### Extended to May 17, 2021

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Inspection

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Open to Public

AF	or the	a 2019 calendar year, or tax year beginning UUL 1, 2019 and	enaing U	UN 30, 2020	
B c	heck if	C Name of organization		D Employer identific	cation number
	Addres				
X	Name change	Doing business as		51-01378	33
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	10257 STATE ROUTE 3		618-282-	6233
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,627,844.
11	Ameno			H(a) Is this a group re	eturn
	Application			for subordinates	
	pendin	same as C above		H(b) Are all subordinates in	cluded? Yes No
LT	ax-exe	empt status: X 501(c)(3)	or 527	The state of the s	list. (see instructions)
JV	Vebsit	e: > www.ourhsc.org		H(c) Group exemption	n number
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1975 N	State of legal domicile: IL
Pa	ırt I	Summary			
m	1	Briefly describe the organization's mission or most significant activities: Menta	al hea	1th service	S
Activities & Governance					
rna	2	Check this box   if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
Ö		Number of independent voting members of the governing body (Part VI, line 1b)			6
es 8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	100
Vİţi	6	Total number of volunteers (estimate if necessary)		6	10
cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Q	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)		1,247,206.	1,109,829.
Revenue	9	Program service revenue (Part VIII, line 2g)		2,051,469.	1,966,012.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		115,261.	9,895.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		766,984.	738,827.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,180,920.	3,824,563.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,087,324.	3,082,879.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	A CONTRACTOR OF THE PROPERTY O	
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,250,855.	1,160,644.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,338,179.	4,243,523.
	19	Revenue less expenses. Subtract line 18 from line 12		-157,259.	-418,960.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,970,838.	4,082,697.
tA8	21	Total liabilities (Part X, line 26)		679,853.	1,210,672.
캺	22	Net assets or fund balances. Subtract line 21 from line 20		3,290,985.	2,872,025.
Pa	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparei	has any knowledge.	
		1 Junitales			
Sig	n	Standulfe of officer		Date	i i
Her	e	DAVID M HOLDER BOARD PRESIDENT		7/8/2	1
		Type or print name and title	1	Doto la F	DTIN
		Print/Type preparer's name  Preparer's cignature		Date Check	PTIN
Paid		CURTIS STOLL, CPA		02/08/21 setf-employ	
NOON AND	arer		PA'S	Firm's EIN	37-1231621
Use	Only	Firm's address 205 S. MAIN			0 001 1000
-		COLUMBIA, IL 62236		Phone no. 61	8-281-4999
140	. +ha 11	OS discuss this return with the preparer shown above? (see instructions)			X Ves No

Form 8868 (Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

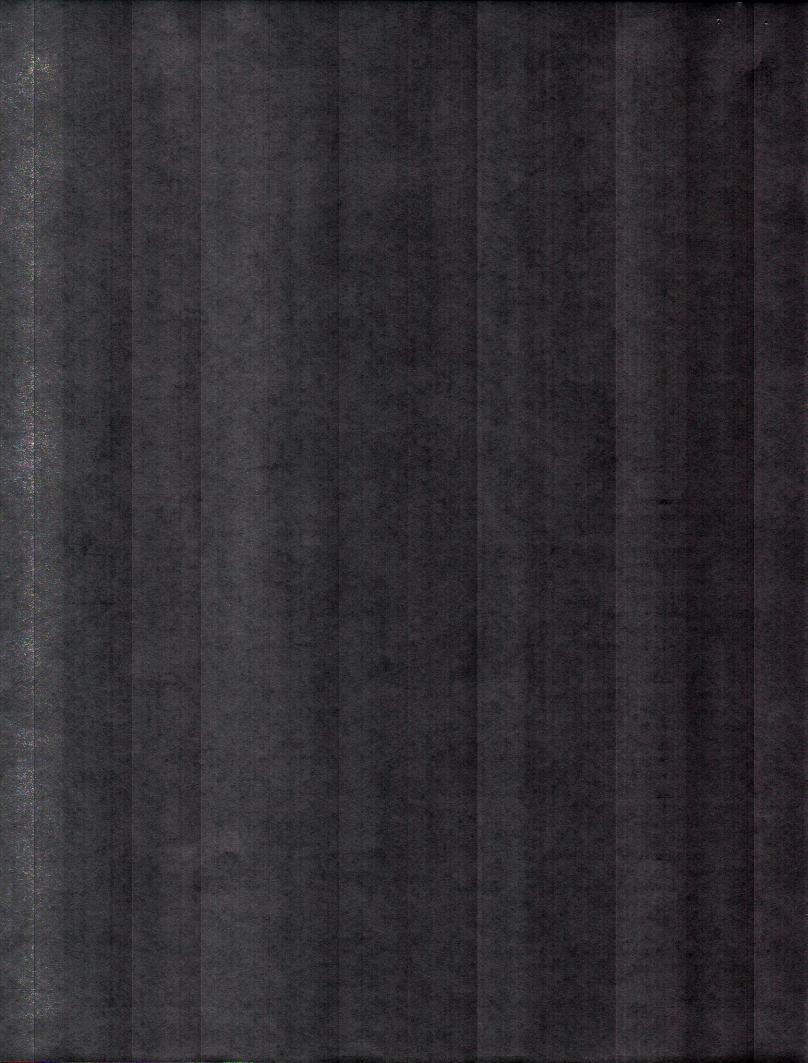
Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

	tic 6-Month Extension of Time.	Only submit origin	nal (no copies needed).						
	ations required to file an income tax return Form 7004 to request an extension of time			ships, REMIC	cs, and trusts				
Type or print	Name of exempt organization or other file	er, see instructions.		Taxpaye	expayer identification number (T				
	COMWELL				51-013	37833			
File by the due date for filing your	Number, street, and room or suite no. If a 10257 STATE ROUTE 3	a P.O. box, see instruc	ctions.						
nstructions.	um. see								
Enter the I	Return Code for the return that this applica	tion is for (file a separa	ate application for each return)			0 1			
Application	on	Return	Application Is For			Return			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990-	BL	02	Form 1041-A			08			
Form 4720	) (individual)	03	Form 4720 (other than individu	al)		09			
Form 990-	PF	04	Form 5227			10			
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-	T (trust other than above) The Orga:	06	Form 8870			12			
If this is	rganization does not have an office or places for a Group Return, enter the organization.  If it is for part of the group, check this usest an automatic 6-month extension of time organization named above. The extension is calendar year or or tax year beginning JUL1 ,2 or Change in accounting period	's four digit Group Exc box  and attaine until Mar s for the organization's	emption Number (GEN) ach a list with the names and TIN y 17, 2021 , to s return for: ad ending JUN 30, 202	If this is fo s of all memb	r the whole g lers the exten lipt organizati	sion is for.			
any b If thi	s application is for Forms 990-BL, 990-PF, nonrefundable credits. See instructions. s application is for Forms 990-PF, 990-T, 4 nated tax payments made. Include any price	720, or 6069, enter an	y refundable credits and	3a	\$	0.			
estin	nce due. Subtract line 3b from line 3a. Inc	AND COMMON ASSESSMENT OF THE PARTY OF THE PA				BURN DA			
c Bala	g EFTPS (Electronic Federal Tax Payment	System). See instruction	ons.	3c	\$	0.			

	t III Statement of Program Service Accomplishments
FC	
1	Check if Schedule O contains a response or note to any line in this Part III
	To assist people in achieving self-sufficiency, independence and
	healthy lifestyles to the maximum extent possible by providing
	integrated family-oriented services.
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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3,503,932. including grants of \$) (Revenue \$2,704,839.) Organization provides outpatient services, day treatments, sheltered
	workshops, cast management, crisis intervention, and community support
	to adults & adolescents.
	CO dddith & ddolescents.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<b>4e</b>	Total program service expenses ► 3,503,932.

Form 990 (2019) COMWELL
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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
T.	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10		
11				
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
D	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
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	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	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	2000
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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	13 .		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
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		X
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X



Part IV Checklist of Required Schedules (continued)

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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			w
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33		20		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		A
34		24		x
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		4
0	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?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	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?			
•	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	rt 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5		
b		0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			res	140
		.00			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-		X	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	DESCRIPTION OF THE PERSON	9	Δ	
	D111				7
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		(C) (C)		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3	0		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				.,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4	a		X
	If "Yes," enter the name of the foreign country	-			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	DESCRIPTION OF THE PARTY OF	1880 22		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5	C		
	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	a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6	b		
7	Organizations that may receive deductible contributions under section 170(c).				2520,0000
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	yor? 7:	a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	71	6		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	70	C		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		9		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	STATES DESIGNATION	SEE 182		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?	9:			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		100		
	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 10b				
	Section 501(c)(12) organizations. Enter:			10,000	
	Gross income from members or shareholders				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?	13	a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
ь	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				
	Did the organization receive any payments for indoor tanning services during the tax year?				X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14	b		
	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?	1!	5		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?	10	6		X

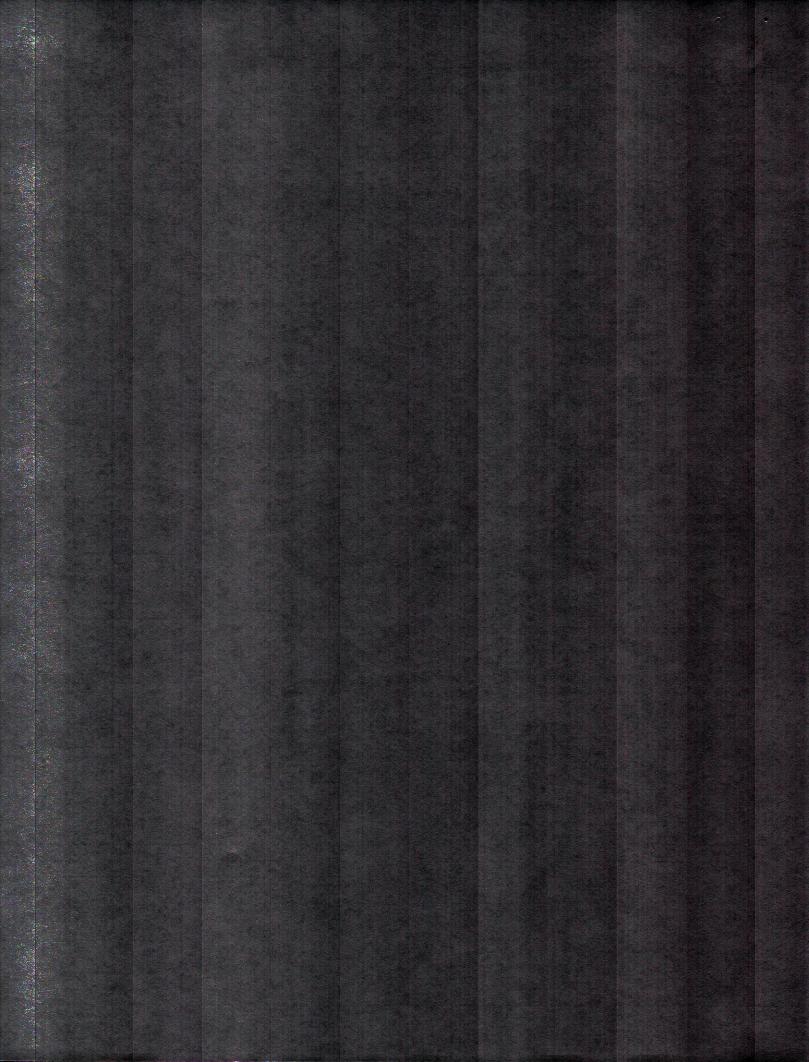
If "Yes," complete Form 4720, Schedule O.



Form 990 (2019) COMWELL

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b ber

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		oopo	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6		
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	in the second	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	45-	X	
a b	Other officers or key employees of the organization	15a 15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	43	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	100		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►IL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	(3)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	ınd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - 618-282-6233			



# 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."

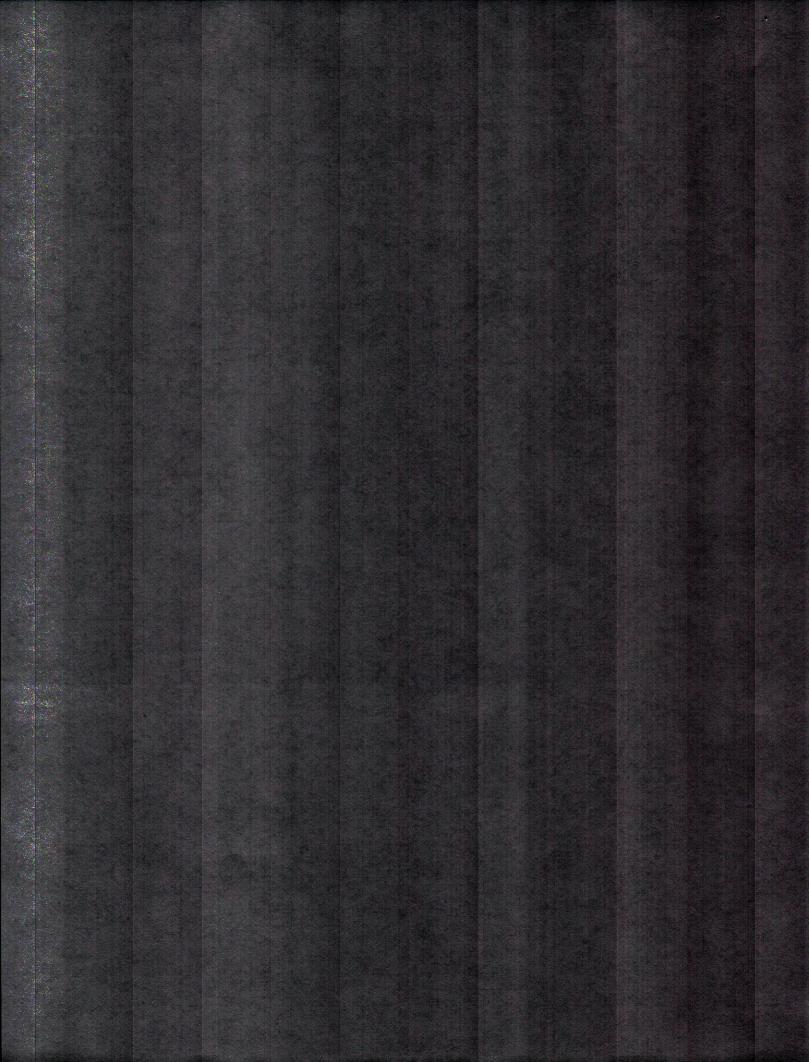
List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) David Holder	1.00									
President		X		X				0.	0.	0
(2) Mike Liefer	1.00									
Secretary/Treasurer		X		X				0.	0.	0
(3) Jeff Luthy	1.00									
Vice President		X		X				0.	0.	0
(4) Gail Letcher	1.00									
Board Member		X						0.	0.	0
(5) Nancy Newby	1.00									
Board Member		X						0.	0.	C
(6) Diane Schoenbeck Board Member	1.00	x						0.	0.	0



Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	rees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	c) ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount othe	t of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	,	ompens from the organization and relations organizations	he ation ated
			=	5	5	Ke	王与	8					
									0.	0			0
	Total from continuation sheets to Part V	II, Section A						250000	0.	0			0.
2	Total (add lines 1b and 1c)							no re					0
3	Did the organization list any former officer	, director, trust	ee, I	key e	emp	loye	e, o	r hig	hest compensated emp	oloyee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	ation	n and	d oth		the organization			X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	y uni	elat	ed organization or indiv	idual for services	4		X
Sec	rendered to the organization? If "Yes," contains B. Independent Contractors	nplete Schedu	le J 1	for s	uch	per	son				. ] [	5 ]	X
1	Complete this table for your five highest countries or the organization. Report compensation for										nsatio	on from	
	(A) Name and business			ONI					(B) Description of s		Com	(C) pensati	ion
										\$ .,			
		(including but	not !	imit -	d	, th	oec !	eta	d above) who received r	nore than			
2	Total number of independent contractors \$100,000 of compensation from the organ		IOC I	minte	u IC		0 0	SIEC	above, who received i				

Form 990 (2019) COMWELL
Part VIII Statement of Revenue

			Check if Schedule O co	ontains a	response	or note to any lin				L J
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats str	1 a	a Fe	ederated campaigns		1a					
Prar	t				1b					
S, E			undraising events		1c					
ar ar					1d					
S, E	e		overnment grants (contrib		1e	1,027,186.				
rio	f		Il other contributions, gifts, g		SIDING STATES					
Contributions, Gifts, Grants and Other Similar Amounts			milar amounts not included a		1f	82,643.				
들			oncash contributions included in li		1g \$	22,262.				
aCo	-		otal. Add lines 1a-1f		A STATE OF THE PARTY OF THE PAR	A STREET OF STREET	1 109 829			
						Business Code				
0	2 a	F	ees for service			624100	1,966,012.	1,966,012.		
2	t	200								
Se	c					THE PARTY				
am eve		1							V. 1993	
Program Service Revenue	•	, -								
4	f	A	Il other program service re	evenue						
			otal. Add lines 2a-2f			CONTRACTOR OF THE PARTY OF THE	1,966,012.			
	3		nvestment income (includi							
			ther similar amounts)				9.895.			9,895.
	4		ncome from investment of							
	5		oyalties							
					Real	(ii) Personal				
	6 a	G	iross rents	6a						
				6b						
				6c				St. 01		
			let rental income or (loss)			<b>b</b>				
			ross amount from sales of	PERSONAL DES LICENSES DE L'ANDRES DE L'AND	ecurities	(ii) Other				
				7a						
			ess: cost or other basis							
9			nd sales expenses	7b						
Revenue			Sain or (loss)							
36			let gain or (loss)							
9			ross income from fundraising		PRINCIPLE OF THE PARTY OF THE P					
5			ncluding \$		of					
			ontributions reported on I	line 1c). S						
			Part IV, line 18							
			ess: direct expenses							
			let income or (loss) from f							
	9 8		Gross income from gaming		STATE OF THE OWNER, STATE OWNER, S					
			Part IV, line 19							
			ess: direct expenses							
			let income or (loss) from g			<b>&gt;</b>				
	10		Gross sales of inventory, le		MANUFACTURE CONTRACTOR					
			nd allowances			1,336,209.				
			ess: cost of goods sold			THE RESERVE OF THE PARTY OF THE				
			let income or (loss) from s				532,928.	532,928		
						Business Code				
Miscellaneous Revenue	11	a 0	other income			624100	205,899.	205,899		
nue		b =								
ella								THE MARKET		
Sci		d ^	All other revenue							
Σ			Total. Add lines 11a-11d				205,899.			
	12	1	otal revenue. See instruction			The state of the s	3 824 563	2,704,839	0.	9,895.

932009 01-20-20

# Form 990 (2019) COMWELL Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
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								
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members								
5	Compensation of current officers, directors,								
3	trustees, and key employees								
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	2,446,194.	1,915,497.	530,697.					
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	81,912.	63,485.	18,427.					
9	Other employee benefits	370,888.	310,129.	60,759.					
10	Payroll taxes	183,885.	144,119.	39,766.					
11	Fees for services (nonemployees):								
а	Management								
b	Legal								
C	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
	column (A) amount, list line 11g expenses on Sch O.)	377,384.	304,080.	73,304.					
12	Advertising and promotion	42,530.	40,615.	1,915.					
13	Office expenses	62,399.	47,400.	14,999.					
14	Information technology								
15	Royalties	71 073	F2 707	10 406					
16	Occupancy	71,273.	52,787. 115,445.	18,486.					
17	Travel	138,039.	113,443.	42,394.					
18	Payments of travel or entertainment expenses								
40	for any federal, state, or local public officials Conferences, conventions, and meetings	16,529.	10,773.	5,756.					
19		19,276.		19,276.					
20	Payments to affiliates	13/2/03							
21 22	Depreciation, depletion, and amortization	124,852.	101,714.	23,138.					
23	Insurance	72,287.	59,406.	12,881.					
24	Other expenses, Itemize expenses not covered				Tarakan halip				
	above (List miscellaneous expenses on line 24e. If								
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
а	Telephone	58,196.	43,962.	14,234.					
b		33,886.	18,721.	15,165.					
	Rent	33,069.	33,069.	0.					
d	Membership Fees	26,891.	1,124.	25,767.					
е	All other expenses	84,033.	241,606.	-157,573.					
25	Total functional expenses. Add lines 1 through 24e	4,243,523.	3,503,932.	739,591.	0				
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 <b>990</b> (201)				

Form 990 (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note	427		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	2,010,845.	1	2,044,688		
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			905,676.	4	1,038,429
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described				6	
212	7	Notes and loans receivable, net				7	
Hassella	8	Inventories for sale or use			64,123.	8	47,273
	9	Prepaid expenses and deferred charges			39,300.	9	29,999
	10a						
		basis. Complete Part VI of Schedule D		3,600,736. 2,884,437.			
	b	Less: accumulated depreciation	755,435.		716,299		
	11	Investments - publicly traded securities		155,459.	STREET, SQUARE, SQUARE,	166,009	
	12	Investments - other securities. See Part IV, line 11		40,000.	12	40,000	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal	line 33)		3,970,838.	16	4,082,697
	17	Accounts payable and accrued expenses		259,636.	17	334,265	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
8	22	Loans and other payables to any current or forme	er office	, director,			
		trustee, key employee, creator or founder, substa	intial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of these	person	s		22	
	23	Secured mortgages and notes payable to unrelate	ed third	parties	397,417.	23	346,016
	24	Unsecured notes and loans payable to unrelated	third pa	rties		24	500,605
	25	Other liabilities (including federal income tax, paya	ables to	related third			
		parties, and other liabilities not included on lines	17-24). (	Complete Part X			
		of Schedule D			22,800.	25	29,786
	26	Total liabilities. Add lines 17 through 25			679,853.	26	1,210,672
		Organizations that follow FASB ASC 958, chec	k here	► X			
Ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			3,178,903.	27	2,609,491
2	28	Net assets with donor restrictions			112,082.	28	262,534
		Organizations that do not follow FASB ASC 95	8, chec	k here			
E		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or equ	fund		30		
AS	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances			3,290,985.		2,872,025
	33	Total liabilities and net assets/fund balances			3,970,838.	33	4,082,697 Form <b>990</b> (20

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

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

Act and OMB Circular A-133?

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

or audits, explain why on Schedule O and describe any steps taken to undergo such audits ...

3a

X

Form 990 (2019)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Total** 

## **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

2019

Open to Public Inspection

Name of the organization **Employer identification number** COMWELL 51-0137833 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.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 (iv) is the organization listed in your governing document? (vi) Amount of other (v) Amount of monetary (i) Name of supported (ii) EIN support (see instructions) support (see instructions) organization No Yes above (see instructions))

# Schedule A (Form 990 or 990-EZ) 2019 COMWELL 51-0137833 Page 2 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.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 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.")	979,187.	1,114,693.	1,366,246.	1,104,816.	1,087,567.	5,652,509.	
2	Tax revenues levied for the organ-				V V			
	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	Total. Add lines 1 through 3	979,187.	1,114,693.	1,366,246.	1,104,816.	1.087.567.	5,652,509.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						5,652,509,	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	979,187.	1,114,693.	1,366,246.	1,104,816.	1,087,567.	5,652,509.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	15,164.	9,275.	7,058.	115,261.	9,896.	156,654.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10								
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	87.846.	179.074.	155,961.	274,296.	205,899.	903,076.	
							6,712,239.	
11	Gross receipts from related activities	etc (see instruction	ons)			12 17	,637,068.	
12	First five years. If the Form 990 is fo	r the organization's	s first, second, thir			n 501(c)(3)		
13	organization, check this box and sto	p here					<b>)</b>	
Se	ction C. Computation of Pub	lic Support Pe	rcentage					
	Public support percentage for 2019			column (f))		14	84.21 %	
15	Public support percentage from 2018	8 Schedule A, Part	II, line 14			15	85.72 %	
16:	a 33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶ X</b>	
	33 1/3% support test - 2018. If the	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check the	his box	
	and stop here. The organization qua	alifies as a publicly	supported organiz	ation			▶□	
17	a 10% -facts-and-circumstances tes	st - 2019. If the ord	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the "fa	cts-and-circumstar	ces" test, check t	his box and stop I	here. Explain in Pa	rt VI how the organ	nization	
	meets the "facts-and-circumstances	" test. The organiza	ation qualifies as a	publicly supporte	d organization		<b>D</b>	
	b 10% -facts-and-circumstances tes	st - 2018. If the ord	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets	the "facts-and-circu	umstances" test. c	heck this box and	stop here. Explain	n in Part VI how the	θ	
	organization meets the "facts-and-ci	rcumstances" test	The organization	qualifies as a publ	icly supported org	anization	<b>▶</b> □	
10	m	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns	
18	Fivate journation. If the organizati				Sch	edule A (Form 990	or 990-EZ) 2019	

# Schedule A (Form 990 or 990-EZ) 2019 COMWELL 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 Port II \

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 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					10000000000000000000000000000000000000	
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			# 12 L			
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organia	zation,
check this box and stop here						
Section C. Computation of Publi					1 1	
15 Public support percentage for 2019 (I					15	9
16 Public support percentage from 2018					16	9
Section D. Computation of Inves					1 _ 1	
17 Investment income percentage for 20						9
18 Investment income percentage from 2	2018 Schedule A	, Part III, line 17				9
19a 33 1/3% support tests - 2019. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	nd stop here. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶∟
b 33 1/3% support tests - 2018. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	eck this box and	stop here. The org	anization qualifies	as a publicly supp	oorted organization	
20 Private foundation. If the organization	n did not check	a box on line 14, 19	9a, or 19b, check t	this box and see in	nstructions	<b>&gt;</b> L_

### 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?
- 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		
3a		Phone
3b		
3c		
4a	- A C	
4b		
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4c	ordina de	
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5b 5c		
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7		
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9b		
9c	1	
10a		2002001118
	THE PARTY OF THE P	

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	NO CONTROL OF THE PARTY OF THE	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			\$0.000 miles
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	9990000	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided.			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	0		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		1
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The second and second	e instruction	ns).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	But the state of the expeniencies activities during the tay year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	and the control of th			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	or the organization's supported organization(s) would have engaged in these			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		NAME OF
	activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
1	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		25	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must consider the control of the contro			Part VI). See instructions. A
Secti	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		
Secti	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		
MINISTER STREET	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
Parlament in Street	Total (add lines 1a, 1b, and 1c)	1d		
The second second	The state of the s			
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		
	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional instructions).		ed Type III supporting or	rganization (see

1. Amounts paid to euported organizations to accompleis exempt purposes 2. Amounts paid to perform activity that directly that research tythers exempt purposes of supported organizations, in excess of income from activity 3. Administrative expenses paid to accompleis exempt purposes of supported organizations 4. Amounts paid to acquire exempt use assets 5. Qualified set aside amounts (prior IRS approval required) 6. Other distributions (describe in Part VI). See instructions. 7. Total annual distributions, Add lines 1 through 6. 8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9. Distributiation amount for 2019 from Section C, line 6. 10. Line 8 amount divided by line 9 amount 11. Distributions amount for 2019 from Section C, line 6. 11. Distributions amount for 2019 from Section C, line 6. 12. Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions, also cause distributions arrower, if any, to 2019 12. Excess distributions carrower, if any, to 2019 13. Excess distributions carrower, if any, to 2019 14. From 2015 15. From 2015 16. From 2016 17. Total of lines 3s through e 19. Applied to underdistributions of prior years 19. Applied to underdistributions of prior years 19. Applied to underdistributions of prior years 19. Applied to underdistributions for years prior to 2019, and 31 from 31. 19. Remander, Subtract lines 43 and 45 from section 19. Remaining underdistributions for years prior to 2019, and 31 from 31. 19. Remaining underdistributions for years prior to 2019, and 31 from 31. 20. Applied to underdistributions for years prior to 2019, and 31 from 31. 21. Remaining underdistributions for years prior to 2019, and 31 from 31. 22. Recess firm 2019 23. Excess from 2015 24. Excess from 2015 25. Excess from 2015 26. Excess from 2015 27. Excess from 2019 28. Excess from 2019 29. Excess from 2019 29. Excess from 2019 29. Excess from 2019 20. Excess from 2019	Sect	ion D - Distributions			Current Year
a Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt use assets Coullifed seriastica amounts (prior IRS approval required) Cother distributions (describe in Part VI). See instructions. Distributions for statentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions to which the organization is responsive (provide details in Part VI). See instructions to which the organization is responsive (provide details in Part VI). See instructions to which the organization is responsive (provide details in Part VI). See instructions Distribution and divided by the 99 amount  (i)  Excess Distribution  Lind a mount for 2019 from Section C, line 6 Distributions amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required: explain in Part VI). See instructions.  Excess distributions caryover, if any, to 2019  From 2016 From 2016 From 2016 From 2017 From 2018 From 2018 From 2019	1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
3. Administrative expenses paid to accomplish exempt purposes of supported organizations 4. Amounts paid to acquire exempt use assets 5. Oxalified set asids amounts (prior IRS approval required) 6. Other distributions (describe in Part VI), See instructions. 7. Total annual distributions, Add lines 1 through 6. 8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI), See instructions, 9. Distributable amount divided by line 9 amount  (provide details in Part VI), See instructions)  Fixces Distribution 1. Distributable amount for 2019 from Section C, line 6 2. Underdistributions, any, for years prior to 2019 (reasonable cause required: explain in Part VI). See instructions, 3. Excess distributions carryover, if any, to 2019 4. From 2016 5. C From 2016 6. From 2016 6. From 2016 7. Total of lines 3s through e 7. Applied to underdistributions of prior years A Applied to 2019 distributable amount 7. Carryover from 2014 not applied (see instructions) 9. Applied to underdistributions of prior years A Applied to 2019 distributable amount 1. Carryover from 2014 not applied (see instructions) 9. Applied to underdistributions of prior years A Applied to 2019 distributable amount 1. Carryover from 2014 not applied (see instructions) 1. Remaining underdistributions of prior years A Applied to underdistributions of prior years A Applied to underdistributions for 2019 subtract lines 3g and 4a from line 2. 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: 8. Excess from 2015 6. Excess from 2015 6. Excess from 2016 6. Excess from 2016 6. Excess from 2017 6. Excess from 2018 6. Excess from 2018 6. Excess from 2018 6. Excess from 2018 6. Excess from 2019 6. Excess from 2018 6. Excess from 2018 6. Excess from 2019	2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
4. Amounts paid to acquire exempt-use assets 5. Qualified set aside amounts (prior IRS approval required) 6. Other distributions (describe in Part VI). See instructions. 7. Total annual distributions. Add lines 1 through 6. 8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9. Distribution to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9. Distribution allocations (see instructions) 1. Distribution Allocations (see instructions) 2. Underdistributions (Pre-2019 from Section C, line 6. 2. Underdistributions, if any, for years prior to 2019 (reasonable cause required: explain in Part VI). See instructions. 3. Excess distributions caryover, if any, to 2019 a. From 2014 b. From 2015 c. From 2016 d. From 2017 e. From 2016 d. From 2017 e. From 2016 1. Carryover from 2014 not applied (see instructions) 1. Carryover from 2014 not applied (see instructions) 1. Remainder. Subtract lines 3g, 3h, and 3l from 3f. 4. Distributions for 2019 from Section D, line 7: s. S. a. Applied to 2019 distributable amount c. Femaning underdistributions of prory years b. Applied to 2019 distributable amount c. Remaining underdistributions for 2019, Subtract lines 3g, and all from 4. 5. Remaining underdistributions for 2019, Subtract lines 3g, and 4d from 1ne 2. For result greater than zero, explain in Part VI. See instructions. 6. Remaining underdistributions for 2019, Subtract lines 3h, and 4d from 1ne 1. For result greater than zero, explain in Part VI. See instructions. 7. Excess fetinutions carryover to 2020, Add lines 3j, and 4e. 8. Breakdown of line 7: a. Excess from 2015 b. Excess from 2016 c. Excess from 2016 c. Excess from 2019 c.		organizations, in excess of income from activity			
Other distributions (describe in Part VI). See instructions.     Total annual distributions, Add fines it through 6.     Billstibutions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.    Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.    Distributable amount for 2019 from Section C, line 6	3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
Section E - Distributions, John Science of	4	Amounts paid to acquire exempt-use assets			
7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 1 Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  The section of the section of the section C, line 6 (ii)  Distributable amount for 2019 from Section C, line 6 (iii)  1 Distributable amount for 2019 from Section C, line 6 (iii)  2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a from 2014  b From 2015  c From 2016  d From 2017  e From 2016  d From 2017  e From 2019  1 Carryover from 2014 not applied (see instructions)  1 Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:  a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4g, 3d and 3i from 3f. 5 Remaining underdistributions for prior to 2019, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3i and 4b: 8 Breakdown of line 7: a Excess form 2015 b Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018	5	Qualified set-aside amounts (prior IRS approval required)			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9 Distributable amount for 2019 from Section C, line 6  10 Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  1 Distributable amount of 2019 from Section C, line 6  2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2019  a From 2014  b From 2015  c From 2016  d From 2017  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 3, 3), and 31 from 3f.  4 Distributions for 2019 from Section D, line 7:  a Applied to 2019 distributions of prior years b Applied to 2019 distributions of prior years b Applied to 2019 distributions for years prior to 2019, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2020. Add lines 3j and 4c.  8 Breakdown of line 7:  a Excess firm 2016  b Excess from 2016  c Excess from 2016  b Excess from 2017  d Excess from 2018	6	Other distributions (describe in Part VI). See instructions.			
(provide details in Part VI). See instructions.  9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount  (i) (ii) (iii) (iii)  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable causes required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2017 e From 2018  1 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 Romainder. Subtract lines 3g, 3h, and 3l from 3f. 4 Distributions for 2019 from Section D, line 7:	7	Total annual distributions. Add lines 1 through 6.			
9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount  (i) Excess Distributions  Excess Distributions  (ii) Underdistributions  Pre-2019  1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2019  a From 2015  c From 2016  d From 2017  e From 2018  1 Total of lines 3a through e g Applied to 2019 distributable amount 1 Carryover from 2014 not applied (see instructions) 1 Remainder Subtract lines 3a, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: a Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4. 5 Remaining underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions for 2019 Subtract lines 3h and 4b. For line 7: a Excess from 2016 b Excess from 2016 c Excess from 2018 e Excess from 2018 e Excess from 2018	8	Distributions to attentive supported organizations to which the	ne organization is responsive		
10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Distribution Allocations (see instructions)  1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4 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 3j and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020, Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016 c Excess from 2017 d Excess from 2019 e Excess from 2019		(provide details in Part VI). See instructions.			
Section E - Distribution Allocations (see instructions)  Index plants the property of the prop	9	Distributable amount for 2019 from Section C, line 6			
Section E - Distribution Allocations (see instructions)  Excess Distributions  Underdistributions Pre-2019  1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder, Subtract lines 3g, 3h, and 3l from 3f. 4 Distributions for 2019 from Section D, line? s Applied to 2019 distributable amount c Remaining underdistributions of prior years b Applied to 2019 distributable amount c Remaining underdistributions of ryears prior to 2019, if any, Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions or 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 4e. 8 Breakdown of line 7: a Excess from 2016 c Excess from 2016 c Excess from 2017 d Excess from 2019	10	Line 8 amount divided by line 9 amount			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required: explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 4 From 2014 5 From 2015 6 From 2016 6 From 2017 7 From 2018 9 Applied to underdistributions of prior years 1 Applied to 2019 distributable amount 1 Carryover from 2014 not applied (see instructions) 1 Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: 5 Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remainder. Subtract lines 4a and 4b from 4. 6 Remainder. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remainding underdistributions for prior. 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 4e. 8 Breakdown of line 7: 2 Excess from 2016 c Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019	Sect	ion E - Distribution Allocations (see instructions)		Underdistributions	Distributable
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able cause required- explain in Part VI). See instructions.  3	2				
3 Excess distributions carryover, if any, to 2019 a From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f.  4 Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2019, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2015 c Excess from 2017 d Excess from 2017 d Excess from 2017 d Excess from 2018 e Excess from 2019					
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From Excess from 2015  Excess from 2016  Excess from 2019	b	Applied to 2019 distributable amount			
any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2020. Add lines 3j and 4c.  8 Breakdown of line 7:  a Excess from 2015  b Excess from 2016  c Excess from 2017  d Excess from 2018  e Excess from 2019	C	Remainder. Subtract lines 4a and 4b from 4.			
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7 Excess distributions carryover to 2020. Add lines 3j and 4c.  8 Breakdown of line 7:  a Excess from 2015  b Excess from 2016  c Excess from 2017  d Excess from 2018  e Excess from 2019		and 4b from line 1. For result greater than zero, explain in			
8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019	7	Excess distributions carryover to 2020. Add lines 3j			
a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019	8				
c Excess from 2017 d Excess from 2018 e Excess from 2019	а				
c Excess from 2017 d Excess from 2018 e Excess from 2019	_ b	Excess from 2016			
e Excess from 2019	U390015150				
	d	Excess from 2018			
	_ e	Excess from 2019			

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

### **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.

Name of the organization

Employer identification number 51 – 0137833

Par	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or A	Accounts. Complete if the
	organization anowards 100 on 1 on 1000, 1 die 17, in 10	(a) Donor advised funds		(b) Funds and other accounts
	Total symbol at and afternal			
	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 w			Budden Committee of the
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	purpose confe	
Par	rt II Conservation Easements. Complete if the organic	anization answered "Yes" on Fo	rm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat		vation of a histo	orically important land area
	Protection of natural habitat	Preser	vation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in	the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
a .				2b
Ь	Number of conservation easements on a certified historic stru			2c
C				
d	Number of conservation easements included in (c) acquired a listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year >			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, har	ndling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
•	Stan and volunteer riodis devoted to mormoring, inspecting,			
	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	conservation e	asements during the year
7	Amount of expenses incurred in mornitoring, inspecting, hand	mig of violations, and officially		
	Does each conservation easement reported on line 2(d) above	a action, the requirements of se	ction 170(h)(4)(	B)(0
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of se	CHOTT 17 O(1)(-)(	Yes No
	and section 170(h)(4)(B)(ii)?		l ovnonce state	
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and	expense state	bet describes the
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financi	ai statements t	nat describes the
	organization's accounting for conservation easements.		or Other	Similar Assats
Pa	nt III Organizations Maintaining Collections of	Art, Historical Treasure	es, or other	Sillillai Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue st	atement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for put			ance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes	these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue stater	ment and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or resear	rch in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for	or financial gain	, provide
	the following amounts required to be reported under FASB A			
	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Accests included in Form 990, Part Y			<b>&gt;</b> \$

Par	t III Organizations Maintaining C	ollections of Art,	Historical Tr	easures, or	Other Sim			d)
3	Using the organization's acquisition, accession							
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	change program				
b	Scholarly research	•	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain h	ow they further t	the organization	's exempt pur	pose in Par	t XIII.	
	During the year, did the organization solicit or					_		
	to be sold to raise funds rather than to be ma				THE RESERVE OF THE PARTY OF THE		Yes	No
Par	reported an amount on Form 990, Par		if the organization	on answered "Y	es" on Form 99	90, Part IV,	line 9, or	
	Is the organization an agent, trustee, custodi on Form 990, Part X?					STREET, SQUARE, SQUARE, SQUARE,	Yes [	□ No
	If "Yes," explain the arrangement in Part XIII							
							Amount	
c	Beginning balance				1c			
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo						Yes [	No
	If "Yes," explain the arrangement in Part XIII.							
Par	AND THE PROPERTY OF THE PROPER							
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three	e years back	(e) Four year	ars back
1a	Beginning of year balance							
b	Contributions							
c	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		Action 1					
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (	(a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment >	<u>%</u>						
C	Term endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organizati	on that are held	and administered	ed for the organ	nization		
	by:						The second second	s No
	(i) Unrelated organizations							
	(ii) Related organizations						.  3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization			?			. 3b	
4	Describe in Part XIII the intended uses of the		ment funds.					
Par	t VI Land, Buildings, and Equipn							
	Complete if the organization answere	THE RESIDENCE OF THE PARTY OF T		AND RESIDENCE OF THE PARTY OF T				
	Description of property	(a) Cost or oth basis (investme		st or other s (other)	(c) Accumula depreciation	SHOW THE RESIDENCE AND DESCRIPTION	(d) Book v	alue
10	Land			67,863.				863.
h	Buildings			65,536.	1,366,	861.	598	675.
	Leasehold improvements							180
d	Equipment		1,5	67,337.	1,517,	576.	49	761.
е	Other .							
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X	, column (B), line	10c.)		>	716	,299.

(a) Description of security or category (including name of security		e 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or en	d-of-year market value
		(c) Welliod of Valuation. Cost of en	u-or-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 11c See Form 990 Part Y line 13	
(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)			
(0)			
(8)			
(9)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes	es" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	(h) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes"  (1)	es" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes"  (1) (2)	es" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes"  (1) (2) (3)	es" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes"  (1) (2) (3) (4)	es" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes"  (1) (2) (3) (4) (5)	es" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes"  (1) (2) (3) (4) (5) (6)	es" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes"  (1) (2) (3) (4) (5) (6) (7)	es" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	(b) Book value
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Schedule D (Form 990) 2019

Cost of Goods Sold

932054 10-02-19

Schedule D (Form 990) 2019 COMWELL  Part XIII Supplemental Information (continued)		51-0137833 Page 5
Supplemental Information (continued)		
A PROPERTY OF THE PARTY OF		
	H. V.	
		Schedule D (Form 990) 2019

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

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Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Name of the organization

COMWELL

Employer identification number 51-0137833

Form 990, Part VI, Section B, line 11b:

Form 990 is completed by certified public accountants retained by the Human Service Center (HSC)to prepare the organizations annual audit. A draft copy of the 990 is submitted to the Board of Directors for their review with an opportunity to submit questions and/or comments before the final filing.

Form 990, Part VI, Section B, Line 12c:

HSC monitors and enforces compliance in regards to the written "conflict of interest" policy. The HSC Board of Directors adopted a Corporate Compliance Program in 2006 which oversees the conflict of interest policy through the Continus Quality Improvement (CQI) team. The CQI team, consisting of management staff, meets on a quarterly basis to review activities to ensure an effective compliance program. Any conflict of interest situations are investigated by members of the CQI team.

Form 990, Part VI, Section B, Line 15:

Compensation is reviewed and compared with data from similar situated organizations for comparable positions. Surveys are completed from outside sources.

Form 990, Part VI, Section C, Line 19:

HSC allows access by the public to governing documents, the conflict of interest policy, and financial records through the freedom of information act. The 990 is posted on the HSC website at www.ourhsc.org

