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When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
PUBLIC DISCLOSURE COPY

# 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 filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

	is form, visit www.irs.gov/e-file-providers/e-file-for-chari			details on	the electronic			
Autom	atic 6-Month Extension of Time. Only subm	it origin	al (no conies needed)					
All corpor	rations required to file an income tax return other than Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts			
Type or print	Name of exempt organization or other filer, see instru NATIONAL SUMMER LEARNING ASSOCIATION, INC.	ctions.		Taxpayer	identification numb	. ,		
File by the due date for filing your return. See instructions.  Number, street, and room or suite no. If a P.O. box, see instructions.  1701 PENNSYLVANIA AVE, NW, NO. 200  City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
	WASHINGTON, DC 20006					10141		
	Return Code for the return that this application is for (file		1			011		
Applicati	on		Application			Return		
Is For	1 or Form 000 F7	Code	Is For			Code 07		
Form 990	or Form 990-EZ	01	Form 990-T (corporation) Form 1041-A			08		
	0 (individual)	03	Form 1041-A Form 4720 (other than individual)					
Form 990		04	Form 5227					
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11		
Form 990	-T (trust other than above)	06	Form 8870			12		
Teleph  If the	AARON DWORKIN -  cooks are in the care of ► WASHINGTON, DC  conne No. ► 410-856-1370  corganization does not have an office or place of business  is for a Group Return, enter the organization's four digit of the group, check this box ►	2000 s in the Ui	Fax No. ▶	f this is fo	r the whole group, c	heck this		
the ▶[ ▶[	1 I request an automatic 6-month extension of time untilMAY 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ □ calendar year or  ▶ ☒ tax year beginningJUL 1, 2020, and endingJUN 30, 2021							
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, onnrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.		
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overp			3b	\$	0.		
	ance due. Subtract line 3b from line 3a. Include your pang EFTPS (Electronic Federal Tax Payment System). See	•		3с	\$	0.		
	If you are going to make an electronic funds withdrawal			453-EO ar	nd Form 8879-EO fo	r payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

# \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

ΑI	For the	$\pm$ 2020 calendar year, or tax year beginning $\pm$ JU	m JL~1 , $ m ~2020$ and	ending J	UN 30, 2021				
В	Check if applicable	NATIONAL SUMMER LEARNIN	1G		D Employer identifi	cation number			
	Addres	ASSOCIATION, INC.							
	Name change	Doing business as			26-33562	71			
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numbe	r			
	Final return/	1701 PENNSYLVANIA AVE,	NW	200	410-856-1370				
	termin ated	City or town, state or province, country, and a	ZIP or foreign postal code		<b>G</b> Gross receipts \$	3,428,762.			
	Ameno	MADITINGTON, DC 20000			H(a) Is this a group re				
	Applic tion pendir		ON PHILIP DWORK	IN	for subordinates	—			
		SAME AS C ABOVE			<b>H(b)</b> Are all subordinates in				
			(insert no.) 4947(a)(1)	or 527	1	list. See instructions			
		e: WWW.SUMMERLEARNING.ORG	Othor N	1	H(c) Group exemptio				
			ociation Other	<b>L</b> Year	of formation: 2008  N	M State of legal domicile: MD			
P		Summary	· · · · · · · · · · · · · · · · · · ·	ONNECT	AND FOLLED	CCHOOL C YND			
e	1	Briefly describe the organization's mission or most COMMUNITY ORGANIZATIONS TO	Significant activities: 10 C	TOWNECT	MED LEVONIN	C DDUCDING			
Governance	1 .								
Ver		Check this box	•		ı	15			
ၓၟ		Number of independent voting members of the gov				15			
م د		Total number of individuals employed in calendar y				10			
iŧie		Total number of volunteers (estimate if necessary) .				14			
Activities &		Total unrelated business revenue from Part VIII, col				0.			
Ĭ		Net unrelated business taxable income from Form 9				0.			
	Ť				Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)			1,559,003.	3,303,885.			
		Program service revenue (Part VIII, line 2g)			351,687.	107,742.			
		Investment income (Part VIII, column (A), lines 3, 4,		2,031.	85.				
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	0.			
		Total revenue - add lines 8 through 11 (must equal			1,912,721.	3,411,712.			
	13	Grants and similar amounts paid (Part IX, column (A	N), lines 1-3)		40,000.	120,000.			
	14	Benefits paid to or for members (Part IX, column (A)	, line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (F	art IX, column (A), lines 5-10)		938,729.	777,257.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.			
ă	b b	Total fundraising expenses (Part IX, column (D), line	(25) <b>\rightarrow</b> 121,3	53.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		903,441.				
		Total expenses. Add lines 13-17 (must equal Part IX			1,882,170.				
	19	Revenue less expenses. Subtract line 18 from line	12		30,551.	1,550,254.			
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year			
Sset	20				1,303,860.	2,957,626.			
et A	21	Total liabilities (Part X, line 26)			318,026. 985,834.	422,927. 2,534,699.			
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		905,034.	2,334,033.			
		Ities of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	e and etatem	ents and to the hest of m	v knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer				y knowledge and belief, it is			
uuo	, 001100	t, and complete. Boolaration of proparor (other than officer	) to baood on all information of w	mon propuror	That arry knowledge:				
Sig	ın	Signature of officer			Date				
Hei		AARON PHILIP DWORKIN, O	CHIEF EXECUTIVE	OFFIC	ER				
		Type or print name and title							
		<u>,                                      </u>	Preparer's signature		Date Check	PTIN			
Pai	d	KEITH JENNINGS	Keill Denoss	[(	)3-03-2022   if   self-employ	P00086901			
Pre	parer	Firm's name SNYDER COHN, PC		1		52-1022232			
Use Only Firm's address 11200 ROCKVILLE PIKE, SUITE 415									
		NORTH BETHESDA, 1			Phone no. 30	1-652-6700			
Ma	v the IF	RS discuss this return with the preparer shown above	/e? See instructions		•	X Yes No			

032002 12-23-20

Total program service expenses

Form 990 (2020)

# 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			\ \ •
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
р	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		х
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		<del></del>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued)

22				Yes	No
23 Did the organization answer "Ves" to Part VII, Section A, Ine 3. 4, or 5 about compensation of the organization surrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 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 \$1, 2002 If "Yes," answer lines 24th through 24th and complete Schedule K. If "No." yo to line 25a  25b Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  26b Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  26c Did the organization marks and so solved and the program of the organization and the part of defease any tax-exempt bonds?  27c Did the organization and the second of the organizations. Did the organization and the transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  27d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person on the program of the organizations prior Forms 900 or 990 EZP II "Yes," complete Schedule I, Part I  27d Did the organization export 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 application or provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or application exposed the part of marks of the provide schedule I, Part IV instructions, for applicate filing thresholds, conditions, and exceptions;  27d Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV instructions, for applicate filing thresholds, cond	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is at a xer 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 Is If Is a support to the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is If Is a support to the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is If Is a support to the year in the property period exception?  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 disqualled person during the year If "Yes," complete Schedule I, Part I 25a IX be to organization every that it is engaged in an excess benefit transaction with a disqualled person during the year If I'ves, 'complete Schedule I, Part I 25b IX be organization every that it engaged in an excess benefit transaction with a disqualled person during the year If Yes, 'complete Schedule I, Part II 25b IX be the organization every the year in year of the organization in a prior year, and that the transaction was not been reported on any of the organization's prior Forms 990 or 990 E27 If "Yes," complete Schedule I, Part II 25b IX 25			22		X
Schedule   A   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." yo to line 23a   X   X	23				
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.  b Did the organization mixet any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d   Schedule K. If "No," go to line 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d   Schedule C. Did the organization invest 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?   74e, 25b   24d   25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization exists that it engaged in an excess benefit transaction with a disqualified person during the year?   25b   X   25b   25c				37	
size day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." to go the December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." to go the December 31, 2002? If "Yes," answer lines 24b through 24d and complete C Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization amaintain an escrew account other than a refunding secrow at any time during the year?  d Did the organization are than 30 fol(pi/29) organizations. Did the organization during the year?  24c  24d  24d  25a Section 50(16)(3), 50(16)(4), and 50(16)(29) organizations. Did the organization anges in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25b Is the organization aware that the regaged in an excess benefit transaction has not been reported on any of the organizations pro-forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  25b IX  26b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former office, director, trustee, key employee, creator or founders, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  27c Did the organization provide a grant or other assistance to any current or former office, director, trustee, key employee thereof, or family member of any of these persons? If "Yes," complete Schedule L, Part II  28a X  28b Was the organization report any of these persons of these persons? If "Yes," complete Schedule L, Part II  29c A C A 35% controlled entity of one or more individuals and exceptions;  a A current or former office, director, trustee, key employee, exception or t		Schedule J	23		├
Schedule K. If "No." ya to lime 25a	24				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization maintain an escow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d			240		x
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?  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?  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  25b 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spiror Forms 990 or 990 EZ? If "Yes," complete Schedule I., Part II  25b Is 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 contribution or any of these persons? If "Yes," complete Schedule L, Part III  27c Did the organization programization or form of any of these persons? If "Yes," complete Schedule L, Part III  28d Vas the organization a party to a business transaction with one of the following parties (see Schedule L, Part III  28d A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II  28d Yes," complete Schedule L, Part IV  28d A says, controlled entity of one or more individuals and/or organizations described in lines 28a or 28b7III  28d Yes, "complete Schedule L, Part IV  28d D A tamily member or any individual described in line 28a2 If "Yes," complete Schedule M  29d Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II  30d Did the organization isquidate, terminate, or dissolve and cease operations If "Yes," complete Schedule M, Part II  31d		h. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	$\vdash$		
any tax-exempt bonde?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   24d   25a   3ection 501(x)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 I., Part I   25b   X   25b			245		
d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?   24d    25a Section Soft(QiA), 501(QiA), and 501(QiA) 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 sprior Forms 990 or 990 E2? If "Yes," complete Schedule L, Part I   25b   X    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, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity forcituding an employee thereof 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity forcituding 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   27   X    28 Was the organization and party to a business transaction with one of the following parties (see Schedule L, Part IV   28b   X    29 A C A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b7II "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 II, Part II   28c   X    29 Did the organization liquidate, terminate, or dissolve and cases operations? If "Yes," complete Schedule II, Part II   31   X    20 Did the organization organization in exchange of severa			24c		
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 25b		d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	$\vdash$		
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-E27 if "Yes," complete Schedule L, Part I					
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I., Part I   25b		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I  10 bit 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  11 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  12 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filling 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 28 X  b 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 "Yes," complete Schedule L, Part IV 28b 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 contributions? If "Yes," complete Schedule M, Part I 31 X  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-39 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 9 III was the organization related to any tax exempt or taxable entity? If "Yes," complete Sch		b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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 "ves," complete Schedule L, Part II		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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 I, Part II   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 I, Part III   X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part III   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 I, Part IV   28b   X  5 A family member of any individual described in line 28a? If "Yes," complete Schedule I, Part IV   28b   X  5 A family member of any individual described in line 28a? If "Yes," complete Schedule I, Part IV   28b   X  6 A family member of any individual described in line 28a? If "Yes," complete Schedule I, Part IV   28b   X  7 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   29   X  8 Did the organization individuals, errinante, or dissolve and cease operations? If "Yes," complete Schedule II, Part I   31   X  9 Did the organization individuals, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II, Part I   32   X  9 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule II, Part I   32   X  9 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations and that is treated as a partnership for federal income tax purpos		Schedule L, Part I	25b		X
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 IV instructions, for applicable fling 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   28b   X   X   A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   28b   X   X   A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   28b   X   X   X   X   X   X   X   X   X	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
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creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled an entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 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  b 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 "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 L, Part IV 28c X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization includate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 17 Yes," complete Schedule R, Part V, line 2 35b X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and pro			26	X	
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete 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  28b X  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization legicate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization on vn 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization.  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization.  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, line 1  39 Did the organization complete Schedule O	27				
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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 28b X  b 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 "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 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 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations to did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization on onduct more than 5% of	00		21		_^
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b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "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 contributions? If "Yes," complete Schedule M  30  X  31  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31  X  32  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33  Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34  X  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37  Y  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 and provide explanations in Schedule O for Part VI, lines 11b and 19?  Yes Note: All Form 990 filers are required to complete Schedule O and line 1a. Enter 0- if not applicab			28a		x
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?// "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  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  32 X  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 51(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36b X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, line 2 115  39 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, line 115 and 19?  Note: All Form 990 filers are required to complete Schedule O  19 Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in t			$\vdash$		
"Yes," complete Schedule L, Part IV 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 contributions? If "Yes," complete Schedule M  30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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  29 Did the organization complete Schedule O in line 1a. Enter 0- if not applicable  10 Did the organization complete Schedule in line 1a. Enter 0- if not applicable  11 Did Did Tool organization complet					
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contributions? If "Yes," complete Schedule M  30	29		29		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and 19?  Note: All Form 990 filers are required to complete Schedule O  28 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Check if Schedule O contains a response or note to any line in this Part V  10 In Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Sa X  35a Sa X  35a Sa X  35a Sa X  35a Sa	33				\ <del>v</del>
Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 YX  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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  Part 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  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	0.4		33		
35a   X     b   If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   35b     36   Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   36   X     37   Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V   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      Part V   Statements Regarding Other IRS Filings and Tax Compliance	34		24		x
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	35		-		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			334		<del></del>
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36  X  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  1a  Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			35b		
If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36		1000		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 In Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			36		Х
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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The image of the provided in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37				
Note: All Form 990 filers are required to complete Schedule O  Part 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 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Part 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 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38				
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  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	P				
1a     Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable     1a     15       b     Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable     1b     0       c     Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	,	- Fatantha number vanadad in Bay 0 of Farm 1000 Enter 0 if and analysis   15		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			_		
		b Effect the humber of Forms w-2-d included in line 1a. Effect -0-11 not applicable	1		
			1c	Х	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		<b>6</b> -		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.		6a		
D			6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?		7c		х
d	I .	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a b		10a 10b			
11	Section 501(c)(12) organizations. Enter:	100			
	```	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
_		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
		13b			
		13c			v
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4-		Х
	excess parachute payment(s) during the year?		15		$\stackrel{\wedge}{\vdash}$
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	income?	10		
	11 103, Complete Form 4720, Conedule C.		Form	000	(2020

ASSOCIATION, INC. Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent \_\_\_\_\_ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? X 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records AARON DWORKIN - 410-856-1370 1701 PENNSYLVANIA AVE, NW, SUITE 200, WASHINGTON 20006

OF

SEE SCHEDULE O FOR FULL LIST

Form **990** (2020)

# Form 990 (2020) ASSOCIATION, INC. 26 – 3. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

<b>(A)</b> Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	rson i	than	h an	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer B		Highest compensated the highes		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JIM QUINN	1.00							0	0	0
CHAIR	1 00	Х		Х	<u> </u>			0.	0.	0.
(2) REGGIE LOVE	1.00	٠,		,,					0	•
VICE-CHAIR	1 00	Х		Х	<u> </u>			0.	0.	0.
(3) LACRECIA CADE	1.00	ļ ,,		,,					0	0
TREASURER	1 00	Х		Х	<u> </u>			0.	0.	0.
(4) KARL ALEXANDER	1.00	١,,							0	•
BOARD MEMBER	1 00	Х			<u> </u>			0.	0.	0.
(5) DAN ANGLIN	1.00	١							•	•
BOARD MEMBER	1 00	Х			<u> </u>			0.	0.	0.
(6) RICHARD BERLIN	1.00	١							•	•
BOARD MEMBER	1 00	Х			<u> </u>			0.	0.	0.
(7) DAN LEVI	1.00	۱							•	•
BOARD MEMBER	1 00	Х			<u> </u>			0.	0.	0.
(8) KRISTEN MASINO	1.00	l							•	
BOARD MEMBER		Х			_			0.	0.	0.
(9) ERICKA MILLER	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(10) LINDSEY SCHMIDT	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(11) MALBERT SMITH, III	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(12) LUKE BAYER	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(13) JON FORTT	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(14) MALEKA LAWRENCE	5.00								_	_
FORMER COO				Х				27,462.	0.	0.
(14) FATIMA SHARMA	1.00	]								_
BOARD MEMBER		Х			<u>_</u>	<u> </u>		0.	0.	0.
(15) MATTHEW BOULAY	40.00	]								
BOARD MEMBER		Х		Х				0.	0.	0.
(16) AARON DWORKIN	40.00	]							_	
CEO				Х				268,827.	0.	18,125.

032007 12-23-20

Form **990** (2020)

ASSOCIATION, INC. Form 990 (2020) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations and related below organizations line) 40.00 (17) LAURA JOHNSON VP OF COMMUNICATIONS 114,329 0. 13,000. 410,618 0. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 410,618. 31,125. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

26-3356271 ASSOCIATION, INC. Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b 25,150. c Fundraising events ..... d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 3,278,735. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 3,303,885. h Total. Add lines 1a-1f **Business Code** 107,742. 611710 107,742. 2 a PROGRAM FEES Program Service Revenue f All other program service revenue 107,742.g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 85 85. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$25,150. ofcontributions reported on line 1c). See 17,050. Part IV, line 18 **b** Less: direct expenses \_\_\_\_\_ 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d .....

85.

411,712.

Total revenue. See instructions

107,742.

# NATIONAL SUMMER LEARNING ASSOCIATION, INC.

Form 990 (2020)

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.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses					
1	Grants and other assistance to domestic organizations	120 000	120,000.							
_	and domestic governments. See Part IV, line 21	120,000.	120,000.							
2	Grants and other assistance to domestic									
_	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
Ŭ	trustees, and key employees	323,124.	258,500.	32,312.	32,312.					
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	372,704.	292,028.	41,542.	39,134.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	35,544.	27,949.	3,893.	3,702.					
10	Payroll taxes	45,885.	36,292.	4,878.	4,715.					
11	Fees for services (nonemployees):									
а	Management	639,689.	564,741.	53,854.	21,094.					
	Legal									
	Accounting	60,450.		60,450.						
	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	·····									
g	,	04 404		22 221						
	column (A) amount, list line 11g expenses on Sch 0.)	21,184.	224.	20,931.	29.					
12	Advertising and promotion	40 760	25 462	2 751	2 540					
13	Office expenses	42,763. 125,166.	35,463.	3,751.	3,549.					
14	Information technology	125,100.	104,860.	10,326.	9,980.					
15	Royalties	27,037.	21,385.	2,874.	2,778.					
16	Occupancy	2,352.	1,987.	186.	179.					
17	Travel	4,334.	1,307.	100.	1/9.					
18	Payments of travel or entertainment expenses									
40	for any federal, state, or local public officials	575.	559.	8.	8.					
19 20	Conferences, conventions, and meetings	346.	337.	346.						
20 21	Payments to affiliates	3 - 0 •		3404						
22	Depreciation, depletion, and amortization	2,715.	2,147.	289.	279.					
23		14,414.	11,401.	1,532.	1,481.					
23 24	Other expenses. Itemize expenses not covered	=-,	==,===	=, = = = =	=,===					
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	OTHER EXPENSE	15,985.	13,383.	1,323.	1,279.					
b	EQUIPTMENT RENTAL AND M	9,416.	8,448.	492.	476.					
С	COMMUNITY AND PARTNERSH	1,751.	1,751.							
d	FUNDRAISING EVENT	358.			358.					
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	1,861,458.	1,501,118.	238,987.	121,353.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

Form **990** (2020)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,008,662.	1	1,266,650.
	2	Savings and temporary cash investments			211,884.	2	450,544.
	3	Pledges and grants receivable, net		3	975,000.		
	4	Accounts receivable, net	19,311.	4	203,688		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
ţ	7	Notes and loans receivable, net	Γ		7		
Assets	8	Inventories for sale or use			2,110.	8	839.
Ä	9	Prepaid expenses and deferred charges			43,805.	9	40,905.
	10a	Land, buildings, and equipment: cost or other		Ι			
		basis. Complete Part VI of Schedule D	10a	10,641.			
	b			10,641.	2,354.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets		1,750.	14	0.	
	15	Other assets. See Part IV, line 11	13,984.	15	20,000.		
	16	Total assets. Add lines 1 through 15 (must ed			1,303,860.	16	2,957,626.
	17	Accounts payable and accrued expenses	124,277.	17	146,677.		
	18	Grants payable		18			
	19	Deferred revenue			475.	19	950.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
Ě		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese pers	ons	28,593.	22	0.
_	23	Secured mortgages and notes payable to unr	elated th	ird parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties	159,700.	24	275,300.
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	es 17-24	). Complete Part X			
		of Schedule D			4,981.	25	0.
	26	Total liabilities. Add lines 17 through 25			318,026.	26	422,927.
S		Organizations that follow FASB ASC 958, c	heck he	re ▶ X			
ဥ		and complete lines 27, 28, 32, and 33.					
aar	27	Net assets without donor restrictions	579,652.	27	364,250.		
Ä	28	Net assets with donor restrictions		406,182.	28	2,170,449.	
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
ţ	31	Retained earnings, endowment, accumulated		F		31	
Š	32	Total net assets or fund balances			985,834.	32	2,534,699.
	33	Total liabilities and net assets/fund balances			1,303,860.	33	2,957,626.

Form 990 (2020)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	, 41	1,7	12.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,86	1,4	58. 54.	
3	Revenue less expenses. Subtract line 2 from line 1						
4							
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_	1,3	89.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2	, 53	4,6	99.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	_X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	_X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule (	D.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit				
	Act and OMB Circular A-133?			За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2020)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization NATIONAL SUMMER LEARNING ASSOCIATION, INC. 26-3356271 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 I, Type III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support	71	•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1221744.	1843864.	1342683.	1559003.	3278735.	9246029.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1001544	1042064	1240602	1550000	200000	0046000
4	Total. Add lines 1 through 3	1221744.	1843864.	1342683.	1559003.	3278735.	9246029.
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,						F010067
	column (f)						5210967.
	Public support. Subtract line 5 from line 4.						4035062.
	ction B. Total Support	( ) 0040	#120047	( ) 0040	( 1) 2042	( ) 0000	/0.T.I.I
	ndar year (or fiscal year beginning in)	(a) 2016 1221744.	(b) 2017 1843864.	(c) 2018 1342683.	(d) 2019 1559003.	(e) 2020 3278735.	(f) Total 9246029 •
	Amounts from line 4	1221/44.	1043004.	1342003.	1339003.	3270733.	7240029.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	10,795.	1,040.	222.	2,031.	85.	14,173.
_	and income from similar sources	10,795.	1,040.	222•	2,031.	0.5.	14,1/3.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						9260202.
12	Gross receipts from related activities,	etc (see instructi	one)			12 2	,585,862.
	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax		L .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	organization, check this box and stop						
Sec	ction C. Computation of Publ						·············
	Public support percentage for 2020 (I			column (f))		14	43.57 %
	Public support percentage from 2019					15	48.83 %
	33 1/3% support test - 2020. If the o					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2019. If the o	-					
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and <b>stop he</b>	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circle		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 23 11	(0) 2010	(4) 2010	(0) 2020	(i) rotal
•	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
5							
	furnished by a governmental unit to the organization without charge						
	· · · · ·						
	Total. Add lines 1 through 5		+				
<i>i</i> a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received		+				
U	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
					( 0 0040	( ) 0000	(0 =
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
44	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 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_							<u></u>
	ction C. Computation of Public						
	Public support percentage for 2020 (lin			column (f))		15	<u>%</u>
	Public support percentage from 2019					16	<u>%</u>
	ction D. Computation of Inves						
17	Investment income percentage for 202					17	%
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the o	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 $1/3\%$ , check this box an	d <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
b	33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 $1/3\%$ , chec	k this box and <b>st</b>	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	nstructions	

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
С	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organ	ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		/I how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
202		vised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		
360	uon	5. Type if Supporting Organizations		Yes	No
1	Moro	a majority of the arganization's directors or trustees during the tay year also a majority of the directors		res	No
•		a majority of the organization's directors or trustees during the tax year also a majority of the directors stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
202		orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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 to	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
_		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h		es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> e organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b		supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Charle have if the augment year in the avantization's first as a pan functions	Illy intograta	d Type III supporting are	anization (ass

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	on D - Distributions		•		Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3		
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5		
_6	Other distributions (describe in Part VI). See instructions.			6		
_7_	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Section E - Distribution Allocations (see instructions)  (i)  Excess Distributions  Und			(ii) Underdistributions Pre-2020	,	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					

Schedule A (Form 990 or 990-EZ) 2020

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

### NATIONAL SUMMER LEARNING

Schedule A	(Form 990 or 990-EZ) 2020 ASSOCIATIO	N, INC.	26-3356271 Page 8
Part VI	<b>Supplemental Information.</b> Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	explanations required by Part II, line 10; Par 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V,

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

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

OMB No. 1545-0047

Name of the organization

NATIONAL SUMMER LEARNING ASSOCIATION, INC.

Employer identification number

26-3356271

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

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Part III			section 501(c)(7), (8), or (10) that total more than \$1,000 for the	he year	
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through <b>(e) and</b> the following line er	ntry. For organizations  r less for the year, (Enter this info once)		
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Parti					
-		(e) Transfer of git			
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(,	(-,	(2) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
				_	
F		(e) Transfer of git	l ft		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gi	ft		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of git	ft		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
	_				

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL SUMMER LEARNING ASSOCIATION,

**Employer identification number** 26-3356271

Schedule D (Form 990) 2020

Pa			imilar Funds or <i>F</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. <b>(a)</b> Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets hel	d in donor advised fur	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	y other purpose confe	erring
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes	" on Form 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	tion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	*		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the orga	nization during the tax
	year >			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		on, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conservat	ion easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservation e	asements during the year
_	<b>\</b> \$		4=0(1)/4)/	27.00
8	Does each conservation easement reported on line 2(d) above	•		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial statements t	hat describes the
Dai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Tre	acures or Other	Similar Assats
Га	Complete if the organization answered "Yes" on Form	-	asures, or other	Silliai Assets.
	If the organization elected, as permitted under FASB ASC 95		nue etetement and he	alanaa ahaat waxka
ıa	, ,	'		
	of art, historical treasures, or other similar assets held for pub	·		ance of public
<b>h</b>	service, provide in Part XIII the text of the footnote to its finan			as about works of
D	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherand	ce of public service,
	provide the following amounts relating to these items:			▶ •
	(i) Revenue included on Form 990, Part VIII, line 1			
•	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treating following amounts required to be reported under EASP A			, provide
_	the following amounts required to be reported under FASB A	-		<b>•</b> •
a	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X			
a	ASSELS INCIDUED IN FORM SOU, PAR A			▶ ⊅

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

Sche	edule D (Form 990) 2020 ASSOCIA	TION,	INC.				26-3	35627	1 P	age 2
Pai	rt III   Organizations Maintaining (	Collectio	ns of Art,	Historical T	reasures, c	r Other				
3	Using the organization's acquisition, access	ion, and otl	ner records, o	check any of the	e following tha	t make sig	nificant use of	ts		
	collection items (check all that apply):									
а	Public exhibition		d [	Loan or ex	change progra	ım				
b Scholarly research e Other										
c Preservation for future generations										
4	Provide a description of the organization's c	ollections a	nd explain h	ow thev further	the organization	on's exemi	ot purpose in P	art XIII.		
5	During the year, did the organization solicit									
	to be sold to raise funds rather than to be m			*	•		Г	Yes		No
Pai	rt IV Escrow and Custodial Arran								r	
	reported an amount on Form 990, Pa	_	-	g				-,, -		
1a	Is the organization an agent, trustee, custoo	lian or othe	r intermediar	v for contribution	ons or other as	sets not in	cluded			
	on Form 990, Part X?			•			_	Yes		No
b	If "Yes," explain the arrangement in Part XIII									
_								Amour	nt	
С	Beginning balance						1c	7 41110 641		
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII									<b>-</b>
Pai										
	53	(a) Curre		(b) Prior year	1		Three years bac	k (e) Fou	r vears	back
1a	Beginning of year balance	(u) curre	ne your	(b) i noi your	(6) ; ; ; ;	5 5 a 5 a 5 a 5 a 5 a 5 a 5 a 5 a 5 a 5	,	(3) - 32	. ,	Buon
	Contributions				1					
c	Net investment earnings, gains, and losses				+					
	Grants or scholarships									
	Other expenditures for facilities									
е										
	. •									
	Administrative expenses									
g	End of year balance  Provide the estimated percentage of the cur		nd balance (I	ino 1a, column	(a)) hold oo:					
2	Board designated or quasi-endowment	•	,	G.	(a)) Helu as.					
a		%	%	0						
b	Permanent endowment	% %								
С		<b>-</b>	1000/							
2-	The percentages on lines 2a, 2b, and 2c sho	•								
Sa	Are there endowment funds not in the posse	ession of th	e organizatio	on that are neid	and administe	rea for the	organization		V	N <sub>2</sub>
	by:							0-(1)	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
	If "Yes" on line 3a(ii), are the related organization				?			3b		
4	Describe in Part XIII the intended uses of the		on's endown	nent funds.						
Pai	rt VI Land, Buildings, and Equipn					5				
	Complete if the organization answere									
	Description of property		Cost or othe		st or other		umulated	( <b>d</b> ) Boo	k valu	е
		_	is (investmen	nt) basis	s (other)	depre	eciation			
	Land									
	Buildings									
	Leasehold improvements									
d	Equipment				5,441.		5,441.			0.

Schedule D (Form 990) 2020

5,200.

e Other .....

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

5,200.

3.000.073.073	TNC.		5-3356271 <sub>Page</sub>
Part VII Investments - Other Securities.	, 1110.	20	7 3330271 Page
Complete if the organization answered "Yes" of	on Form 000 Port IV line	a 11h Coo Form 000 Bort V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	nd-of-vear market value
(A) =1	(B) Book value	(e) meaned or validation: elect of en	a or your 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" of	on Form 990 Part IV line	e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			<del>                                     </del>
(2)			<del>                                     </del>
(3)			<del>                                     </del>
(4)			<del>                                     </del>
(5)			<del>                                     </del>
(6)			<del>                                     </del>
(7)			1

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

Schedule D (Form 990) 2020

(8)

ASSOCIATION, INC.

	rt XI	Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per F	Returr	າ.
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total re	evenue, gains, and other support per audited financial statements			1	3,428,762.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a			
b	Donate	ed services and use of facilities	2b			
С		eries of prior year grants				
d		(Describe in Part XIII.)		17,050.		
е		nes <b>2a</b> through <b>2d</b>			2e	17,050.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	3,411,712.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (	(Describe in Part XIII.)	4b			_
С		nes <b>4a</b> and <b>4b</b>			4c	0.
5		evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)				3,411,712.
Pai	~+ VII		-1	SEVENENCE PAI	- Dati	
		Reconciliation of Expenses per Audited Financial Sta		i Exhelises hei	Retu	ırn.
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		, ,	
1			e 12a.		1	ırn. 1,879,897.
	Total e	Complete if the organization answered "Yes" on Form 990, Part IV, linexpenses and losses per audited financial statements ats included on line 1 but not on Form 990, Part IX, line 25:	e 12a.		, ,	
1	Total e Amour Donate	Complete if the organization answered "Yes" on Form 990, Part IV, linexpenses and losses per audited financial statements into included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities	e 12a. 		, ,	
1 2	Total e Amour Donate	Complete if the organization answered "Yes" on Form 990, Part IV, linexpenses and losses per audited financial statements ats included on line 1 but not on Form 990, Part IX, line 25:	e 12a. 		, ,	
1 2 a	Total e Amour Donate Prior ye	Complete if the organization answered "Yes" on Form 990, Part IV, linexpenses and losses per audited financial statements into included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities	2a 2b 2c		1	
1 2 a	Total e Amour Donate Prior ye Other I	Complete if the organization answered "Yes" on Form 990, Part IV, line expenses and losses per audited financial statements and instance on line 1 but not on Form 990, Part IX, line 25: ead services and use of facilities ear adjustments losses (Describe in Part XIII.)	2a 2b 2c 2d	18,439.	1	1,879,897.
1 2 a b	Total e Amour Donate Prior ye Other I	Complete if the organization answered "Yes" on Form 990, Part IV, line expenses and losses per audited financial statements and losses per audited financial statements are included on line 1 but not on Form 990, Part IX, line 25: and services and use of facilities are adjustments and losses	2a 2b 2c 2d	18,439.	1 2e	1,879,897. 18,439.
1 2 a b c	Total e Amour Donate Prior ye Other I Other (	Complete if the organization answered "Yes" on Form 990, Part IV, line expenses and losses per audited financial statements and instance on line 1 but not on Form 990, Part IX, line 25: ead services and use of facilities ear adjustments losses (Describe in Part XIII.)	2a 2b 2c 2d	18,439.	1	1,879,897.
1 2 a b c d	Total e Amour Donate Prior y Other I Other ( Add lin	Complete if the organization answered "Yes" on Form 990, Part IV, line expenses and losses per audited financial statements ants included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities ear adjustments cosses  (Describe in Part XIII.)	2a 2b 2c 2d	18,439.	1 2e	1,879,897. 18,439.
1 2 a b c d	Total e Amour Donate Prior y Other I Other ( Add lin Subtra Amour	Complete if the organization answered "Yes" on Form 990, Part IV, line expenses and losses per audited financial statements ants included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities ear adjustments cosses (Describe in Part XIII.)  These 2a through 2d act line 2e from line 1	2a 2b 2c 2d	18,439.	1 2e	1,879,897. 18,439.
1 2 a b c d e 3 4	Total e Amour Donate Prior y Other I Other ( Add lin Subtra Amour Investr	Complete if the organization answered "Yes" on Form 990, Part IV, line expenses and losses per audited financial statements instructed on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities ear adjustments losses (Describe in Part XIII.) in es 2a through 2d incit line 2e from line 1 instructed on Form 990, Part IX, line 25, but not on line 1:	2a	18,439.	1 2e	1,879,897. 18,439. 1,861,458.
1 2 a b c d e 3 4 a b	Total e Amour Donate Prior y Other I Other ( Add lin Subtra Amour Investr Other (	Complete if the organization answered "Yes" on Form 990, Part IV, line expenses and losses per audited financial statements and included on line 1 but not on Form 990, Part IX, line 25: ead services and use of facilities ear adjustments adjustments (Describe in Part XIII.) these 2a through 2d and time 2e from line 1 this included on Form 990, Part IX, line 25, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	18,439	1 2e	1,879,897. 18,439.

### | Part XIII| Supplemental Information.

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

### PART X, LINE 2:

NATIONAL SUMMER LEARNING ASSOCIATION, INC. (NSLA) ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX EFFECT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR UNCERTAIN TAX POSITIONS. INTEREST AND PENALTIES, IF ANY, ARE ACCRUED AS A COMPONENT OF GENERAL AND ADMINISTRATIVE EXPENSES WHEN ASSESSED. NSLA IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF

Part XIII   Supplemental Information (continued)
THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE
AS OTHER THAN A PRIVATE FOUNDATION. SIMILAR TO OTHER TAX-EXEMPT
ORGANIZATIONS, NSLA IS SUBJECT TO TAX ON UNRELATED BUSINESS INCOME. TAX
YEARS ENDED PRIOR TO JUNE 30, 2018 ARE NO LONGER SUBJECT TO EXAMINATION BY
TAYING AUTHODITIES
TAXING AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES 17,050.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
LOSS ON DISPOSAL 1,389.
FUNDRAISING EVENT EXPENSES 17,050.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 18,439.

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL SUMMER LEARNING ASSOCIATION, INC.

Employer identification number 26 – 3356271

Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	sed funds through any of the following e Solicitars f Solicitars g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursurations.	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
_						
Total			<b>&gt;</b>			
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2020

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 VIRTUAL FUNDRAISING	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
(I)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	42,200.			42,200.
	2	Less: Contributions	25,250.			25,250.
	3	Gross income (line 1 minus line 2)	16,950.			16,950.
	4	Cash prizes				
Si	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
]	8	Entertainment				
	9	Other direct expenses	17,050.			17,050.
	10		. ,		<b>&gt;</b>	17,050.
<b>D</b> -		Net income summary. Subtract line 10 from li				-100.
Pa	rt I		answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	4	Gross revenue				
	<u> </u>	GIOSS Teveride				
S	2	Cash prizes				
Direct Expenses		Noncash prizes				
irect E	4	Rent/facility costs				
О						
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>b</b>	
		The garming most out of the same of the sa	17 cm m o 1, colam (a)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

### NATIONAL SUMMER LEARNING

Schedule G (Form 990 or 990-EZ) 2020 ASSOCIATION, INC.	26-3356271 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b>   %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events book	
Little the hame and address of the person who prepares the organization's gaming/special events book	s and records.
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming re-	venue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ all	nd the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name N	
Name	
Address	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
Description of continue provided	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds t	0
retain the state gaming license?	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	
organization's own exempt activities during the tax year ▶ \$	·
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	s (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

# NATIONAL SUMMER LEARNING

Schedule G	(Form 990 or 990-EZ)	ASSOCIATION,	INC.	26-3356271	Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Infor	mation (continued)			
	- appromental mie	Trial (Serial asa)			
<u>.</u>					
-					
-					
•					

### SCHEDULE I (Form 990)

### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information. **Open to Public** Inspection

NATIONAL SUMMER LEARNING Name of the organization Employer identification number ASSOCIATION, INC. 26-3356271 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) COMMUNITY TAMPA BAY TO EQUIP THE COMMUNITY WITH SUMMER EDUCATION 2727 ULMERTON ROAD, STE 200 PROGRAMS CLEARWATER, FL 33762 81-0675602 10,000 0 CITY PARKS FOUNDATION TO EOUIP THE COMMUNITY WITH SUMMER EDUCATION 830 FIFTH AVENUE 13-3561657 PROGRAMS NEW YORK, NY 10065 10,000 TO EQUIP THE COMMUNITY YOUNG AUDIENCES 2600 N HOWARD STREET WITH SUMMER EDUCATION PROGRAMS BALTIMORE, MD 21211 13-1997754 10,000 0 EDVENTURES MORE TO EOUIP THE COMMUNITY P.O. BOX 2854 WITH SUMMER EDUCATION PROGRAMS SAN FRANCISCO CA 94126 57-1013857 10 000 COLLEGE TO CONGRESS TO SUPPORT INTERNSHIPS IN 712 H STREET, NE, SUITE 1089 WASHINGTON, DC 20002 77-0653711 CONGRESS 40,000 0 UNIVERSITY OF THE VIRGIN ISLANDS TO ESTABLISH THE 2021 2 JOHN BREWERS BAY SUMMER THROVATION ST. THOMAS, VI 00802 66-0432514 20 000 0 FELLOWSHIP PROGRAM 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2020

Schedule I (Form 990) ASSOCIATI							6-3356271 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY WORKS OF LOUISIANA, INC. 3900 GENERAL TAYLOR, STE 206 NEW ORELEANS, LA 70125	26-4472656		20,000.	0.			TO ESTABLISH THE 2021 SUMMER INNOVATION FELLOWSHIP PROGRAM

Schedule I (Form 990) 2020

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
THE GRANT RECIPIENTS WERE CHOSEN	THROUGH A	MULTI-ROU	JND EVALUAT	ION PROCESS	
WHICH CONSISTED OF REVIEWING APPL	ICATIONS '	TO THE PRO	GRAMS, HIS	TORY,	
LOCATION, IN-PERSON PROGRAM EVALUA	ATION, AN	D INTERVIE	EWS.		
AN ORGANIZATION WAS USED TO COORD	INATE THE	INTERNSHI	P PROGRAM,	WHICH	
REPRESENTS SOME OF THE AWARDS ON '	THIS SCHE	DULE.			
THERE WERE NO FORMAL GRANT REPORT	ING REOUI	REMENTS RE	LATED TO T	HESE AWARDS.	

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. NATIONAL SUMMER LEARNING ASSOCIATION, INC.

**Employer identification number** 26-3356271

OMB No. 1545-0047

P	ar L I	Questions Regarding Compensation			
				Yes	No
1a	Chec	ck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part '	VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
		First-class or charter travel Housing allowance or residence for personal use			
		Travel for companions Payments for business use of personal residence			
		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
		Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any	y of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	•	pursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2		he organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
		ees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		,,			
3	Indic	ate which, if any, of the following the organization used to establish the compensation of the organization's			
_		/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
		olish compensation of the CEO/Executive Director, but explain in Part III.			
		Compensation committee   Written employment contract			
		Independent compensation consultant  Compensation survey or study			
		Form 990 of other organizations  X Approval by the board or compensation committee			
		Approval by the board of compensation committee			
4	Durin	ng the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_		nization or a related organization:			
_	-		4a		х
			4b		X
		cipate in or receive payment from a supplemental nonqualified retirement plan?	4c		X
C		cipate in or receive payment from an equity-based compensation arrangement?	40		
	II YE	es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only	spection E01(a)(2) E01(a)(4) and E01(a)(90) aggregations must complete lines E.O.			
_		section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	•	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_		ingent on the revenues of:	En		Х
		organization?	5a		X
D		related organization?	5b		
_		es" on line 5a or 5b, describe in Part III.			
6		persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
		ingent on the net earnings of:			Х
		organization?	6a		X
b		related organization?	6b		
_		es" on line 6a or 6b, describe in Part III.			
7		persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_		lescribed on lines 5 and 6? If "Yes," describe in Part III	7		Х
8		e any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_		I contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Ve	es" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2020

Regulations section 53.4958-6(c)?

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) AARON DWORKIN	(i)	268,827.	0.	0.	0.	18,125.	286,952.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

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

### **SCHEDULE L**

Department of the Treasury Internal Revenue Service

# **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** Inspection

Name of the organization

NATIONAL SUMMER LEARNING

Employer identification number

AS	SSOCIATI	ON, INC.						26	-33	562	71		
Part I Excess Benef	it Transacti	ons (section 50	)1(c)(3	3), sect	ion 501(c)(4), and se	ctio	n 501(c)(29) orga	anizati	ons o	nly).			
Complete if the org	ganization ansv	vered "Yes" on F	orm 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, P	art V, I	ine 40	Ob.			
1,,,,	Relationship betv	disqua	lified ,	() 5				(d) Corrected?			cted?		
(a) Name of disqualified pe	rson	person and or	ation	(0	(c) Description of transaction			n	` '			No	
2 Enter the amount of tax inc	curred by the o	rganization man	agers	or disc	qualified persons du	ring	the year under						
section 4958									<b>&gt;</b> \$				
3 Enter the amount of tax, if	any, on line 2,	above, reimburs	ed by	the or	ganization				<b>&gt;</b> \$				
Part II Loans to and/	or From Int	erested Pers	sons	<b>.</b>									
Complete if the org	ganization ansv	vered "Yes" on I	orm 9	990-EZ	, Part V, line 38a or F	orm	n 990, Part IV, lin	e 26;	or if th	ne orga	ınizatio	on	
reported an amour										VI V An	round		
	(b) Relationship	onship (c) Purpose (d) Loan to or (e) Original (f) Balance due (g) In (h) Ap				by bo	proved (i) Written agreement?						
interested person	with organization	of loan	organi	ization?	principal amount			defa	uit?	comm	ittee?	agree	ilelit?
			То	From	F0 000			Yes	No	Yes	No	Yes	No
JAMES QUINN E	BOARD OF	OPERATIN	X		50,000.		0.		Х	X		X	
Total Part III Grants or Ass	iotopoo Bor	afiting Into		d Da	<b>&gt;</b> \$								
		_											
Complete if the org					· · · · · · · · · · · · · · · · · · ·		( D T						<del> </del>
(a) Name of interested person (b) Relationship between interested person and								Purpose of ssistance					
		the organization			assistance assista		noc assistance				1100		
									_				
									-+				
						-			$\dashv$				
									-+				
						-							
						-			-+				

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (e) Sharing of organizations revenues?  Yes No  Part V Supplemental Information.  Provide additional information for responses to questions on Schedule L (see instructions).  SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:  (A) NAME OF PERSON: JAMES QUINN  (B) RELATIONSHIP WITH ORGANIZATION: BOARD OF DIRECTORS	Part IV Business Transactions Involv  Complete if the organization answered	=	8b, or 28c.			
Part V Supplemental Information.  Provide additional information for responses to questions on Schedule L (see instructions).  SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:  (A) NAME OF PERSON: JAMES QUINN  (B) RELATIONSHIP WITH ORGANIZATION: BOARD OF DIRECTORS		(b) Relationship between interested	(c) Amount of			
Provide additional information for responses to questions on Schedule L (see instructions).  SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:  (A) NAME OF PERSON: JAMES QUINN  (B) RELATIONSHIP WITH ORGANIZATION: BOARD OF DIRECTORS						
Provide additional information for responses to questions on Schedule L (see instructions).  SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:  (A) NAME OF PERSON: JAMES QUINN  (B) RELATIONSHIP WITH ORGANIZATION: BOARD OF DIRECTORS						
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Provide additional information for responses to questions on Schedule L (see instructions).  SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:  (A) NAME OF PERSON: JAMES QUINN  (B) RELATIONSHIP WITH ORGANIZATION: BOARD OF DIRECTORS	Dort V Complemental Information					
(A) NAME OF PERSON: JAMES QUINN (B) RELATIONSHIP WITH ORGANIZATION: BOARD OF DIRECTORS		onses to questions on Schedule L (see	instructions).			
(B) RELATIONSHIP WITH ORGANIZATION: BOARD OF DIRECTORS	SCHEDULE L, PART II, LOANS	TO AND FROM INTERE	STED PERSON	IS:		
	(A) NAME OF PERSON: JAMES	QUINN				
(C) PURPOSE OF LOAN: OPERATING COSTS (PAID OFF FULLY IN FY 2021)	(B) RELATIONSHIP WITH ORGA	NIZATION: BOARD OF	DIRECTORS			
	(C) PURPOSE OF LOAN: OPERA	TING COSTS (PAID OF	F FULLY IN	FY 2021)		

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL SUMMER LEARNING ASSOCIATION, INC.

Employer identification number 26-3356271

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

TO OUR NATION'S YOUTH TO HELP CLOSE THE ACHIEVEMENT GAP.

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

THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS' FINANCE COMMITTEE, PRIOR TO FILING.

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

BOARD MEMBERS ARE ALSO COVERED UNDER THE CONFLICT OF INTEREST POLICY. ANY

CONFLICTS ARE BROUGHT TO THE ATTENTION OF THE BOARD AND THE BOARD ADDRESSES

THE SITUATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S BOARD OF DIRECTORS HAS FORMED A CEO REVIEW COMMITTEE TO ANNUALLY MEET AND REVIEW THE PREVIOUS YEAR RESULTS IN ANTICIPATION OF THE CEO COMPENSATION FOR THE ENSUING FISCAL YEAR. THE COMMITTEE IS COMPRISED OF THE PRESIDENT AND TWO OTHER BOARD MEMBERS WHO ARE INVOLVED IN THE NON-PROFIT SECTOR. THESE INDIVIDUALS WILL USE A REVIEW OF OTHER SIMILAR ORGANIZATIONS AND NON-PROFITS ALONG FOR THE GUIDANCE IN SETTING THE SALARIES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS

MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WA,WV,WI,WY

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization NATIONAL SUMMER LEARNING ASSOCIATION, INC.	Employer identification number 26-3356271
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON DISPOSAL	-1,389.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES THE RESPONS	IBILITY FOR
OVERSEEING THE AUDIT. THIS PROCESS HAS NOT CHANGED FROM P	REVIOUS YEARS.