61 % | |
| 15 | Public support percentage from 2018 | | | | | 15 | 90.69 % | |
| 16a | 33 1/3% support test - 2019. If the d | | | | | nore, check this bo | x and | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ► X | |
| b | 33 1/3% support test - 2018. If the o | | | | | | | |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | | |
| | and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization | | | | | | | |
| | meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | |
| b | 10% -facts-and-circumstances tes | | | | | | | |
| | more, and if the organization meets th | ne "facts-and-circu | mstances" test, ch | neck this box and | stop here. Explain | in Part VI how the | | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization of | ualifies as a publi | cly supported orga | anization | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | o, check this box a | nd see instruction | s ▶□ | |

Schedule A (Form 990 or 990-EZ) 2019

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

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

| Section A. Public Support | low, picase com | ipiete i art ii.j | | | | |
|---|-----------------|--------------------|--------------------|--------------------|------------|--|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 Gifts, grants, contributions, and | (-7 | (, | (=,==:: | (-,, : - | (-, | (-) |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in | | | | | | |
| any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | - | - | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | ļ | ļ | <u> </u> |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | _ | | |
| Calendar year (or fiscal year beginning in) ► 🔼 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 | | | | | | |
| c 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 | | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) | | + | | + | 1 | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | 1 | | | 504()(0) | |
| 14 First five years. If the Form 990 is for t | _ | | | • | | |
| check this box and stop here Section C. Computation of Public | | roontago | | | | <u></u> |
| · · · · · · · · · · · · · · · · · · · | | | . (0) | | 11 | |
| 15 Public support percentage for 2019 (lin | | | | | 15 | <u>%</u> |
| 16 Public support percentage from 2018 Section D. Computation of Invest | | | | | 16 | <u>%</u> |
| Section D. Computation of Invest | | | | | 11 | |
| 17 Investment income percentage for 201 | | | | | 17 | <u>%</u> |
| 18 Investment income percentage from 20 | | | | | 18 | <u>%</u> |
| 19a 33 1/3% support tests - 2019. If the c | | | | | | 1/ is not |
| more than 33 1/3%, check this box and | | | | | | |
| b 33 1/3% support tests - 2018. If the c | • | | | • | • | |
| line 18 is not more than 33 1/3%, chec | | | | | | |
| 20 Private foundation. If the organization | did not check a | box on line 14, 19 | a, or 19b, check t | his box and see in | structions | ▶ |

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.
- c 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 |
|-----|-----|----|
| | | |
| 1 | | |
| | | |
| 2 | | |
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| 9b | | |
| 9c | | |
| 90 | | |
| 10a | | |
| | | |
| 10b | | |

| Par | t IV | Supporting Organizations (continued) | | | | | | |
|-----|---|---|----------|-----|----|--|--|--|
| | | (Grantese) | | Yes | No | | | |
| 11 | Has th | ne organization accepted a gift or contribution from any of the following persons? | | | | | | |
| а | | son who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | | | | |
| | | , the governing body of a supported organization? | 11a | | | | | |
| b | A fam | ily member of a person described in (a) above? | 11b | | | | | |
| С | A 35% | 6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | | | | |
| | ection B. Type I Supporting Organizations | | | | | | | |
| | | | | Yes | No | | | |
| 1 | Did th | e directors, trustees, or membership of one or more supported organizations have the power to | | | | | | |
| | | rly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | | | | |
| | • | ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | | | | |
| | contro | olled the organization's activities. If the organization had more than one supported organization, | | | | | | |
| | | be how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | | | | |
| | | izations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | | | | |
| 2 | Did th | e organization operate for the benefit of any supported organization other than the supported | | | | | | |
| | | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | | | | |
| | Part V | I how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | | | | |
| | super | vised, or controlled the supporting organization. | 2 | | | | | |
| Sec | | 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 trus | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | | | | |
| | or mai | nagement of the supporting organization was vested in the same persons that controlled or managed | | | | | | |
| | the su | pported organization(s). | 1 | | | | | |
| Sec | tion [| D. All Type III Supporting Organizations | | | | | | |
| | | | | Yes | No | | | |
| 1 | Did th | e organization provide to each of its supported organizations, by the last day of the fifth month of the | | | | | | |
| | organ | ization'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 | | | | | | |
| | organ | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | | | | |
| 2 | Were | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | | | | |
| | organ | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | | | | |
| | the or | ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | | | | |
| 3 | By rea | ason of the relationship described in (2), did the organization's supported organizations have a | | | | | | |
| | signifi | cant voice in the organization's investment policies and in directing the use of the organization's | | | | | | |
| | incom | e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | | | | |
| | suppo | orted organizations played in this regard. | 3 | | | | | |
| Sec | tion E | 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 yea(see instructions). | | | | | | |
| а | | The organization satisfied the Activities Test. Complete line 2 below. | | | | | | |
| b | | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | | | | |
| С | | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions | s). | | | | |
| 2 | Activit | ties Test. Answer (a) and (b) below. | | Yes | No | | | |
| а | Did su | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | | | | |
| | the su | pported 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 t | he organization was responsive to those supported organizations, and how the organization determined | | | | | | |
| | that th | nese activities constituted substantially all of its activities. | 2a | | | | | |
| b | Did th | e 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 | | | | | | |
| | reasor | ns for the organization's position that its supported organization(s) would have engaged in these | | | | | | |
| | activit | ies but for the organization's involvement. | 2b | | | | | |
| 3 | | t of Supported Organizations. Answer (a) and (b) below. | | | | | | |
| а | Did th | e organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | | | | |
| | truste | es of each of the supported organizations? Provide details in Part VI. | 3a | | | | | |
| b | | e 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 | | | | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Orga | anizations | |
|------|---|-----------|------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust o | n Nov. 20, 1970 (explain in | Part VI). See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | mplete \$ | Sections A through E. | |
| Sect | ion 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 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 | | |
| Sect | ion 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-functional | y integra | ated Type III supporting org | ganization (see |
| | instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Par | ↑ V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|-------|--|-------------------------------|--|---|
| Secti | ion D - Distributions | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exemple | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organization | ns | |
| 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 t | he organization is responsive | Э | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| С | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| е | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

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

(Form 990, 990-EZ, or 990-PF

Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

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

Employer identification number

NATIONAL ARCHIVES FOUNDATION 52-1792608 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization Employer identification number

NATIONAL ARCHIVES FOUNDATION

52-1792608

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$1,000,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ 250,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$118,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ <u>110,000</u> . | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ 60,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

NATIONAL ARCHIVES FOUNDATION

52-1792608

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | |
|------------------------------|---|---|-----------------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | _ | | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | <u> </u> | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | | | | | |
| 3453 11-06- | | \$ | 990, 990-EZ, or 990-PF) (20 | | | |

Employer identification number Name of organization 52-1792608 NATIONAL ARCHIVES FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year 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.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL ARCHIVES FOUNDATION

Employer identification number 52-1792608

| Pai | t I Organizations Maintaining Donor Advise | | or Accounts. Complete if the |
|-----|---|--|--|
| | organization answered "Yes" on Form 990, Part IV, lin | | • |
| | , , | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advise | ed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose of | conferring |
| | impermissible private benefit? | | Yes No |
| Pai | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, P | art IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (for example, recrea | tion or education) Preservation of a | a historically important land area |
| | Protection of natural habitat | Preservation of a | a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quality | fied conservation contribution in the form o | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | |
| | Number of conservation easements on a certified historic str | | |
| d | Number of conservation easements included in (c) acquired | | |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the | organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the per | | |
| • | violations, and enforcement of the conservation easements i | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | nandling of violations, and enforcing cons | ervation easements during the year |
| 7 | Amount of avanages incurred in monitoring inspecting hard | lling of violations, and enforcing concernat | ion cocomente duving the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand > \$ | aling of violations, and emorcing conservat | ion easements during the year |
| 8 | Does each conservation easement reported on line 2(d) above | to eatisfy the requirements of section 170/ | b)/4)/B)/i) |
| 0 | and section 170(h)(4)(B)(ii)? | • | |
| 9 | In Part XIII, describe how the organization reports conservati | | |
| 3 | balance sheet, and include, if applicable, the text of the footr | · | |
| | organization's accounting for conservation easements. | Total to the organization of mariolal otations | The that describes the |
| Pai | | f Art, Historical Treasures, or Ot | her Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 58. not to report in its revenue statement a | nd balance sheet works |
| | of art, historical treasures, or other similar assets held for pul | • | |
| | service, provide in Part XIII the text of the footnote to its final | · · · · · · · · · · · · · · · · · · · | · |
| b | If the organization elected, as permitted under FASB ASC 95 | | |
| | art, historical treasures, or other similar assets held for public | | |
| | provide the following amounts relating to these items: | | • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical tre | | |
| | the following amounts required to be reported under FASB A | • | |
| а | Revenue included on Form 990, Part VIII, line 1 | _ | > \$ |
| | Assets included in Form 990, Part X | | · |
| | For Paperwork Reduction Act Notice, see the Instruction | | Schedule D (Form 990) 2019 |

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| Sche | dule D (Form 990) 2019 NATIONA | L ARCHIVES | FOUNDATIO | N | 52 | 2-1792608 | B Pa | age 2 |
|------|---|-------------------------|------------------------|------------------------|----------------|---|-------|--------------|
| | t III Organizations Maintaining C | Collections of Ar | t, Historical Tr | easures, or Oth | | | | |
| 3 | Using the organization's acquisition, accessi | | | | | | | |
| | collection items (check all that apply): | , | , | J | Ü | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | |
| b | Scholarly research | е | Other | 3 1 3 | | | | |
| C | Preservation for future generations | _ | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | how they further t | ne organization's ex | empt purpose | in Part XIII | | |
| 5 | During the year, did the organization solicit of | · | • | • | | , arr arr, arr, arr, arr, arr, arr, arr | | |
| • | to be sold to raise funds rather than to be ma | | • | • | | Yes | | No |
| Pai | t IV Escrow and Custodial Arran | | | | | | | 1110 |
| | reported an amount on Form 990, Pa | | | Transworda 105 0 | | 4111100,01 | | |
| 1a | Is the organization an agent, trustee, custod | | • | | | | _ | 7 |
| | on Form 990, Part X? | | | | | L Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | |
| | | | | | | Amount | | |
| С | Beginning balance | | | | 1c | | | |
| | Additions during the year | | | | | | | |
| е | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount on F | form 990, Part X, line | 21, for escrow or cu | ustodial account liab | oility? | L Yes | F | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | |
| Pai | t V Endowment Funds. Complete i | if the organization ans | swered "Yes" on Fo | orm 990, Part IV, line | 10. | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three year | rs back (e) Four | years | back |
| 1a | Beginning of year balance | 3,025,511. | 3,549,704. | 4,038,681. | | | | |
| b | Contributions | | | 71,500. | 4,038 | ,681. | | |
| С | Net investment earnings, gains, and losses | 187,512. | 120,152. | 36,881. | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities | | | | | | | |
| | and programs | 20,070. | 494,345. | 597,358. | , | | | |
| f | Administrative expenses | | 150,000. | | | | | |
| g | End of year balance | 3,192,953. | 3,025,511. | 3,549,704. | 4,038 | ,681. | | |
| 2 | Provide the estimated percentage of the cur | rent year end balance | e (line 1g, column (a | a)) held as: | | | | |
| а | Board designated or quasi-endowment | .00 | _% | | | | | |
| b | Permanent endowment ► 86.13 | % | | | | | | |
| С | Term endowment ▶ 13.87 | % | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | |
| За | Are there endowment funds not in the posse | ession of the organiza | ation that are held a | nd administered for | the organizati | ion _ | | |
| | by: | | | | | _ | Yes | No |
| | (i) Unrelated organizations | | | | | 3a(i) | | X |
| | (ii) Related organizations | | | | | 3a(ii) | | X |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | e organization's endo | wment funds. | | | • | | |
| Pai | t VI Land, Buildings, and Equipm | | | | | | | |
| | Complete if the organization answere | ed "Yes" on Form 990 | , Part IV, line 11a. S | See Form 990, Part > | K, line 10. | | | |
| | Description of property | (a) Cost or ot | her (b) Cost | or other (c) | Accumulated | (d) Book | value | <u></u> |
| | | basis (investm | | | epreciation | | | |
| 1a | Land | | | | | | | |
| | Buildings | | | | | | | |
| | Leasehold improvements | | | | | | | |
| | | | | | | | | |

Schedule D (Form 990) 2019

43,146.

43,146.

198,683

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

241,829.

| Schedule D (Form 990) 2019 NATIONAL ARC | CHIVES FOUNDA | TION | 52-1792608 Page |
|--|----------------------------|--------------------------------------|-----------------------------|
| Part VII Investments - Other Securities. | | | . a.g. |
| Complete if the organization answered "Yes" of | on Form 990. Part IV. line | 11b. See Form 990. Part X. line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost | |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) Tatal (Col (b) must equal Form 000 Part V col (D) line 10) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" (| | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost | or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | | 11d. See Form 990, Part X, line 15. | |
| (a) [| Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | : 15.) | | ▶ |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, li | ne 25. |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

41,337

4,276,635.

| Part XI | Recond | ciliation | of Revenue | per Audited | Financial | Statements | With | Revenue _l | per Return. |
|---------|--------|-----------|------------|-------------|-----------|-------------------|------|----------------------|-------------|

| Complete if the organization answered "Yes" on Form 990, Part IV, li Total revenue, gains, and other support per audited financial statements | ine 12a. | | | |
|---|---|---|--|--|
| Total revenue gains and other support per audited financial statements | | | | |
| Total revenue, gains, and other support per addited infancial statements | | | 1 | 4,816,610. |
| Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| Net unrealized gains (losses) on investments | 2a | 10,618. | | |
| Donated services and use of facilities | 2b | 996,947. | | |
| Recoveries of prior year grants | | | | |
| Other (Describe in Part XIII.) | | 136,038. | | |
| Add lines 2a through 2d | | | 2e | 1,143,603. |
| Subtract line 2e from line 1 | | | 3 | 3,673,007. |
| Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 41,337. | | |
| Other (Describe in Part XIII.) | 4b | | | |
| | | | 4c | 41,337. |
| Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | 2.) | | | 3,714,344. |
| rt XII Reconciliation of Expenses per Audited Financial S | tatements Wit | h Expenses per | Retu | ırn. |
| Complete if the organization answered "Yes" on Form 990, Part IV, li | ine 12a. | | | |
| Total expenses and losses per audited financial statements | | | 1 | 5,368,283. |
| Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| Donated services and use of facilities | 2a | 996,947. | | |
| Prior year adjustments | 2b | | | |
| Other losses | 2c | | | |
| Other (Describe in Part XIII.) | 2d | 136,038. | | |
| Add lines 2a through 2d | | | 2e | 1,132,985. |
| | | | ا ما | 4,235,298. |
| Subtract line 2e from line 1 | | | 3 | 4,255,250. |
| | | 41,337. | | 4,233,2300 |
| | Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) In XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) In XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d 2e |

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

c Add lines 4a and 4b

b Other (Describe in Part XIII.)

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

PART V, LINE 4:

THE INVESTMENT EARNINGS MUST BE USED FOR THE ONGOING SUPPORT OF THE RONALD REAGAN LIBRARY PROJECT: THE SITUATION ROOM.

PART X, LINE 2:

FOR THE YEAR ENDED SEPTEMBER 30, 2020, THE FOUNDATION HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

NATIONAL ARCHIVES FOUNDATION

Employer identification number 52-1792608

| 11111 1 01111 | H IIICHII VIID I COMBIII | T O 1 | | | 32 1732 | 000 | | |
|---|---|--------------------------|---------|------------------------|---|--------------------------------------|--|--|
| Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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. | | | | | | | | |
| a Mail solicitations e Solicitation of non-government grants | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | g ∟ Special | Turiura | using | events | | | | |
| d In-person solicitations | | , . | | | | | | |
| 2 a Did the organization have a written of | | | | | | | | |
| key employees listed in Form 990, P | | | | ~ | | | | |
| b If "Yes," list the 10 highest paid indi- | | ant to | agree | ements under which | the fundraiser is to b | be | | |
| compensated at least \$5,000 by the | organization. | | | | | | | |
| | | /:::\ | D:4 | | (v) Amount paid | | | |
| (i) Name and address of individual | (ii) Activity | (iii) fundr have c | aiser | (iv) Gross receipts | to (or retained by) | (vi) Amount paid to (or retained by) | | |
| or entity (fundraiser) | (ii) Activity | or con | trol of | from activity | fundraiser listed in col. (i) | organization | | |
| | | | | | listed in coi. (i) | _ | | |
| | | Yes | No | | | | | |
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| otal | | | | | | | | |
| 3 List all states in which the organization | on is registered or licensed to solicit o | contrib | utions | s or has been notified | d it is exempt from re | egistration | | |
| or licensing. | | | | | | | | |
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Schedule G (Form 990 or 990-EZ) 2019

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

| Pa | rt I | Fundraising Events. Complete if the of fundraising event contributions and groups and groups. | | | | |
|-----------------|------|---|---|--|---------------------------------------|--|
| | | | (a) Event #1 GALA 2020 (event type) | (b) Event #2 (event type) | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 224,908. | (event type) | (total number) | 224,908. |
| _ | 2 | Less: Contributions | 198,158. | | | 198,158. |
| | 3 | Gross income (line 1 minus line 2) | 26,750. | | | 26,750. |
| | 4 | Cash prizes | | | | |
| ses | 5 | Noncash prizes | | | | |
| xpens | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | 77,398. | | | 77,398. |
| _ | 8 | Entertainment Other direct expenses | 58,640. | | | 58,640. |
| | 10 | Direct expense summary. Add lines 4 through | · / · · · · · · · · · · · · · · · · · · | | > | 136,038. |
| Pa | 11 | | | 2000 Part IV line 10 or | | -109,288. |
| | | \$15,000 on Form 990-EZ, line 6a. | answered res on rom | 1990, Fait IV, line 19, or | reported more than | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Re | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % No | Yes % No | Yes % No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | > | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | > | |
| а | ls t | ter the state(s) in which the organization condu the organization licensed to conduct gaming a "No," explain: | ctivities in each of these | states? | | Yes No |
| | | ere any of the organization's gaming licenses re | | - | year? | Yes No |
| | | | | | | |

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

| Sch | edule G (Form 990 or 990-EZ) 2019 NATIONAL ARCHIVES FOUNDATION 52- | 1792608 | Page 3 |
|-----|--|-------------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| а | The organization's facility | 13a | % |
| | An outside facility | | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name | | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | |
| | of gaming revenue retained by the third party > \$ | | |
| С | If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name | | |
| | Address | | |
| 16 | Gaming manager information: | | |
| | Name | | |
| | Gaming manager compensation > \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | |
| 17 | Mandatory distributions: | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| u | retain the state gaming license? | Yes | ☐ No |
| h | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | —— | |
| _ | organization's own exempt activities during the tax year > \$ | | |
| Pa | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P | art III. lines 9. | 9b. 10b. |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | , , | , , |
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| Schedule G | (Form 990 or 990-EZ) | NATIONAL A | ARCHIVES | FOUNDATION | 52-1792608 Page 4 |
|------------|---|--------------------|----------|------------|-------------------|
| Part IV | G (Form 990 or 990-EZ) Supplemental Info | rmation (continued |) | | <u> </u> |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of | f the organization | | | | | | | Employer identification number |
|---------|--|-----------------|-----------------|-----------------|------------------------|---|-----------------------|---------------------------------------|
| | NATIONAL | 52-1792608 | | | | | | |
| Part I | General Information on Grants a | nd Assistance | | | | | | |
| | oes the organization maintain records | | - | | - | | | |
| cri | iteria used to award the grants or assis | stance? | | | | | | X Yes No |
| | escribe in Part IV the organization's pro | | | | | | | |
| Part II | | - | | | | anization answered "\ | es" on Form 990, Part | t IV, line 21, for any |
| 1/0 | recipient that received more than a Name and address of organization | | (c) IRC section | (d) Amount of | (e) Amount of | (f) Method of | (g) Description of | (h) Durness of great |
| ı (a | or government | (b) EIN | (if applicable) | cash grant | non-cash assistance | valuation (book, FMV, appraisal, other) | noncash assistance | (h) Purpose of grant or assistance |
| | AL ARCHIVES RECORDS AND STRATION - 700 PENNSYLVANIA | | | | | | | |
| AVE, N | W - WASHINGTON, DC 20408 | | GOVERNMENT | 282,555. | 0. | | | NARA PROGRAMS |
| | | | | | | | | |
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| | nter total number of section 501(c)(3) a | | | he line 1 table | | | | |

| Part III | Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. | | | | | | | | | |
|----------|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|--|--|--|--|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | | | | |
| | | | | | | | | | | |
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| Part IV | Supplemental Information. Provide the information red | quired in Part I, lin | ie 2; Part III, column | (b); and any other a | dditional information. | | | | | |
| PART | I, LINE 2: | | | | | | | | | |
| EACH | YEAR, THE FOUNDATION AND NARA | A AGREE T | O THE PROJ | ECTS AND T | HE FUNDS | | | | | |
| REQU] | RED FOR THESE PROJECTS. NO MO | ONITORING | OF THESE | GRANTS IS | REQUIRED. THE | | | | | |
| NON N | IARA GRANTS LISTED ABOVE WERE | MADE IN | CONJUNCTIC | N WITH NAR | Α. | | | | | |
| | | | | | | | | | | |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► 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

Department of the Treasury

Internal Revenue Service

NATIONAL ARCHIVES FOUNDATION

Employer identification number 52-1792608

| Pa | art I Questions Regarding Compensation | | | |
|----|--|----|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | , 3 | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| _ | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study | | | |
| | | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| 7 | organization or a related organization: | | | |
| а | | 4a | | х |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | v |
| _ | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | _ | | v |
| _ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | benefits | (B)(I)-(U) | reported as deferred on prior Form 990 |
| (1) PATRICK MADDEN | (i) | 248,962. | 0. | 0. | 7,200. | 3,198. | 259,360. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| (2) JIM DOUMAS | (i) | 178,811. | 0. | 0. | 9,650. | 3,589. | | 0. |
| DEPUTY DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| (3) MATTHEW BANKS | (i) | 178,063. | 0. | 0. | 5,396. | 0. | | 0. |
| SENIOR DIRECTOR OF DEVELOPMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |

| Part III Supplemental Information | | | | | | |
|--|--|--|--|--|--|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | | | | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization NATIONAL ARCHIVES FOUNDATION Employer identification number 52-1792608

| Pai | rt I Types of Property | | | | | | |
|-----|--|-------------------------------|---|---|---|-----|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of deter noncash contributio | • | ts |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | X | 5 | 57,228. | FMV | | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other () | | | | | | |
| 26 | Other (| | | | | | |
| 27 | Other () | | | | | | |
| 28 | Other () | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | ation durin | g the tax year for c | contributions | | | |
| | for which the organization completed Form 828 | 33, Part IV, | Donee Acknowled | gement 29 | | 0 | |
| | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | contribution | on any property rep | oorted in Part I, lines 1 throu | gh 28, that it | | |
| | must hold for at least three years from the date | of the initia | al contribution, and | d which isn't required to be ι | ised for | | |
| | exempt purposes for the entire holding period? |) | | | 3 | 0a | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | |
| 31 | | | | | | 31 | Х |
| 32a | 2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | |
| | contributions? | | - | • | | 2a | Х |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount in co | olumn (c) fo | r a type of propert | y for which column (a) is che | ecked, | | |
| | describe in Part II. | | | | | | |
| | | | | | | | |

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

Schedule M (Form 990) 2019

932142 09-27-19 Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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 **2019**Open to Public

Open to Public Inspection

Employer identification number 52-1792608

Name of the organization

19TH AMENDMENT.

NATIONAL ARCHIVES FOUNDATION

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EXHIBITIONS: DURING THE CURRENT FISCAL YEAR, THE LAWRENCE F. O'BRIEN

GALLERY "RIGHTFULLY HERS: AMERICAN WOMEN AND THE VOTE" EXHIBIT PROVIDED

AN OVERVIEW OF THE EVENTS LEADING UP AND FOLLOWING THE PASSING OF THE

EXPENSES \$ 157,053. INCLUDING GRANTS OF \$ 0. REVENUE \$ 159,020.

THEATER PROGRAMS: THE WILLIAM G. MCGOWAN THEATER, BUILT AND SUPPORTED

BY THE FOUNDATION, IS WASHINGTON, DC'S PREMIER VENUE FOR FREE

DOCUMENTARY FILMS, AUTHOR LECTURES, AND PANEL DISCUSSIONS EXPLORING

HISTORICAL AND CURRENT EVENTS.

EXPENSES \$ 15,366. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RONALD REAGAN LIBRARY: THE RONALD REAGAN LIBRARY PROJECT IS THE

SITUATION ROOM: WASHINGTON'S CABINET IS A NEW SCENARIO FOR THE

SITUATION ROOM EXPERIENCE SERIES OF EDUCATIONAL SIMULATIONS. THE

SCENARIO IS A JOINT PROJECT BETWEEN THE RONALD REAGAN PRESIDENTIAL

LIBRARY AND GEORGE WASHINGTON'S MOUNT VERNON AND IS DESIGNED TO BE

IMPLEMENTED AT BOTH LOCATIONS. THE SIMULATION WILL ACCOMMODATE 20-40

HIGH SCHOOL PARTICIPANTS AND WILL FIT WITHIN A THREE-HOUR VISITATION

WINDOW, INCLUDING NINETY MINUTES OF "LIVE PLAY." THE SCENARIO SERVES

HIGH SCHOOL PARTICIPANTS AS A BASELINE BUT WILL BE A REWARDING

EXPERIENCE FOR UNDERGRADUATES AND ADULT GROUPS ALIKE. THE SCENARIO IS

AN 18TH CENTURY FOREIGN POLICY CRISIS SET DURING AMERICA'S FIRST

"SITUATION ROOM" IN THE FORM OF PRESIDENT GEORGE WASHINGTON'S CABINET.

PLAYERS TAKE ON A ROLE FROM THE ERA OF THE FOUNDING FATHERS AND ACT TO

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

932211 09-06-19

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

EXPENSES \$ 319,390.

Name of the organization **Employer identification number** NATIONAL ARCHIVES FOUNDATION 52-1792608 SAVE THE COUNTRY FROM BEING CONSUMED BY A WORLD WAR.

REVENUE \$ 0.

INCLUDING GRANTS OF \$ 0.

WE THE PEOPLE CAMPAIGN: IN PREPARATION FOR THE 250TH ANNIVERSARY OF THE DECLARATION OF INDEPENDENCE (2026), THE WE THE PEOPLE CAMPAIGN IS THE FOUNDATIONS INVESTMENT TO BRING THE DOCUMENTS AND RESOURCES OF THE NATIONAL ARCHIVES TO ALL AMERICANS. IT SEEKS TO TRANSFORM THE PUBLIC'S UNDERSTANDING OF AMERICAN DEMOCRACY THROUGH NEW PROGRAMS, EXHIBITS, EDUCATIONAL RESOURCES FOR EDUCATORS, AND INTERACTIVE SIMULATIONS FOR STUDENTS.

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

THE DRAFT FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE. UPON THE DETERMINATION OF THE ACCURACY OF THE DRAFT, IT WAS SENT TO THE AUDIT COMMITTEE FOR APPROVAL. ONCE APPROVED BY THE COMMITTEE, THE FINAL FORM 990 WAS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS AND THEN FILED WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED BY EACH MEMBER OF THE BOARD OF DIRECTORS AND A CONFLICT OF INTEREST COMPLIANCE STATEMENT IS SIGNED ANNUALLY. THE EMPLOYEES REVIEW THE POLICY AND SIGN A COMPLINACE STATEMENT UPON HIRE AND DURING AN ANNUAL PERFORMANCE REVIEW.

UPON THE FIRST KNOWLEDGE BY AN INTERESTED PERSON THAT NAF, THE BOARD OR A COMMITTEE IS CONSIDERING OR HAS CONSIDERED A TRANSACTION OR ARRANGEMENT WITH AN ENTITY OR INDIVIDUAL WITH WHICH THE INTERESTED PERSON HAS AN THE INTERESTED PERSON DISCLOSES THE EXISTENCE AND NATURE OF INTEREST, 932212 09-06-19

Name of the organization **Employer identification number** NATIONAL ARCHIVES FOUNDATION 52-1792608 HIS/HER INTEREST TO THE COMMITTEE. THE INTERESTED PERSON ALSO RECUSES HIMSELF/HERSELF FROM VOTING ON THIS MATTER. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE CONDUCT SALARY RESEARCH ON COMPARABLE INDUSTRY AND SIMILAR-SIZED NONPROFIT ORGANIZATIONS. THE FINDINGS OF THESE RESULTS ARE PRESENTED TO OFFICERS OF THE BOARD FOR RECOMMENDATIONS AND THE PROCESS IS DOCUMENTED. A SIMILAR PROCESS IS CONDUCTED ANNUALLY BY THE EXECUTIVE DIRECTOR FOR THE DIRECTOR OF FINANCE OF THE ORGANIZATION, ALONG WITH OTHER DIRECTORS OF THE FOUNDATION. ALL REVIEWS ARE DOCUMENTED AND PLACED INTO THE RESPECTIVE PERSONNEL FILE. THE LAST SALARY REVIEW TOOK PLACE IN JUNE 2020. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT VA,WV,WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: **DESIGN SERVICES:** PROGRAM SERVICE EXPENSES 1,700. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,700.

44

18440622 745960 15933

932212 09-06-19

| Name of the organization NATIONAL ARCHIVES FOUNDATION | Employer identification number 52-1792608 |
|--|---|
| | |
| FACILITY AND SECURITY: | |
| PROGRAM SERVICE EXPENSES | 27,065. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 61,337. |
| TOTAL EXPENSES | 88,402. |
| OTHER PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 544,460. |
| MANAGEMENT AND GENERAL EXPENSES | 43,293. |
| FUNDRAISING EXPENSES | 61,317. |
| TOTAL EXPENSES | 649,070. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 739,172. |
| | |
| FORM 990, PART X, LINE 23: | |
| ON MAY 5, 2020, THE FOUNDATION RECEIVED LOAN PROCEEDS IN | THE AMOUNT OF |
| \$457,255 UNDER THE PAYCHECK PROTECTION PROGRAM. THE PROMI | SSORY NOTE |
| CALLS FOR MONTHLY PRINCIPAL AND INTEREST PAYMENTS AMORTIZ | ED OVER THE |
| TERM OF THE PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS F | OR THE FIRST |
| SIX MONTHS. UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOM | IIC SECURITY |
| ACT (CARES ACT), THE PROMISSORY NOTE MAY BE FORGIVEN BY T | HE SMALL |
| BUSINESS ADMINISTRATION IN WHOLE OR IN PART. THE FOUNDATI | ON INTENDS TO |
| USE THE PROCEEDS FOR PURPOSES CONSISTENT WITH THE PAYCHEO | K PROTECTION |
| PROGRAM AND BELIEVES THAT ITS USE OF THE LOAN PROCEEDS WI | LL MEET THE |
| CONDITIONS FOR FORGIVENESS OF THE LOAN. | |
| THE FOUNDATION INTENDS TO APPLY FOR FORGIVENESS AFTER COM | IPLETING THE 24 |
| WEEK PERIOD. IF FORGIVENESS IS GRANTED, THE FOUNDATION WI | LL RECORD |