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

OMB No. 1545-0047

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.

Α	For the	2019 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres			]	
L	Name change	Doing business as		**-***08	30
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 20350 VENTURA BLVD	Room/suite <b>240</b>	E Telephone numbe (818) 71	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,672,905.
	Amend			H(a) Is this a group re	
	Application		GELLEF	for subordinates	
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3)	or 527	7	list. (see instructions)
		E: ► WWW.CELIAC.ORG		H(c) Group exemptio	,
		organization: X Corporation Trust Association Other	L Year	1	A State of legal domicile: CA
		Summary		or terminations	, cuato or logal dollinolog
		Briefly describe the organization's mission or most significant activities: THE	CELIAC	C DISEASE FO	UNDATION
Governance		DRIVES DIAGNOSIS, TREATMENT AND A CURE T	HROUGH	H RESEARCH,	ADVOCACY
na.	-	Check this box  if the organization discontinued its operations or dispo			
ĕ				] з	15
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			15
Š		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			8
iţie		Total number of volunteers (estimate if necessary)			950
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, line 39			0.
Revenue	<del> </del>	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Prior Year	Current Year
	8 (	Contributions and grants (Part VIII, line 1h)		1,030,976.	
		Program service revenue (Part VIII, line 2g)		723,237.	676,517.
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		137.	112.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,221.	10,974.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,762,571.	1,652,676.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	164,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		637,844.	745,463.
Expenses	16a F			0.	0.
þer	h 7	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  78, 9	42.	• •	
ŭ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		424,200.	556,703.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,062,044.	1,466,166.
		Revenue less expenses. Subtract line 18 from line 12		700,527.	
Or Ses			Be	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		2,081,044.	2,326,347.
ASS	21	Total liabilities (Part X, line 26)		218,870.	277,663.
	22 1	Net assets or fund balances. Subtract line 21 from line 20		1,862,174.	2,048,684.
_	art II	Signature Block			
Unc	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	nents, and to the best of m	y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wl	nich preparei	r has any knowledge.	
		<u> </u>			
Sig	ın İ	Signature of officer		Date	
Hei		MARILYN GRUNZWEIG GELLER, CEO			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		SUSAN CARON SUSAN CARON		if self-employ	<sub>ed</sub> P00163651
Pre	parer	Firm's name HENSIEK & CARON, CPA'S	Firm's EIN	**-***1603	
		Firm's address 650 SIERRA MADRE VILLA #303			_
		PASADENA, CA 91107		Phone no. (6	26) 792-9988
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	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:
	CELIAC DISEASE FOUNDATION DRIVES DIAGNOSIS, TREATMENT, AND A CURE
	THROUGH RESEARCH, EDUCATION AND ADVOCACY TO IMPROVE THE QUALITY OF
	LIFE FOR ALL PEOPLE AFFECTED BY CELIAC DISEASE AND NON-CELIAC
	WHEAT/GLUTEN SENSITIVITY.
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
Ū	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.
7	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
4-	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$1,310, /20• including grants of \$164,000• ) (Revenue \$6/6,51/•)  RESEARCH
	THE CELIAC DISEASE FOUNDATION STRATEGICALLY COLLABORATES WITH
	RESEARCHERS AND PHYSICIAN-BASED ORGANIZATIONS TO ADVANCE UNDERSTANDING
	OF AND TREATMENTS FOR CELIAC DISEASE. THE FOUNDATION SUPPORTS AND
	PUBLICIZES THE RESEARCH ACTIVITIES OF ITS WORLD-RENOWNED MEDICAL
	ADVISORY BOARD, PARTNERS WITH BIOPHARMACEUTICAL COMPANIES TO DEVELOP
	THERAPIES, PROMOTES CLINICAL TRIALS, AND SERVES AS A CONDUIT TO THE
	MEDIA FOR SCIENTIFIC COMMENTARY. SINCE 2018, THE FOUNDATION HAS FUNDED
	OVER \$1,000,000 IN CELIAC DISEASE RESEARCH AND MEDICAL CONFERENCE
	GRANTS TO ADVANCE UNDERSTANDING OF THE DISEASE AND ITS IMPACT. THROUGH
	OUR YOUNG INVESTIGATOR RESEARCH GRANT AWARD, WE FUND AT LEADING
	ACADEMIC MEDICAL RESEARCH CENTERS NATIONWIDE TO ADVANCE KNOWLEDGE OF
4b	(Code:         ) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	(Code:) (Expenses \$
	<del> </del>
	<del> </del>
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 1,310,720.
	Form <b>990</b> (2019)
932002	SEE SCHEDULE O FOR CONTINUATION(S)

# Form 990 (2019) CELIAC DISEASE FOUNDATION 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	
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			37
	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			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	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		х
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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	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	Ť		
	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, VIII, 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	Х	
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		X
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	Х	
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	Х	
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		144		
b	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			
	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		X
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

932003 01-20-20

Form **990** (2019)

# Form 990 (2019) CELIAC DISEASE FOUNDATION Part IV | Checklist of Required Schedules (continued)

	officering of frequency continued			T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		X
h	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	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			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			v
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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			v
25 -	Part V, line 1  Did the organization have a controlled entity within the magning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338		
	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	L_	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		٠,,	
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
ra	Tt V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			
	Oneon ii Ooneuule O contains a response oi note to any iine iii tiis Fait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11			.,,5
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

932004 01-20-20

Form **990** (2019)

# Form 990 (2019) CELIAC DISEASE FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Ref the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 8 b If a least one is reported on line 2a, did the organization file all required federal employment tax returner?  Note: If the sum of lines 1 and 12 is greater than 250, you may be required to 4e <sup>th</sup> (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yos, *has if the da Form 990-T for this year? If YAY to line 3b, provide an explanation on Schedule O  4d At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country guch as a bank account, securities account, or other financial account (P)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b If Yos, *Intermited the frame of the froeign country by See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions?  5c If Year's to line 5a or 5b, did the organization in ferm 88617?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes, *Idea the organization include with every solicitation under section 170(c).  9d If the organization solicit any excepts that are normally greater than \$100,000, and did the organization include with every solicitation under section 170(c).  9d If the organization receive a sparint in cases of \$75 make perly as a combination and party for goods and services provided?  7 or Organizations that may receive deductible contributions under section 170(c).  9d If the organization receive a sparint in cases of \$75 make perly as a combination and party for goods and services provided?  10 If the organization services are party a				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 It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0  3b If Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0  3c ID if Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0  3c ID if Yes, Thas It filed a form 950°T for this year?  4c ID if Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0  3c ID if Yes, Thas It filed a form 950°T for this year?  5c ID if Yes, Than 950°T for this year?  5c ID if Yes, Than 950°T for the year of the Yes, Than 950°T for years of the year of the year of years o	2a									
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return 2a 8								
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has if tilled a Form 9807 for this year? If "Not * to im 83,000 or more during the year?  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 foreign country (such as a bank account, provide an explanation on Schedule O.  4b If "Yes," inter the name of the foreign country.  5c In It "Yes * to importation a part y to a prohibited tax shelter transaction?  5c In It "Yes * to line Sar of Sb, did the organization if Berm 88867?  6c In It "Yes * to line Sar of Sb, did the organization if Berm 88867 is a party to a prohibited tax shelter transaction?  6c In It "Yes * to line Sar of Sb, did the organization if Berm 88867 is a party to a prohibited tax shelter transaction?  6c In It "Yes * to line Sar of Sb, did the organization if Berm 88867 is a party to a prohibited tax shelter transaction?  6c In It "Yes * to line Sar of Sb, did the organization in Berm 88867 is a party to a prohibited tax shelter transaction?  6c In It "Yes * to line Sar of Sb, did the organization in the organization shelt in the organization in the organization in the organization are express statement that such contributions orgits  6c In It "Yes * to line Sar of Sb, did the organization in the organization are express statement that such contributions or gifts  6c In It "Yes * to lide the organization in only the donor of the value of the goods or services provided?  7c In It If Yes * to lide the organization in only the donor of the value of the goods or services provided?  7d It If Yes * indicate the number of Forms 8882 field during the year  1c Did the organization relieved a contribution of qualified intellectual property, did the organization file a Form 1988 or year of year in the organization relieved a contribution of causified intellectual property, did the organization file a Form 1988 or year of year in the organization was a party	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 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?  4b If "Yes," enter the name of the foreign country   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 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?  6c Did any taxable party notify the organization file Form 888877.  6c Did was 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?  6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization set was payment in excess of \$15 made party as a contribution and party for goods and services provided?  7c Did the organization notify the doner of the value of the goods or services provided?  7d Did the organization receive a payment in excess of \$15 made party as a contribution of any		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
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?  b If "Yes," enter the name of the foreign country ▶  5a Was the organization party to a prohibited tax whether transaction?  5b Was the organization that it was or is a party to a prohibited tax whether transaction?  5c If "Yes" to lie So or 5b, did the organization the fore m88677  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 schariable contributions?  6b Were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a bid the organization stell, any receive deductible contributions under section 170(c).  a bid the organization stell, any receive deductible contributions under section 170(c).  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a bid the organization stell, any receive deductible contributions under section 170(c).  b If "Yes," indicate the number of Forms 8222 filed during the year  c bid the organization sell, exchange, or otherwise dispose of tangitie personal property for which it was required to the Form 82827  for bid the organization, during the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  f bid the organization needed a contribution of qualified intellectual property, did the organization file a Form 1984 or the organization received a contribution of account of the form 1985 or the value of the general part of the organization file Porms 829 as required?  h If the organization received a contribution of account part of the forms 1985 or the part of the org	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
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 O	3b							
b If "Yes," enter the name of the foreign country ▶  Sae instructions for filling 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 Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sar of Sb, did the organization file Form 8868-7?  5c Dese 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 Was the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8 bif "Yes," did the organization norify the donor of the value of the goods or services provided?  9 bif "Yes," did the organization norify the donor of the value of the goods or services provided?  7b If "Yes," inclinate the number of Forms 8282 filed during the year  9 bif the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  9 if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  8 Sponsoring organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  8 Sponsoring organization maintaining donor advised funds. Did a chorn advised fund maintained by the sponsoring organization make a distribution to a chorn advised fund the organization file a Form 1098-07  8 Sponsoring organization make a distribution to a chorn advised fund maintained by the sponsoring organization make a distribution to a chorn advised fund the organization file a Form 1098-07  9 bif the organization the avenues business bicilings at any time during the year?  10 bif the sponsoring	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  8 Does the organization have annual gross recepts 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?  9 Organizations that many receive deductible contributions under section 170(c).  10 If the organization receive a payment in excess of \$75 made party as a contribution of possible of the payor?  10 If "Yes," did the organization notify the donor of the value of the goods or services provided?  10 If "Yes," inclinate the number of Forms 8282 filed during the year  11 If yes," did the organization received an contribution of understance of the value of the goods or services provided?  12 If If yes, a find the organization received an contribution of understance of the value of the goods or services provided?  13 If the organization received an contribution of understance of the value of the goods or services provided?  14 If Yes, "inclinate the number of Forms 8282 filed during the year  15 If the organization received an contribution of qualified intellectual property, did the organization file Form 899 as required?  16 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  17 Sponsoring organization have excess business holdings at any time during the year?  18 Sponsoring organization make any taxable distributions under section 4966?  19 Did the sponsoring organization make any taxable distributions under section 4966?  19 Section 501(E/17) organizations. Enter:		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soleid any contributions that were not tax deductible as charitable contributions?  6a X  b 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).  a 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?  7 If "Yes," indicate the number of Forms 8282 filed during the year  2 Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Te X  7 Did the organization receive any tunds, directly or indirectly, on a personal benefit contract?  7 Te X  7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 8898 as required?  8 Sponsoring organization make a dorsitivation of cars, boats, airplanes, or other vehicles, did the organization that a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor advisor, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make a distributio	b	If "Yes," enter the name of the foreign country ▶								
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?  5 C		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
till Yes' to line 5a or 5b, did the organization file Form 8886-17.  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?  6	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a							
6a   X    b   fr Yes," 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 deductible as charitable contributions?  b   fr 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).  a   Did the organization scealve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to file Form 8282?  If o Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   Exception   Ex	b		5b		X					
any contributions that were not tax deductible as charitable contributions?  b   f ^Yes," (if when 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).  a   Did the organization repairs appament in excess of \$57 made party as a contribution and party for goods and services provided to the payor?  b   f ^Yes," (id the organization notify the donor of the value of the goods or services provided?  c   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d   f ^Yes," indicate the number of Forms 8282 filed during the year  e   Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f  Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f  Did the organization received a contribution of cars, boats, ariplanes, or other whicked, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b   f ^Yes, enter the amount of tax-exempt interest received or accrued during the year  110 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b   f ^Yes, enter the amount of reserves the organization is required to maintain by the states in which the organization is idensed to losse qualified health plans in more than one state?  Note: See the instructions for additional information the		c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
b 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).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required?  3 If the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required?  7 If If the organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organizations maintaining donor advised funds. Did a donor adviser, or related person?  9 Did the sponsoring organization make any taxable distributions to a donor, donor advisor, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions to a donor, donor advisor, or related person?  9 Did the sponsoring organization make any taxable distributions to adminish the sponsoring	6a									
were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  The prives," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If yes," indicate the number of Forms 8282 filed during the year  Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To but the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  The privation of the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 and if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 and if the organization maintaining donor advised funds.  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make and stributions included on Part VIII, line 12  Did the sponsoring organization is precipited to the advision of the fill of the summan of the fill of the summan of the fill			6a		X					
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X g If the organization receive any funds, directly or indirectly, to na personal benefit contract? 7 To Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Th If the organization nation and pond and vised funds. Did a donor advised fund maintained by the sponsoring organization make and distributions under section 4966? 9 Sponsoring organization make and istributions under section 4966? 9 a Did the sponsoring organization make and istributions under section 4966? 9 a Did the sponsoring organization make and istributions under section 4966? 9 a Did the sponsoring organization is required to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on Part VIII, line 12 1 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization in line of Form 1041? 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule O. 1 Enter the amount of reserves	b									
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c		were not tax deductible?	6b							
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76	7	• • • • • • • • • • • • • • • • • • • •								
to file Form 8282?  To I'd the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If I'res, "Indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To I'd the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  To I'd the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To I'd I'the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  Soponsoring organization maintaining donor advised funds.  By Sponsoring organization have excess business holdings at any time during the year?  By Sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization section 4960 and the sponsoring organization file a Form 1041?  By I'res, "early the sponsoring organization shall be a distribution on the sponsoring organization must report on Schedule O  By I'res, "early the sponsoring organization and educational in	а				X					
to file Form 8282?  d If "Yes," inclicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7	b		7b							
d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7	С				\ <sub>32</sub>					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  71 X  72 If the organization cevieved a contribution of qualified intellectual property, did the organization file Form 8899 as required?  73 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  75 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b Gross income from members or shareholders  b Gross income from ther 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?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization icensed 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 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 any payments for indoor tanning services during the tax year?  c Enter the amount of reserves the organization of the payments? If "No," provide a			7c		Δ.					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from members or shareholders  b 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 filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization is 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 in order than the states in which the organization is licensed to issue qualified to maintain by the states in which the organization is licensed to issue qualified health plans in order than 13a lia literature or access parachute payments or advised f	d	<del></del>	_		v					
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  a linitiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  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?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization ilcensed 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 any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Enter the amount of reserves on hand  Is the organization and educational institution subject to the section 4968 excise tax on net investment income?  If "Yes,	_									
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  9a										
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from members or shareholders  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?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  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.  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 in more than one state?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  If 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.										
sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b	_		/11							
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Intitation fees and capital contributions included on Part VIII, line 12	0		Q							
a Did the sponsoring organization make any taxable distributions under section 4966? 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 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 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  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  13b c Enter the amount of reserves on hand  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  14b 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?  16 X  If "Yes," complete Form 4720, Schedule O.	a									
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  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  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?  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  13b  c Enter the amount of reserves on hand  13c  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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?  16 X  If "Yes," complete Form 4720, Schedule O.			9a							
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b 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 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b	_									
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110 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 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 13a 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.			0.0							
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 11a 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 14b 15 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 15c 15d 15c 15d		I I								
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 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? 15 Is the organization subject to the section 4960 tax on 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? 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  If "Yes," complete Form 4720, Schedule O.	_									
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  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? 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.										
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?  13 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 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? 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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 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.	а	, n / <sup>2</sup>								
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 12b 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 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 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									
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 the organization licensed to issue qualified health plans in more than one state? 13a 15a 15a 15a 15a 15a 15a 15a 15a 15a 15										
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.  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  Enter the amount of reserves on hand  Italia Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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.	12a		12a							
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.	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
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?	13a							
organization is licensed to issue qualified health plans		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.		organization is licensed to issue qualified health plans								
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									
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		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.										
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.					37					
	16		16		X					
		If "Yes," complete Form 4720, Schedule O.	_	000	(00.10)					

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			_				
		1 1	4	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15					
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	15					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other						
	officer, director, trustee, or key employee?		2		X			
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, trustees, or key employees to a management company or other person?		з		X			
4	Did the organization make any significant changes to its governing documents since the prior Form				Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as				X			
6	Did the organization have members or stockholders?				Х			
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?		7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	persons other than the governing body?	•	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		···   ···					
а	The governing body?		8a	Х				
b	Each committee with authority to act on behalf of the governing body?			77	1			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		···   <u> </u>					
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F		-					
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such or							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		101	,				
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	and the second s							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		···   ·					
_	in Schedule O how this was done		120	, X				
13	Did the organization have a written whistleblower policy?			77				
14	Did the organization have a written document retention and destruction policy?			+				
 15	Did the process for determining compensation of the following persons include a review and approx							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'							
а	The organization's CEO, Executive Director, or top management official		15	X				
	Other officers or key employees of the organization		15	77				
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a						
	taxable entity during the year?		16		Х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation							
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati							
	exempt status with respect to such arrangements?		161	,				
Sec	tion C. Disclosure			•				
17	List the states with which a copy of this Form 990 is required to be filed ▶CA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501)	c)(3)s or	ıly) ava	ilable			
	for public inspection. Indicate how you made these available. Check all that apply.	,,	,,,	•.				
		n on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	,	, and fin	ancial				
	statements available to the public during the tax year.	,,						
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records						
	THE ORGANIZATION - (818) 716-1513	· _						
		91364-2469						

# 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.

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

X Check this box if neither the organization	n nor any related	orga	aniza	ation	cor	npei	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	$\vdash$			lorri ustee)		from	from related	other	
	(list any	irecto						the	organizations	compensation
	hours for related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		ee/	mpen		(***2/1033***********************************		and related
	below	dualt	ntiona	L	nplo)	st co	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			· ·
(1) BRAD HERRAMA	2.00									
BOARD MEMBER, SECRETARY		Х		Х				0.	0.	0.
(2) CHAD HINES	2.00									
BOARD MEMBER, VICE CHAIR		X		Х				0.	0.	0.
(3) JOHN WAGNER	2.00									
BOARD MEMBER, TREASURER		Х		Х				0.	0.	0.
(4) JIM WATSON	2.00									
BOARD MEMBER, CHAIR		Х		Х				0.	0.	0.
(5) DIEDRE BERMAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JAMIE RESIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ADRIENNE BENDER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) EMILY LUXFORD	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CHRISTOPHER HOLLAND	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JORDAN RAMER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) RHONDA RESNICK	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(12) LINDA SOLOMON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) KRISTIN YAREMA	2.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(14) COURTNEY DE BALMANN	2.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(15) YASITH WEERASURIYA	2.00	۱								_
BOARD MEMBER	40.00	Х	_	_		_	<u> </u>	0.	0.	0.
(16) MARILYN GRUNZWEIG GELLER	40.00				,			100 660	_	0 450
CEO					Х			188,662.	0.	9,472.
		1								
			l	1	1	l	1			

Form **990** (2019)

932007 01-20-20

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)	_		(D)	(E)				
	Name and title	Average		Position (do not check more than one			than		Reportable	Reportable		Estin		
		hours per week					is bot or/trus		compensation	compensatio from related			nount other	ot
		(list any	to.						from the	organization			otriei ipensa	ation
		hours for	Individual trustee or director				p		organization	(W-2/1099-MIS			om th	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** = / ********************************	,		anizat	
		organizations	Itrust	Institutional trustee		yee	Highest compensated employee					an	d relat	ed
		below	vidua	itution	Ser	Key employee	hest c	Former				orga	anizati	ons
		line)	Indi	Inst	Officer	Key	Hig	윤						
			-											
							-							
							$\vdash$							
			1											
	Subtotal								188,662.		0.		9,4	<u>72.</u>
	Total from continuation sheets to Part V								188,662.		0.		9,4	0.
a	Total (add lines 1b and 1c)  Total number of individuals (including but n									000 of reportab			J,4	14.
2	compensation from the organization	ioi iiiiiited to ti	1056	11516	eu a	DOV	e) wi	10 1	eceived more than \$100	,000 or reportable	ie			2
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee, l	key e	emp	loye	e, o	r hig	ghest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sch	edule	e J t	for such individual			4	Х	
5	Did any person listed on line 1a receive or a	=				-			ted organization or indivi	dual for services				77
	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J t	for s	uch	pers	son .					5		X
1	Complete this table for your five highest co	mneneated in	den	ande	nt c	ont	racto	ore t	that received more than	\$100 000 of com	nane	ation t	from	
•	the organization. Report compensation for										ропо	ation		
	(A)								(B)			((	<del></del>	
	Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
								_						
								_						
								$\dashv$						
2	Total number of independent contractors (i		ot li	mite	d to		se li: 0	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation >										Form	990 (	2019)

932008 01-20-20

	rt V		Statement of Revenue		L I COMDI	111011			O Tage O
Га	I L V	Ш							
			Check if Schedule O contains a re	esponse	or note to any lii	ne in this Part VIII  (A)  Total revenue	(B) Related or exempt function revenue	Unrelated	from tax under
				_					sections 512 - 514
nts nts	1	а	Federated campaigns	la					
Contributions, Gifts, Grants and Other Similar Amounts				lb					
ts, An				lc					
ia iar			·····-	ld					
ns, Sim			J \	le					
utio er \$		f	All other contributions, gifts, grants, and		065 073				
ë			···	lf .	965,073.				
ont		_	<b>-</b>	lg \$		065 073			
<u>a</u> C		h	Total. Add lines 1a-1f			965,073.			
_	_		CDONCODCILLDC		Business Code	358,871.	358,871.		
Program Service Revenue			SPONSORSHIPS PROGRAM INCOME		900099	254,500.	254,500.		
ser iue			ANNUAL MEETING		900099	63,146.	63,146.		
m S			ANNUAL MEETING		300033	03,140.	03,140.		
gra Re		d							
Pro		e	All all and an area and a second		-				
_		f	1 3			676,517.			
_	3	g	Total. Add lines 2a-2f			070,317			
	3		other similar amounts)			112.			112.
	4		Income from investment of tax-exemp						
	5		Royalties	-					
				Real	(ii) Personal				
	6	2	Gross rents 6a		(.,, : : : : : : : : : : : : : : : : : :				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Nist words in a sure on (is a s)		<u> </u>				
				curities	(ii) Other				
	•	ŭ	assets other than inventory 7a		( )				
		h	Less: cost or other basis						
e		~	and sales expenses 7b						
Revenue		С	Gain or (loss) 7c						
Re			Net gain or (loss)		<b>•</b>				
	8		Gross income from fundraising events (no						
Other				of					
			contributions reported on line 1c). See						
			Part IV, line 18		35,692.				
		b	Less: direct expenses		20,229.				
		С	Net income or (loss) from fundraising	events	<b>&gt;</b>	15,463.			15,463.
	9	а	Gross income from gaming activities.	See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
		С	Net income or (loss) from gaming activ	vities					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a	ı				
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of inve	entory	<b>&gt;</b>				
တ္					Business Code				
Miscellaneous Revenue	11	а	PARTNERSHIP LOSS		900099	-4,489.			-4,489.
lan		b							
Sel Se		С							
Mis			All other revenue						
		е	Total. Add lines 11a-11d		<b>&gt;</b>	-4,489.			
	12		Total revenue. See instructions			1,652,676.	676,517.	0.	11,086.

932009 01-20-20

0. 11,086. Form **990** (2019)

### 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).

D-	Check if Schedule O contains a respon not include amounts reported on lines 6b,	se or note to any line in  (A)	this Part IX	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	164 000	164 000		
	and domestic governments. See Part IV, line 21	164,000.	164,000.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	328,208.	272,943.	17,923.	37,342
•	trustees, and key employees	320,200.	212,945.	11,925.	37,342
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	269,221.	252,794.		16,427
7	Other salaries and wages Pension plan accruals and contributions (include	207,221•	434,134.		10,427
8	section 401(k) and 403(b) employer contributions)	17,662.	15,543.	530.	1 589
9	Other employee benefits	87,073.	76,624.	2,612.	1,589 7,837 3,897
9 10		43,299.	38,103.	1,299.	3 897
11	Payroll taxes  Fees for services (nonemployees):	43,233.	30,103.	1,200	3,037
a					
b		32,937.		32,937.	
q		32,337.		32,337.	
u e	Lobbying				
f	Investment management fees				
g	// / / L 100/ / L 100/				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	34,839.	31,522.	2,197.	1,120
14	Information technology	59,491.	59,491.	_,	
15	Royalties		00, 101		
16	Occupancy	53,151.	48,899.	2,126.	2,126
17	Travel	,			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	88,124.	79,130.	8,994.	
20	Interest	,	- ,	-,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	49,540.	42,896.	6,644.	
23	Insurance	6,208.	4,966.	1,242.	
24	Other expenses. Itemize expenses not covered	-	-	-	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSES	129,341.	129,341.		
b	EDUCATION AND RESEARCH	76,955.	76,955.		
С	BANK AND MERCHANT FEES	17,403.	17,403.		
d	FUNDRAISING EXPENSES	8,604.			8,604
е	A.II I	110.	110.		
25	Total functional expenses. Add lines 1 through 24e	1,466,166.	1,310,720.	76,504.	78,942
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

# Form 990 (2019) Part X Balance Sheet

Га	IL A	Dalance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,362,708.	1	1,605,971.
	2	Savings and temporary cash investments			310,216.	2	310,329.
	3	Pledges and grants receivable, net		92,104.	3	62,779.	
	4	Accounts receivable, net	145,950.	4	146,750.		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of				5	
ស	6	Loans and other receivables from other disq	rsons (as defined				
		under section 4958(f)(1)), and persons descr	ibed in sec	ction 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			4,430.	9	9,354.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		106,914.			
	b	Less: accumulated depreciation		56,419.	12,746.	10c	50,495.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li			12		
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		107,015.	14	64,458.	
	15	Other assets. See Part IV, line 11		45,875.	15	76,211.	
	16	Total assets. Add lines 1 through 15 (must e			2,081,044.	16	2,326,347.
	17	Accounts payable and accrued expenses			61,077.	17	106,980.
	18	Grants payable		18			
	19	Deferred revenue	157,793.	19	170,683.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or	former offic	cer, director,			
≝		trustee, key employee, creator or founder, su	ubstantial (	contributor, or 35%			
Liabilities		controlled entity or family member of any of	these pers	ons		22	
_	23	Secured mortgages and notes payable to ur	related thi	rd parties		23	
	24	Unsecured notes and loans payable to unrel	ated third	parties		24	
	25	Other liabilities (including federal income tax	, payables	to related third			
		parties, and other liabilities not included on l	ines 17-24	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			218,870.	26	277,663.
S		Organizations that follow FASB ASC 958,	check her	e ▶ X			
၁င		and complete lines 27, 28, 32, and 33.			4 060 454		
ala	27				1,862,174.	27	2,048,684.
Ä	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB AS	C 958, ch	eck here 🕨 📖			
Ž.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur			29		
SSE	30	Paid-in or capital surplus, or land, building, o	F		30		
Ϋ́	31	Retained earnings, endowment, accumulate			1 060 184	31	0.040.604
ž	32	Total net assets or fund balances			1,862,174.	32	2,048,684.
	33	Total liabilities and net assets/fund balances			2,081,044.	33	2,326,347.

14580702 793269 4686

Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		ı			
1	Total revenue (must equal Part VIII, column (A), line 12)		1,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,46		
3	Revenue less expenses. Subtract line 2 from line 1	3			10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,86	2,1	74.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	2,04	8,6	84.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

university:

# 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

Employer identification number

Open to Public Inspection

Name of the organization \*\*-\*\*\*0830 CELIAC DISEASE FOUNDATION 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

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. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated organization operated organization of the supervised organization org the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting

or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or

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

organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

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

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

functionally integrated, or Type III non-functionally integrated supporting organization.

f	Enter the number of supported of	organizations					
g	Provide the following information	n about the supporte	ed organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

# 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.)

Sec	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•			
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	,	,	` ,	. ,	,	
	membership fees received. (Do not						
	include any "unusual grants.")	976,239.	1,152,653.	630,743.	1,064,481.	1,000,765.	4,824,881.
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						
4	<b>Total.</b> Add lines 1 through 3	976,239.	1,152,653.	630,743.	1,064,481.	1,000,765.	4,824,881.
	The portion of total contributions						
J	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)						
•							4,824,881.
	Public support. Subtract line 5 from line 4.						4,024,001.
		(-) 0015	(h) 0010	(=) 0017	(4) 0010	(=) 0010	(f) Total
	endar year (or fiscal year beginning in)	(a) 2015 976, 239.	(b) 2016 1,152,653.	(c) 2017 630, 743.	(d) 2018 1,064,481.	(e) 2019	(f) Total
	Amounts from line 4	910,239.	1,152,655.	030,743.	1,004,401.	1,000,765.	4,824,881.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	215	0.1	107	1 2 7	110	700
	and income from similar sources	315.	91.	127.	137.	112.	782.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						4,825,663.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12 2	,096,700.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<u></u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.98 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	99.95 %
16a	33 1/3% support test - 2019. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>X</b>
b	33 1/3% support test - 2018. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			<b>&gt;</b>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				· ·	-	
b	10% -facts-and-circumstances tes						
-	more, and if the organization meets the	-					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization		-	•			
		3.2 0.1001( 4		, ,		edule A (Form 990	

932022 09-25-19

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services 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						
<b>b</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						
<b>c</b> 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) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
<b>b</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						<u> </u>
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						<b></b>
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
<b>14</b> First five years. If the Form 990 is for	-			•		
check this box and stop here	<u></u>					<u></u> ▶∟⊥
Section C. Computation of Publi					1 1	
15 Public support percentage for 2019 (li					15	<u>%</u>
16 Public support percentage from 2018					16	<u>%</u>
Section D. Computation of Inves					1 1	
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box an						
<b>b 33 1/3% support tests - 2018.</b> If the						
line 18 is not more than 33 1/3%, chec	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20 Private foundation. If the organization	n 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		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
0.0		
9с		
10a		
10b		
מטו		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
		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		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e directors, trustees, or membership of one or more supported organizations have the power to			
	-	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe 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		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			
		/I how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800		vised, or controlled the supporting organization.	2		<u> </u>
Sec	uon (	C. Type II Supporting Organizations		Yes	No
4	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	NO
1		stees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		reported organization(s).	1		
Sec		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	-	ason of the relationship described in (2), did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0		orted organizations played in this regard.	3		
		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	-)	
с 2		ties Test. <b>Answer (a) and (b) below.</b>	luctions	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
_		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		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			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3	Paren	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	Did th	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		L

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	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-functiona	lly integra	ated Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses 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 <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(provide details in <b>Part VI</b> ). 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

### **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

CELTAC DISEASE FOUNDATION

**Employer identification number** \*\*-\*\*\*0830

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		d 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 c	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f 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
	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 pe		
•	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation easements during the year
7	Amount of avanages incurred in monitoring inspecting hard	dling of violations, and enforcing conservati	an accompate during the year
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	aling of violations, and emorcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	to satisfy the requirements of section 170/h	5)/4)/P)/i)
0	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservati		
5	balance sheet, and include, if applicable, the text of the footi	•	
	organization's accounting for conservation easements.	Total to the organization of infarious statement	The trial 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 ar	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	ncial statements that describes these items	S.
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		<b>&gt;</b> \$
	(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	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019

Par	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	r Othe	r Simila	ar Asse	<b>ts</b> (contini	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	t make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizatio	on's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?				Yes		No_
Par	rt IV Escrow and Custodial Arran	<b>gements.</b> Comple	ete if the	organizatio	n answered "	Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as:	sets not i	included		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	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 Fe	orm 990, Part X, line	21, for	escrow or co	ustodial acco	unt liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	rt V Endowment Funds. Complete in	f the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two years	s back (	<b>d)</b> Three y	ears back	(e) Four	years	back
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd administe	red for th	e organiz	ation	_	-	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza								3b		
Do:	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	rt VI Land, Buildings, and Equipm		0 D-+ 1	/ U 44- C	D F 000	D-4V					
	Complete if the organization answered			<del></del>		<u> </u>			( N D )		
	Description of property	(a) Cost or o basis (investr			or other	. ,	cumulate reciation	a	(d) Book	valu	е
	Lond	<u> </u>	n <del>e</del> nt)	Dasis	(other)	uep	i eciatioi i				
	Land										
	Buildings										
	Leasehold improvements										
				1 0	6,914.		56,41	9.	50	1 4	95.
	Other		Y colum				JU, 4.			, 4	
rotal	ii. Add iiries Ta trirough Te. (Columin (d) must e	yuarı onn 330, Part	A, COIUI	וווו (ט), וווופ ו	06.)				D (Farms		

Schedule D (Form 990) 2019

	ASE FOUNDATIO	)N **	-***0830 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
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 en	d-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"		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	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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

(8)

Pa	t XI Reconciliation of Revenue per Audited Financial Statem		n Revenue per R	eturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				1 000 006
1	Total revenue, gains, and other support per audited financial statements			1	1,989,026.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
а	Net unrealized gains (losses) on investments		226 250		
b	Donated services and use of facilities		336,350.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				226 252
е	Add lines 2a through 2d			2e	336,350.
3	Subtract line 2e from line 1			3	1,652,676.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,652,676.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,802,516.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	336,350.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	336,350.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,466,166.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line 18.</i> )			5	1,466,166.
	t XIII Supplemental Information.				,,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV lines 1h	and 2h: Part V line	1· Part	X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			т, г агс	λ, ιιτο Σ, τ αιτ λι,
111103	20 and 45, and 1 art Art, lines 20 and 45. Also complete this part to provide any add	altional illio	mation.		
PAI	RT X, LINE 2:				
THI	E ACCOUNTING STANDARD ON ACCOUNTING FOR UN	ICERTA:	INTY IN INC	OME	TAXES
PRO	OVIDES GUIDANCE ON HOW UNCERTAIN TAX POSIT	IONS S	SHOULD BE R	ECO	GNIZED,
MEZ	ASURED, PRESENTED AND DISCLOSED IN THE FIN	IANCIAI	L STATEMENT	S. 1	EXAMPLES OF
	Y POSITIONS INCLUDE THE TAX-EXEMPT STATUS				
	SITIONS RELATED TO THE POTENTIAL SOURCES O				
				_,_,	

Schedule D (Form 990) 2019

INCOME (UBIT). THE FOUNDATION BELIEVES THAT IT HAS NO UNCERTAIN TAX

POSITIONS THAT IMPACT ITS FINANCIAL STATEMENTS.

#### **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

**Open to Public** Inspection

Name of the organization

Employer identification number

CELIAC	DISEASE FOUNDATION	1			**-***0	830	
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not	
1 Indicate whether the organization rais	sed funds through any of the followi	ng acti	vities.	Check all that apply			
a Mail solicitations				overnment grants			
<b>b</b> Internet and email solicitations			-	nment grants			
c Phone solicitations g Special fundraising events							
d In-person solicitations	<b>9</b> 0poola.	rarrare	9	ovonio			
2 a Did the organization have a written of	or oral agreement with any individual	l (inclu	dina o	fficers directors true	stees or		
key employees listed in Form 990, P						□ No	
<b>b</b> If "Yes," list the 10 highest paid indi							
		Jani 10	agree	ements under which	ine iunuraiser is to t	) <del>e</del>	
compensated at least \$5,000 by the	e organization.						
		(iii)	Did		(v) Amount paid	(	
(i) Name and address of individual	(ii) Activity	fundr have c or cor	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)	(,/	or cor	trol of	from activity	fundraiser listed in col. (i)	organization	
		Yes	No		ilated ii i coi. (i)		
Total			<b></b>				
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration	
or licensing.							
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2019	

Pa	irt I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and given	-		· · · · · · · · · · · · · · · · · · ·			
		or landraising event contributions and gr	(a) Event #1 GOLF TOURNAMENT	<b>(b)</b> Event #2	(c) Other events  NONE	(d) Total events (add col. (a) through col. (c))		
ē			(event type)	(event type)	(total number)	35(5)/		
Revenue	1	Gross receipts	35,692.			35,692.		
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	35,692.			35,692.		
	4	Cash prizes						
တ္သ	5	Noncash prizes						
xpense	6	Rent/facility costs	16,565.			16,565.		
Direct Expenses	7	Food and beverages						
	8	Entertainment	2 ((1			2 664		
	9	Other direct expenses				3,664. 20,229.		
	10	Direct expense summary. Add lines 4 throug	. ,			15,463.		
Pa	11 rt l			a 000 Part IV line 10 or		13,403		
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	11 330, 1 art 17, iii 10 13, 01	reported more triair			
		÷ · · · · · · · · · · · · · · · · · · ·	( ) 5:	(b) Pull tabs/instant		(d) Total gaming (add		
une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue								
<u> </u>	1	Gross revenue						
ses	2	Cash prizes						
zxpen	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
		,	Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	No No			
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)						
		Net coming in a second accompany Colleton of line 2	7 fuere line 4 celumna (d)		_			
_	8	Net gaming income summary. Subtract line	7 from line 1, column (a)		<b>P</b>			
9	Fnt	ter the state(s) in which the organization cond	ucts gaming activities:					
		the organization licensed to conduct gaming a	-	states?		Yes No		
		No," explain:						
	_							
		ere any of the organization's gaming licenses r			year?	Yes No		
b	If "Yes," explain:							

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

10 Does the organization canduct gaming activities with nonmembers?	Schedule G (Form 990 or 990-EZ) 2019 CELIAC DISEASE FOUNDATION	**-***0830 Page 3
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?    3	11 Does the organization conduct gaming activities with nonmembers?	Yes No
13 Indicate the percentage of gaming activity conducted in: a The organization's facility	12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	ormed
a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name Address		
b An outside facility  14 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?		<b>13a</b>   %
Name   Address		
Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Name ▶	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party:  Name ▶ Address ▶	Address	
of gaming revenue retained by the third party ▶\$	15a Does the organization have a contract with a third party from whom the organization receives gaming reven	ue? Yes No
of gaming revenue retained by the third party ▶\$	<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	the amount
c 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		
Address ▶  16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer		
Address ▶  16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer	Name ▶	
Gaming manager compensation ▶ \$		
Description of services provided ▶  Director/officer	16 Gaming manager information:	
Description of services provided ▶  Director/officer	Name ▶ _	
Director/officer		
Director/officer		
17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b 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 ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	Description of services provided	
17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b 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 ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		
17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b 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 ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Director/officer Employee Independent contractor	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17 Mandatory distributions:	
retain the state gaming license?  b 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   Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		
<ul> <li>b 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 ► \$</li> <li>Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,</li> </ul>		Yes No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		
		and (v); and Part III, lines 9, 9b, 10b,

Schedule G	(Form 990 or 990-EZ)	CELIAC DISEASE	FOUNDATION	**-***0830	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	rmation (continued)			<u> </u>
	сарринина пис	(eenanaea)			
-					

4686\_\_\_1

#### 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 **2019** 

Open to Public Inspection

Name of the organization Employer identification number \*\*-\*\*\*0830 CELIAC DISEASE FOUNDATION Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) COLUMBIA UNIVERSITY P.O. BOX 29789 GENERAL POST OFFICE NEW YORK, NY 10087 0.FMV CELTAC RESEARCH 501(C)(3) 48,000 BOSTON'S CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 02241 501(C)(3) 48,000 0.FMV CELIAC RESEARCH THE UNIVERSITY OF CHICAGO 5235 S. HARPER COURT, 4TH FLOOR CHICAGO, IL 60615 501(C)(3) 48,000 0.FMV CELIAC RESEARCH CHILDREN'S HOSPITAL FOUNDATION 801 ROEDER ROAD, SUITE 300 SILVER SPRINGS, MD 20910 501(C)(3) 20,000 0.FMV CELIAC RESEARCH 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019)

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
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	

## 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.

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AND EDUCATION.

CELIAC DISEASE FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

Employer identification number \*\*-\*\*\*0830

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PROGRESSION, AND CONSEQUENCES OF CELIAC DISEASE. WE THE CAUSES, CONTINUE TO EXPAND OUR PATIENT REGISTRY, ICURECELIAC, THAT PROVIDES RESEARCHERS WORLDWIDE WITH DATA TO ACCELERATE RESEARCH TO BETTER UNDERSTAND, AND ULTIMATELY CURE CELIAC DISEASE. THROUGH ITS IQUALIFYCELIAC PLATFORM, THE ONLY PATIENT-DRIVEN CLINICAL TRIAL SCREENING TOOL FOR CELIAC DISEASE TO ACCELERATE RECRUITMENT OF OUALIFIED VOLUNTEERS INTO CLINICAL TRIALS, STUDIES, AND FOCUS GROUPS, THE FOUNDATION PARTNERS WITH BIOPHARMA AND BIOTECH COMPANIES TO SPEED DEVELOPMENT OF ADJUNCT TREATMENTS AND DIAGNOSTICS. C.. A TWO-TIME PATIENT-CENTERED OUTCOMES INSTITUTE (PCORI) AWARD WINNER, FOUNDATION DRIVES PATIENT ENGAGEMENT IN CELIAC DISEASE RESEARCH, WITH CEO MARILYN G. GELLER APPOINTED TO THE NATIONAL PCORI PATIENT ADVISORY ENGAGEMENT PANEL. FROM SPONSORING THE FIRST SEROLOGY WORKSHOP, WHICH LED TO TODAY'S CELIAC DISEASE BLOOD TEST, TO COMPELLING THE NIH TO FUND CELIAC DISEASE RESEARCH, THE FOUNDATION CONTINUES TO PLAY AN INTEGRAL ROLE IN IMPROVING THE LIVES OF THOSE AFFLICTED AND THEIR LOVED ONES.

### **ADVOCACY**

FOR 30 YEARS, THE CELIAC DISEASE FOUNDATION AND OUR NATIONAL NETWORK OF

ACTIVISTS HAVE WORKED DILIGENTLY FOR FEDERAL RECOGNITION OF CELIAC

DISEASE AS ONE OF THE WORLD'S MOST PREVALENT, AND LEAST DIAGNOSED,

GENETIC AUTOIMMUNE DISEASES. THE CELIAC DISEASE FOUNDATION WAS A

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

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

932211 09-06-19

Name of the organization **Employer identification number** \*\*-\*\*\*0830 CELIAC DISEASE FOUNDATION FOUNDING MEMBER OF THE AMERICAN CELIAC DISEASE ALLIANCE (ACDA), WHICH ACHIEVED THE 2014 FDA GLUTEN-FREE LABELING RULE, AND IS ACTIVELY INVOLVED WITH THE NATIONAL INSTITUTES OF HEALTH (NIH), NATIONAL DIGESTIVE DISEASES INFORMATION CLEARINGHOUSE (NDDIC), AND THE FOOD & DRUG ADMINISTRATION (FDA) IN THE PROMOTION OF CELIAC DISEASE CONCERNS. WE CONTINUE TO EDUCATE OUR ELECTED OFFICIALS ON THE UNMET NEEDS OF PEOPLE WITH CELIAC DISEASE, AND TO EMPHASIZE THE NEED FOR GLUTEN-FREE LABELING STANDARDS AND FUNDING OF CELIAC DISEASE RESEARCH AND EDUCATION PROGRAMS. IN 2020, THE FOUNDATION, IN PARTNERSHIP WITH EXPERT STAKEHOLDERS, RELEASED THE VOLUNTARY RECOMMENDATIONS FOR MANAGING CELIAC DISEASE IN LEARNING ENVIRONMENTS GUIDE AND TRAINING PROGRAM, TO INFORM SCHOOLS HOW TO SUPPORT SECTION 504 ACCOMMODATIONS FOR CHILDREN WITH CELIAC DISEASE. THROUGH OUR IADVOCATE ONLINE PROGRAM, THE FOUNDATION RECRUITS AND TRAINS A NATIONAL NETWORK OF STATE ADVOCACY AMBASSADORS TO ENGAGE AS CIVIC PARTNERS IN THE RESEARCH PROCESS AND TO SPEAK TO MEMBERS OF CONGRESS ON BEHALF OF THE THREE MILLION AMERICANS SUFFERING FROM CELIAC DISEASE. IN APRIL OF 2019, CEO MARILYN G. GELLER'S TESTIMONY BEFORE THE HOUSE APPROPRIATIONS SUBCOMMITTEE HELPED SECURE FY2020 APPROPRIATIONS REPORT LANGUAGE DIRECTING THE NIH TO DEVOTE SUFFICIENT, FOCUSED RESEARCH TO THE STUDY OF CELIAC DISEASE FOR THE FIRST TIME EVER, AND WE CONTINUE TO COLLABORATE WITH FEDERAL AND STATE POLICYMAKERS TO ADDRESS OUR CURRENT PUBLIC POLICY PRIORITIES. IN ADDITION TO SECURING NIH FUNDING FOR THE STUDY OF CELIAC DISEASE, OUR POLICY PRIORITIES INCLUDE: ESTABLISH A NATIONAL CELIAC DISEASE PATIENT REGISTRY AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), INCREASE ACCESS TO CARE BY PROTECTING CHRONIC DISEASE PATIENTS FROM DISCRIMINATION, EXTEND MEDICARE AND MEDICAID COVERAGE FOR MEDICAL NUTRITION THERAPY TO BENEFICIARIES WITH CELIAC DISEASE, SECURE

39

4686 1

Name of the organization

**Employer identification number** 

\*\*-\*\*\*0830 CELIAC DISEASE FOUNDATION SUFFICIENT CO-SPONSORS FOR H.R. 2074 OR S. 3021, THE GLUTEN IN MEDICINE DISCLOSURE ACT TO ASSURE ITS ENACTMENT AND CONTINUED FDA FUNDING FOR ENFORCEMENT OF THE GLUTEN-FREE LABELING RULE. INTERNATIONALLY, THE FOUNDATION IS AN AFFILIATE MEMBER OF THE ASSOCIATION OF EUROPEAN COEALIC SOCIETIES (AOECS), REPRESENTING NORTH AMERICAN INTERESTS

THROUGH WORLDWIDE COLLABORATION ON CELIAC DISEASE ADVOCACY INITIATIVES.

#### EDUCATION

THE CELIAC DISEASE FOUNDATION PROVIDES THE PUBLIC WITH INNOVATIVE TOOLS AND TECHNOLOGIES IN THE PROMOTION OF CELIAC DISEASE EDUCATION AS APPROVED BY OUR INTERNATIONALLY RENOWNED MEDICAL ADVISORY BOARD. THROUGH CELIAC.ORG, THE WORLD'S MOST TRAFFICKED WEBSITE FOR CELIAC DISEASE, WE ASSIST PATIENTS AND FAMILY MEMBERS THROUGH INITIATIVES LIKE THE SYMPTOMS ASSESSMENT TOOL, DESIGNED TO FACILITATE COMMUNICATION BETWEEN PATIENTS AND THEIR HEALTHCARE PRACTITIONERS, EAT! GLUTEN-FREE, A GLUTEN-FREE RECIPE HUB WITH TAILORED MEAL PLANS TO HELP THE NEWLY DIAGNOSED AND THEIR FAMILIES EASE THE TRANSITION TO A GLUTEN-FREE DIET, BACK-TO-SCHOOL 504 AND CELIAC DISEASE MANAGEMENT PLAN FOR SCHOOL GUIDES, AND A NATIONWIDE DIRECTORY OF PRACTITIONERS SPECIALIZING IN CELIAC DISEASE. OUR PEER-TO-PEER FUNDRAISING PROGRAM, TEAM GLUTEN-FREE (TGF), RAISES AWARENESS AND FUNDS FOR CELIAC DISEASE RESEARCH, EDUCATION, AND ADVOCACY INITIATIVES. WITHIN TGF IS OUR STUDENT AMBASSADOR PROGRAM THAT EMPOWERS STUDENTS TO BECOME YOUNG LEADERS IN THE CELIAC COMMUNITY AND EDUCATE THEIR PEERS ABOUT CELIAC DISEASE. OUR EDUCATION AND FUNDRAISING PROGRAMS EMPOWER OUR COMMUNITY TO CREATE POSITIVE CHANGE AT A GRASSROOTS LEVEL, ENSURING FUTURE GENERATIONS ARE MORE AWARE OF THE SERIOUSNESS OF CELIAC DISEASE. THE FOUNDATION HAS A ROBUST, NATIONWIDE REACH THROUGH CELIAC.ORG, SOCIAL MEDIA CHANNELS, 932212 09-06-19

Name of the organization **Employer identification number** \*\*-\*\*\*0830 CELIAC DISEASE FOUNDATION EAT! GLUTEN-FREE APP, AND OUR MONTHLY E-NEWSLETTER. THE FOUNDATION ALSO PROVIDES ROBUST TOOLS AND PROGRAMMING FOR HEALTHCARE PROFESSIONALS, INCLUDING THE ONLINE NASPGHAN CLINICAL GUIDE FOR PEDIATRIC CELIAC DISEASE AND THE CELIAC DISEASE AND PSYCHOLOGICAL HEALTH TRAINING PROGRAM. THROUGH OUR PARTNERSHIP WITH THE USC KECK SCHOOL OF MEDICINE, THE FOUNDATION SUPPORTS RESIDENT EDUCATION AT THE NATION'S LARGEST INTERNAL MEDICINE TRAINING PROGRAM TO DEVELOP FRONT-LINE PHYSICIANS WHO CAN QUICKLY AND ACCURATELY DIAGNOSE CELIAC DISEASE. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE CEO AND THE FINANCE COMMITTEE BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. BOARD AND STAFF MEMBERS SIGN A CONFLICT OF INTEREST POLICY AFFIRMATION AND COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS COMPENSATION FOR THE CEO ANNUALLY TO DETERMINE THAT THE COMPENSATION IS REASONABLE. FORM 990, PART VI, SECTION C, LINE 19: THE 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER BEFORE FILING AND THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS.

4686\_\_\_1