## Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

, 2019, and ending

OMB No. 1545-0047

Open to Public Inspection

В	Check	if applicable:	С			D Employ	er identification	on number
	Ad	ddress change		AWARENESS FOUNDAT	ION	26-	2617721	
	Na	ame change	INC DBA DEAF, IN	C.		E Telepho	ne number	
	In	itial return	25 E FRISCO AVEN			314	-714-64	00
	Fir	nal return/terminated	SAINT LOUIS, MO	63119		-		
		mended return				<b>G</b> Gross r	eceipts \$	1,480,507.
	$\vdash$	pplication pending	F Name and address of principa	al officer: CADALL DDECLITE:		H(a) Is this a group retur		
	Ш.,	ppiloation portaing	SAME AS C ABOVE	al officer: SARAH PRECHTE	_	H(b) Are all subordinates If "No," attach a list	included?	
$\overline{}$	Tay.	-exempt status:	X 501(c)(3) 501(c) (	) <b>◄</b> (insert no.) 4947	(a)(1) or 527	If "No," attach a list	. (see instruction	ons)
<u>;</u>			W.DEAFINC.ORG	) (Insert no.) 4047	````	H(c) Group exemption n	umb a v	
K		n of organization:	X Corporation Trust	Association Other ►	L Year of formation		State of legal de	amieila. MO
	art I			Association Other	■ rear or formatio	III: 2006   IVI S	state or legal of	ornicile: MO
Г	1	Summar Briefly descri		ion or most significant activiti	ASTURE EMDONE	DATCE AMA	DEMECC	7 NID
	-			NDATION OF COMMUNICATION				
ခွ				THE HEARING COMMUN				
Governance		DEAL / HAIN	D OI IILAKTING AND	_ IIIL IILAKING COMMO	111112 111 111	<u> </u>	MLINO I	<u> </u>
Ve	2	Check this bo	x ► if the organization	on discontinued its operations	or disposed of mo	re than 25% of its	net assets	
				rning body (Part VI, line 1a).			3	4
•გ	4			s of the governing body (Part			4	4
<u>ë</u> .	5	Total number	of individuals employed in	n calendar year 2019 (Part V,	line 2a)		5	17
Activities &	6			necessary)			6	98
Ą				Part VIII, column (C), line 12			7a	0.
	b	Net unrelated	business taxable income	from Form 990-T, line 39			7b	0.
						Prior Year		Current Year
<u>o</u>	8			1h)				707,945.
enc	9			e 2g)				753,386.
Revenue	10			A), lines 3, 4, and 7d)			.37.	1,868.
ш	11			nes 5, 6d, 8c, 9c, 10c, and 11				-2,784.
	12			(must equal Part VIII, column			.66.	1,460,415.
				IX, column (A), lines 1-3)				500.
	14			X, column (A), line 4)				
S	15			e benefits (Part IX, column (A			357.	414,689.
ıse	16a	Professional	fundraising fees (Part IX, o	column (A), line 11e)				
Expenses	b	Total fundrais	ing expenses (Part IX, col	lumn (D), line 25) ►	43,633.			
Ú	17	Other expens	es (Part IX, column (A), lii	nes 11a-11d, 11f-24e)		904,1	42.	884,626.
	18	Total expense	es. Add lines 13-17 (must	equal Part IX, column (A), lin	e 25)			1,299,815.
	19	Revenue less	expenses. Subtract line 1	8 from line 12				160,600.
- S			•			Beginning of Currer		End of Year
a se	20					i beallillia oi carrei		
		Total assets	Part X, line 16)				.59.	875,976.
₹ 🖺	21					682,1		875,976. 158,647.
Net As	21	Total liabilitie	s (Part X, line 26)			682,1 125,4	30.	158,647.
Net Asset	21 22	Total liabilitie Net assets or	s (Part X, line 26) fund balances. Subtract li			682,1 125,4	30.	
Pa	21 22 art II	Total liabilitie Net assets or Signatur	s (Part X, line 26) fund balances. Subtract liee Block	ine 21 from line 20		682,1 125,4 556,7	29.	158,647. 717,329.
Pa	21 22 art II	Total liabilitie Net assets or Signatur	s (Part X, line 26) fund balances. Subtract liee Block			682,1 125,4 556,7	29.	158,647. 717,329.
Pa	21 22 art II	Total liabilitie  Net assets or  Signatur  Ities of perjury, I de lectaration of preparation of	s (Part X, line 26) fund balances. Subtract liee Block	ine 21 from line 20		682,1 125,4 556,7	29.	158,647. 717,329.
Unde	21 22 art II er penal plete. D	Total liabilitie  Net assets or  Signatur  Ities of perjury, I de lectaration of preparation of	fund balances. Subtract liee Block clare that I have examined this return (other than officer) is based on	ine 21 from line 20		682,1 125,4 556,7	29.	158,647. 717,329.
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Unde com	21 22 art II er penal plete. D	Total liabilitie  Net assets or  Signatur  Ities of perjury, I de Declaration of preparation of	fund balances. Subtract liee Block clare that I have examined this return (other than officer) is based on	ine 21 from line 20		682,1 125,4 556,7 ne best of my knowledge	30. 29.	158, 647. 717, 329. s true, correct, and
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Sig He Pa	21 22 art II er penal plete. D	Total liabilitie  Net assets or  Signatur  Ities of perjury, I delectaration of preparation of p	fund balances. Subtract li e Block  clare that I have examined this return (other than officer) is based on  Presental re of officer  AH PRECHTEL print name and title reparer's name  EER WEISER  NOMAD CONSULT	urn, including accompanying schedules all information of which preparer has a Preparer's signature  JENNIFER WEISER TING, LLC	and statements, and to t ny knowledge.	682,1 125,4 556,7  ne best of my knowledge 05/12/2020 Date EXECUTIVE Check self-employ	and belief, it is DIRECTO	158, 647. 717, 329. s true, correct, and R
Sig He Pa	21 22 art II er penal plete. D	Total liabilitie  Net assets or  Signatur  Ities of perjury, I de Declaration of preparation of	fund balances. Subtract li e Block  clare that I have examined this returer (other than officer) is based on  Crecutal re of officer  AH PRECHTEL print name and title reparer's name  PER WEISER  NOMAD CONSULT	preparer's signature JENNIFER WEISER TING, LLC REET, APT 4056	and statements, and to t ny knowledge.	682,1 125,4 556,7  ne best of my knowledge 05/12/2020 Date EXECUTIVE Check self-employ	and belief, it is  DIRECTO	158, 647. 717, 329. s true, correct, and  R .623455

			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 (see instructions)?	2	Χ	
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		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
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		Х
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? <i>If 'Yes,' complete Schedule D, Part II</i>	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		Х
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	11 a	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.	11 b		Х
c	: 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	11 c		Х
C	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	11 d	Χ	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
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)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f	Χ	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		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 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	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

# Form 990 (2019) DEAF EMPOWERMENT AWARENESS FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	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, 'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		X
	<b>b</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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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		Х
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	<b>b</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)? <i>If</i> 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1	<b>a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			140
	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 (gambling) winnings to prize winners?	1 c	Χ	
RΛ			990 (	2010

Form 990 (2019) DEAF EMPOWERMENT AWARENESS FOUNDATION

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

			Yes	No
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 17	01	X	
t	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Λ	
32	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
k	b If 'Yes,' enter the name of the foreign country			
5.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		71
7	Organizations that may receive deductible contributions under section 170(c).	dø		
ā	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	Χ	
ŀ	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
(	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.		Х
,	Form 8282?d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 c		Λ
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
ł	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
ä	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
t				
12	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13 a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	13a		
ā	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.	13a		
ł	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  13b	13a		
ł	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  c Enter the amount of reserves on hand  13b			V
t 14 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
t ( 14 a l	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  c Enter the amount of reserves on hand  a Did the organization receive any payments for indoor tanning services during the tax year?  b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.			X
t ( 14 a l	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
t (14 a l 15	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  c Enter the amount of reserves on hand  a Did the organization receive any payments for indoor tanning services during the tax year?  b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	14a 14b		

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 No Yes 1 a 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. **b** Enter the number of voting members included on line 1a, above, who are independent..... 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this was done ...... 120 13 Did the organization have a written whistleblower policy?..... 13 Χ X 14 Did the organization have a written document retention and destruction policy?..... 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? X a The organization's CEO, Executive Director, or top management official.. SEE. SCHEDULE..Q....... 15 a **b** Other officers or key employees of the organization..... 15 b X 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 X taxable entity during the year?..... 16 a **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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE 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 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

SAINT LOUIS MO 63119 314-714-6400

MICHELE STEELE 25 E FRISCO AVE

## 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

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

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

	Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	nsate	ed ang	y cu	rrent officer, direct	or, or trustee.	
					(C)	)					
	(A) Name and title	(B) Average hours per	is	s both dir	ector	officer /trust	-		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from
		per week (list any hours for related organiza- tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former	(W-211033-MI306)	(W-21033 MIGG)	the organization and related organizations
(1)	ERNEST GARRETT, III	40									
	EXECUTIVE DIR.	0			Χ				36,801.	0.	2,112.
	SARAH PRECHTEL EXECUTIVE DIR.	<u>45</u>			Х				12,687.	0.	0.
(3)	DAN SCHREINER	5									
	PRESIDENT	0	X		Χ				0.	0.	0.
<u>(4)</u>	<u> ANAND RAJ</u>	1									
	VICE PRESIDENT	0	X		Х				0.	0.	0.
(5)	_AMY_REUSCH SECRETARY	$-\frac{1}{0}$	Х		Х				0.	0.	0.
(6)	ERIC DRISKILL	1									
'-	TREASURER	0	Х		Х				0.	0.	0.
(7)	DR. JESSICA WHITEHEAD DIRECTOR	1	Х						0.	0.	0.
(8)	NATE DISSI DIRECTOR	10	Х						0.	0.	0.
(9)	DR. JACQUES HERZOG DIRECTOR	1	Х						0.	0.	0.
(10)											
(11)											
(12)											
(13)											
(14)											

Name and title    Average   Position (do not check more than one obx, unless person is both any person in bo	Part VII   Section A. Officers, Directors, Tru	1	Key	Em		_	es,	and	d Highest Com	pensated Empl	oyees	<b>(</b> conti	nued)
(15)  (15)  (16)  (17)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)		(B)			•	•							
(15)  (16)  (17)  (18)  (29)  (20)  (21)  (22)  (23)  (24)  (25)  (24)  (25)  (27)  (27)  (28)  (29)			(do box	not c	Pos heck ss pe	sition : more erson	than	one h an					
(19) (22) (23) (24) (25) 1 b Subtotal contractions beets to Part VII, Section A	Name and title	per week	offic	cer ar	nd a d	direct	or/trus	tee)	compensation from	compensation from	(	of other	
(15) (16) (17) (18) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29		hours	or d	ibsni	95	Key	High emp	For	(W-2/1099-MISC)	(W-2/1099-MISC)	the o	rganizati	ion
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		Check if Schedule O contains a response or note	to any line	e in this Part VI	II		
			Т	(A) otal revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns	48.				
on Ind	h	<b>Total.</b> Add lines 1a-1f	<i>51.</i> ►	707,945.			
<u>9</u>		Business Coo	de	707,945.			
enn	2 a	COMMUNICATION ACCESS 541900		738,836.	738,836.		
Rev	b	SIGN_CLASS_ENROLLMENT611710		9,555.	9,555.		
ice	С	AWARENESS ACTIVITIES 611710		4,995.	4,995.		
erv	d			_,	-,		
E	е						
Program Service Revenue	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		753,386.			
	3	Investment income (including dividends, interest, and other similar amounts)		1,868.			1,868.
	5	Royalties	►				
		(i) Real (ii) Person	al				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	►				
	7 a	Gross amount from (i) Securities (ii) Other	•				
		sales of assets					
		Less: cost or other basis and sales expenses 7b					
		Gain or (loss)					
Other Revenue	8 a	Gross income from fundraising events (not including \$ 14,964. of contributions reported on line 1c).  See Part IV, line 18	36.				
her		Less: direct expenses 8b 20,0					
ð	С	Net income or (loss) from fundraising events	►	-4,256.			-4,256.
		Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	►				
		Gross sales of inventory, less returns and allowances 10a  Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	<b>•</b>				
16		Business Cod					
	11 a	MISCELLANEOUS 900099		1,160.			1,160.
Miscellaneous Revenue	b			312.			312.
ella Vel	c			512.			514.
SCE	d	All other revenue					
Σ	е	Total. Add lines 11a-11d	►	1,472.			
		Total revenue. See instructions	-	,460,415.	753,386.	0.	-916.

### 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).

Do i 6b,	not include amounts reported on lines 7b, 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 and domestic governments. See Part IV. line 21.		слропосс	general expenses	смренеее
2	Grants and other assistance to domestic individuals. See Part IV, line 22	500.	500.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	300.	300.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	51,600.	31,679.	16,368.	3,553.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	316,269.	243,191.	45,384.	27,694.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	010,100	2 23, 2320	10,001.	
9	Other employee benefits	19,093.	16,217.	2,280.	596.
10	Payroll taxes	27,727.	21,012.	4,220.	2,495.
	Fees for services (nonemployees):				
	Management				
	Legal	31,492.	176.	31,316.	
	Accounting	21,813.	3,238.	18,575.	
	I Lobbyinge Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11q amount exceeds 10% of line 25, column	00 001	05.044	5.60	115
12	(A) amount, list line 11g expenses on Schedule O.)	28,021.	27,344.	560.	117.
13	Advertising and promotion  Office expenses	5,253.	3,555.	1,698.	2 062
14	Information technology	18,752. 24,076.	9,306. 20,085.	7,384. 3,931.	2,062. 60.
15	Royalties	24,070.	20,065.	3,931.	00.
16	Occupancy	125,093.	89,938.	28,667.	6,488.
17	Travel	8,442.	6,190.	2,252.	0, 100.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0,112	3,2333	2,202.	
19	Conferences, conventions, and meetings	11,464.	3,779.	7,529.	156.
20	Interest				
21	Payments to affiliates				
22	' ' '	5,219.		5,219.	
23	Other expenses. Itemize expenses not	6,152.	5,477.	461.	214.
24	covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	INTERPRETING SERVICE FEES	577,286.	571,352.	5,934.	
	COMMUNITY RELATIONS	14,539.	14,539.		
	BAD DEBT	6,102.	6,102.		
	CONTINUING EDUCATION	922.	200.	524.	198.
	All other expenses	1 000 015	1 000 000	100 000	40.00=
	Total functional expenses. Add lines 1 through 24e	1,299,815.	1,073,880.	182,302.	43,633.
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)				

## Part X Balance Sheet

		Check if Schedule O contains a response or note to	any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			122,801.	1	17,486.
	2	Savings and temporary cash investments			326,730.	2	636,209.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			96,405.	4	92,425.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er offic contrib	er, director, outor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		· · · · ·		7	
Ø	8		s for sale or use.				
Assets	9	Prepaid expenses and deferred charges		<u> </u>	18,056.	8 9	12,656.
As	-	· · · · · i	<u> </u>		10,030.	,	12,030.
	iva	Complete Part VI of Schedule D	nd, buildings, and equipment: cost or other basis. mplete Part VI of Schedule D				
	b	Less: accumulated depreciation	10 b	95,916.	17,111.	10 c	16,035.
	11	Investments — publicly traded securities				11	
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments — program-related. See Part IV, line 11.		13			
	14	Intangible assets		1,636.	14	1,227.	
	15	Other assets. See Part IV, line 11		99,420.	15	99,938.	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		682,159.	16	875,976.
	17	Accounts payable and accrued expenses		45,896.	17	82,147.	
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		<u> </u>		20	
es	21	Escrow or custodial account liability. Complete Part I		L		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or	35%		22	
_	23	Secured mortgages and notes payable to unrelated th		<u></u>		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		79,534.	25	76,500.
	26	Total liabilities. Add lines 17 through 25			125,430.	26	158,647.
es		Organizations that follow FASB ASC 958, check here	. >	X			
ř	07	and complete lines 27, 28, 32, and 33.		1	550.000	07	TAC 075
ä	27				553,229.	27	706,375.
٣	28	Net assets with donor restrictions			3,500.	28	10,954.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds		L.		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment of the surplus of the		<u></u>		30	
155	31	Retained earnings, endowment, accumulated income,		<u> </u>		31	
et /	32	Total net assets or fund balances		<u></u>	556,729.	32	717,329.
ž	33	Total liabilities and net assets/fund balances			682,159.	33	875,976.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,4	60,4	115.
2	Total expenses (must equal Part IX, column (A), line 25).	2			315.
3	Revenue less expenses. Subtract line 2 from line 1	3			500.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			729.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10		_			
<b>D</b> - 1	column (B)) 1	0	7.	17,3	329.
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 O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	on a			
1	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	L			
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  SEE SCHEDULE O				
3	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
I	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
3AA	TEEA0112L 01/21/20		Form	990	(2019)

#### 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

Name of the organization Employer identification number DEAF EMPOWERMENT AWARENESS FOUNDATION INC DBA DEAF, INC. 26-2617721 **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 4 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: 5 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) 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	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support			_			
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in	structions)				
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	▶
Sec	tion C. Computation of Pul	blic Support P	Percentage				
	Public support percentage for 20						%
	Public support percentage from 2						%
16a	<b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization	he organization d qualifies as a pul	id not check the l blicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, chec	k this box
b	<b>33-1/3% support test—2018.</b> If the and <b>stop here.</b> The organization	e organization die qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more,	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Par	t VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Par	t VI how the
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions ►

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	tion A. Public Support						_
Calend	ar year (or fiscal year beginning in) >	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
	received. (Do not include any 'unusual grants.')	572,441.	649,250.	668,314.	730,974.	707,945.	3,328,924.
2	Gross receipts from admissions,	372,441.	049,230.	000,314.	730,974.	101, 945.	3,320,324.
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	656 007	000 004	000 000	011 740	752 206	4 001 041
	Gross receipts from activities	656,837.	929,984.	939,292.	811,742.	753,386.	4,091,241.
	that are not an unrelated trade						
1	or business under section 513.  Tax revenues levied for the	26,696.	6,958.	10,556.	20,343.	17,308.	81,861.
-	organization's benefit and						
	either paid to or expended on its behalf						0.
5	The value of services or						0.
	facilities furnished by a governmental unit to the						
	organization without charge						0.
	<b>Total.</b> Add lines 1 through 5	1,255,974.	1,586,192.	1,618,162.	1,563,059.	1,478,639.	7,502,026.
7a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	517,763.	501,075.	501,640.	400,000.	613,222.	2,533,700.
b	Amounts included on lines 2						_
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	275,007.	283,109.	362,813.	291,566.	320,098.	1,532,593.
С	Add lines 7a and 7b	792,770.	784,184.	864,453.	691,566.	933,320.	4,066,293.
8	Public support. (Subtract line			,	,	,	
Sac	7c from line 6.)tion B. Total Support						3,435,733.
	•	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(4) 2019	(a) 2010	<b>(f)</b> Total
	dar year (or fiscal year beginning in) Amounts from line 6		<b>(b)</b> 2016		(d) 2018	<b>(e)</b> 2019	• • • • • • • • • • • • • • • • • • • •
	Gross income from interest, dividends,	1,255,974.	1,586,192.	1,618,162.	1,563,059.	1,4/8,639.	7,502,026.
iva	payments received on securities loans,						
	rents, royalties, and income from similar sources	509.	960.	1,156.	2,137.	1,868.	6,630.
b	Unrelated business taxable	303.	500.	1/100.	2/107.	1,000.	0,030.
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
	Add lines 10a and 10b Net income from unrelated business	509.	960.	1,156.	2,137.	1,868.	6,630.
"	activities not included in line 10b,						
	whether or not the business is regularly carried on						0.
12	Other income. Do not include						<u> </u>
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						0.
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1 256 483	1 587 152	1 619 318	1,565,196.	1 480 507	7,508,656.
14	First five years. If the Form 990	is for the organiza	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c)(	3)
Cas	organization, check this box and						······ <u> </u>
	tion C. Computation of Pul Public support percentage for 20			no 12 polymn (f)	`		45 76 %
	Public support percentage from a	•	• • • • • • • • • • • • • • • • • • • •		•		45.76 % 45.03 %
	tion D. Computation of Inv						43.03 0
	Investment income percentage f				umn (f))	17	0.09 %
	Investment income percentage f	•	• •	-			0.09 %
	<b>33-1/3% support tests—2019.</b> If						d line 17
	is not more than 33-1/3%, check	this box and <b>sto</b> l	<b>p here.</b> The orgar	nization qualifies a	as a publicly supp	orted organization	ı ► <u>X</u>
b	<b>33-1/3% support tests—2018.</b> If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organi.		•		•		
	-			*			

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was			
За	described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
	and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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.	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization acconted a gift or contribution from any of the following persons?		Yes	No
			11a		
b	A fan	nily member of a person described in (a) above?	11b		
			11c		
Sect	tion I	B. Type I Supporting Organizations		1	T
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in			
	If the	organization had more than one supported organization, describe how the powers to appoint and/or remove			
			1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported organization(s)			
	benei	fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the			
	- ' '		2		
Seci	lion (	C. Type II Supporting Organizations		Yes	No
1	\Moro	a majority of the erganization's directors or trustoes during the tay year also a majority of the directors or trustoes		103	110
	of eac	ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	organ	nization'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			
	<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a significant			
	voice	in the organization's investment policies and in directing the use of the organization's income or assets at			
	in this	s regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ารtruc	tions)	
2	Activi	ties Test. Answer (a) and (b) below.	ľ	Yes	No
	suppo organ	orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported Initial Section 8</b> If 'Yes,' then in <b>Part VI identify those supported Initial Section 8</b> If 'Yes,' then in <b>Part VI identify those supported</b> Initial Section 1.			
	B A family member of a person described in (a) above?  C A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  It section B. Type I Supporting Organizations  Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or an expert of the organization or organization of the organization organization.  If were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees or each of the organization was resided in the same persons that controlled or managed the supported organization organization was vested in the same persons that controlled or managed the supported organization organization is organization	2a			
	the or	rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
			2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
			3a		
			3b		

SCITE	edule A (FOITH 990 OF 990-EZ) 2019 DEAF EMPOWERMENT AWARENESS FOO			1//21 Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization	ist on No ons mus	ov. 20, 1970 (explain ir st complete Sections A	Part VI). <b>See</b> through E.
Sec	ction 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		
Sec	ction 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):	t		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	6		

Schedule A (Form 990 or 990-EZ) 2019

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	Excess	Excess Underdistributions

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

# SCHEDULE D (Form 990)

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
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

DEAF EMPOWERMENT AWARENESS FOUNDATION

	INC DBA DEAF, INC.			26-2617721
Par	t   Organizations Maintaining Dono	r Advised Funds or Other	Similar Fur	nds or Accounts.
	Complete if the organization answ	vered 'Yes' on Form 990, P	art IV, line	6.
		(a) Donor advised fund	ds	(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 dor are the organization's property, subject to the	nor advisors in writing that the ass organization's exclusive legal con	ets held in do	onor advised funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit	of the donor or donor advisor, or	for any other	purpose conferring
	impermissible private benefit?			les Ind
Par			and D.C. Conn	7
	Complete if the organization answ			<i>/</i> .
1	Purpose(s) of conservation easements held by	· · · · · · · · · · · · · · · · · · ·	<u></u>	
	Preservation of land for public use (for examp	ole, recreation or education)		on of a historically important land area
	Protection of natural habitat		Preservati	on of a certified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	ield a qualified conservation contribu	ition in the forr	n of a conservation easement on the
				Held at the End of the Tax Year
i	a Total number of conservation easements			2a
ı	Total acreage restricted by conservation easer	nents		2b
	Number of conservation easements on a certif			
	Number of conservation easements included in	$\alpha$ (c) acquired after $7/25/06$ , and r	not on a histor	ric
	structure listed in the National Register			2d
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or to	erminated by th	ne organization during the
4	Number of states where property subject to conse	rvation easement is located ►		_
5	Does the organization have a written policy re			
_	and enforcement of the conservation easemer			
6	Staff and volunteer hours devoted to monitoring, i	nspecting, nandling of violations, an	a entorcing coi	nservation easements during the year
7	Amount of expenses incurred in monitoring, insper ▶\$	cting, handling of violations, and en	forcing conserv	vation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requir	ements of sec	ction 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in it o the organization's financial state	s revenue and ements that d	d expense statement and balance sheet, and escribes the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Tre wered 'Yes' on Form 990, P	easures, or eart IV, line	Other Similar Assets. 8.
1 a	a If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education,	or research i	atement and balance sheet works of art, n furtherance of public service, provide in
I	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	FASB ASC 958, to report in its report public exhibition, education, or res	evenue staten earch in furthe	nent and balance sheet works of art, rance of public service, provide the
	(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, hamounts required to be reported under FASB	istorical treasures, or other similar a ASC 958 relating to these items:	issets for finan	cial gain, provide the following
	a Revenue included on Form 990, Part VIII, line			
ı	Assets included in Form 990, Part X			

Part III Organizations Maintaining C	ollections of Art, Histo	ricai Treasures, or	Other Similar Ass	ets (continuea)
3 Using the organization's acquisition, accession items (check all that apply):	on, and other records, check a	ny of the following that m	ake significant use of its	collection
<b>a</b> Public exhibition	<b>d</b> Loan o	or exchange program		
<b>b</b> Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's co Part XIII.	ollections and explain how they	further the organization's	s exempt purpose in	
5 During the year, did the organization solic to be sold to raise funds rather than to be	maintained as part of the o	rganization's collection	?	Yes No
Part IV   Escrow and Custodial Arran line 9, or reported an amount	<b>gements.</b> Complete if t on Form 990, Part X,	he organization and line 21.	swered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, trustee, cust on Form 990, Part X?	todian or other intermediary	for contributions or othe	er assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part >	KIII and complete the following	ng table:		
				Amount
c Beginning balance			1с	
<b>d</b> Additions during the year			1 d	
e Distributions during the year			1 e	
f Ending balance			1f	
2 a Did the organization include an amount or				Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part >				
En res, explain the arrangement in rail (	and explain	iation nac boon promac		
Part V Endowment Funds. Complete	e if the organization an	swered 'Yes' on Fo	orm 990 Part IV lin	ne 10
	urrent year (b) Prior year			(e) Four years back
1 a Beginning of year balance	(b) Thor year	(c) Two years back	(u) Tillee years back	(e) Four years back
<b>b</b> Contributions				
<b>D</b> Contributions				
c Net investment earnings, gains,				
and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the o	•	ie 1g, column (a)) held	as:	
a Board designated or quasi-endowment ▶	<u> </u>			
<b>b</b> Permanent endowment ►	% 			
c Term endowment ► %				
The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.			
3 a Are there endowment funds not in the posses organization by:	ssion of the organization that a	are held and administered	I for the	Yes No
(i) Unrelated organizations				3a(i)
(ii) Related organizations				3a(ii)
<b>b</b> If 'Yes' on line 3a(ii), are the related orga				3b
4 Describe in Part XIII the intended uses of				. 55
Part VI Land, Buildings, and Equipm		in runus.		
Complete if the organization		n 990, Part IV, line	11a. See Form 99	0, Part X, line 10.
Description of property	(a) Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment		111,951.	95,916.	16,035.
<b>e</b> Other			33,310.	10,000.
Total. Add lines 1a through 1e. (Column (d) mu		column (B), line 10c )	<b>&gt;</b>	16,035.
(a) // (a)		(=),		10,000.

Schedule D (Form 990) 2019

(1) Financial derivatives. (2) Closely held equity interests. (3) Other (A)	Complete if the organization answered	d 'Yes' on Form 99		
(2) Closely held equity interests.	(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-o	of-year market value
(3) Other   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (1)	(1) Financial derivatives			
(A) Comme (b) must equal Form 990, Part X, column (B) line 13.) Part X, line 15 (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Description of Investment (b) Book value (e) Method of valuation: Cost or end-of-year market value (f) (e) Book value (f) Method of valuation: Cost or end-of-year market value (f)	(2) Closely held equity interests			
(G)				
(G)	(A)			
(G)	(B)			
(f)	(C)			
(f)	(D)			
Column (b) must equal form 990, Part X, column (b) line 15,		-		
(1) (1) (2) (2) (2) (3) (4) (5) (6) (6) (7) (1) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		-		
Total. (Column (a)) must equal Form 390, Part X, column (B) line 12.).  Part VIII   Investments				
Total, (Column (a)) must equal Form 990, Part X, column (B) line 15.). *  Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d)  (e)  (f)  (g)  (g)  (g)  (g)  (g)  (g)  (g		-		
Part IX    Investments - Program Related.   Progr				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		<u> </u>	N / 7	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Complete if the organization answered	d 'Yes' on Form 99	0. Part IV. line 11c. See Form 9	990. Part X. line 13
(3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 930, Part X, column (B) line 13)  (9) (10) (1) ARTWORK (2) DUE FROM EMPLOYEE (3) RIGHT OF USE ASSET (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (11) (11) (12) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (11) (10) (11) (11			(c) Method of valuation: Cost or end	-of-year market value
(3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 930, Part X, column (B) line 13)  (9) (10) (1) ARTWORK (2) DUE FROM EMPLOYEE (3) RIGHT OF USE ASSET (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (11) (11) (12) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (11) (10) (11) (11	(1)			
3  (4) (5) (6) (7) (8) (9) (10)   101				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (c) ARTWORK (2) DUE FROM EMPLOYEE (1) ARTGHT OF USE ASSET (2) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (11) (2) Fideral income taxes (2) FUTURE MINIMUM LEASE OBLIGATION (3) Government as a control of the properties of the control o				
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15  (a) Description (b) Book value 21, 730. (c) DUE FROM EMPLOYEE 1, 738. (3) RIGHT OF USE ASSET 76,500. (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	(4)			
(3) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  (a) Description (b) Book value (1) ARTWORK (2) DUE FROM EMPLOYEE (3) RIGHT OF USE ASSET (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  (a) Description (b) Book value (c) Description (d) (d) (e) (f) (f) (g) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  (a) Description of liability (b) Book value (c) Future Minimum Lease Obligation answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (c) Future Minimum Lease Obligation answered in liability (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(5)			
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). ►  Part X Other Assets. (a) Description (b) Book value 21, 700, (2) DUE FROM EMPLOYEE 1, 738. (3) RIGHT OF USE ASSET 76, 500. (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). ► (a) Description (b) Book value 21, 700, (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). ► (b) Book value (c) FUTURE MINIMUM LEASE OBLIGATION (3) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (3) (10) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(6)			
(10) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). *  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15  (a) Description (b) Book value (1) ARTWORK 21, 700. (2) DUE FROM EMPLOYEE 1, 738. (3) RIGHT OF USE ASSET 76, 500. (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). *  Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (1) Federal income taxes (2) FUTURE MINIMUM LEASE OBLIGATION 76, 500. (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (11) (10) (10) (10	(7)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Total (Column (b) must equal Form 990, Part X, column (B) line 13.)  (a) Description  (b) Book value  (1) ARTWORK  (2) DUE FROM EMPLOYEE  (3) RIGHT OF USE ASSET  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  (9) Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability  (b) Book value  (b) Book value  (c) FUTURE MINIMUM LEASE OBLIGATION  (d)  (e)  (f)  (f)  (g)  (lo)  (g)  (lo)  (l	(8)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).    Total (Column (b) must equal Form 990, Part X, column (B) line 13.).   Total (Column (b) must equal Form 990, Part X, column (B) line 15.).   Total (Column (b) must equal Form 990, Part X, column (B) line 15.).   Total (Column (b) must equal Form 990, Part X, column (B) line 15.).   Total (Column (b) must equal Form 990, Part X, column (B) line 15.).   Total (Column (b) must equal Form 990, Part X, column (B) line 15.).   Total (Column (b) must equal Form 990, Part X, column (B) line 15.).   Total (Column (b) must equal Form 990, Part X, column (B) line 15.).   Total (Column (b) must equal Form 990, Part X, column (B) line 15.).   Total (Column (b) must equal Form 990, Part X, column (B) line 15.).   Total (Column (b) must equal Form 990, Part X, column (B) line 15.).   Total (Column (b) must equal Form 990, Part X, column (B) line 15.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B) line 25.).   Total (Column (b) must equal Form 990, Part X, column (B				
Other Assets.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15  (b) Book value  1) ARTWORK 21,700.  2) DUE FROM EMPLOYEE 1,738.  3) RIGHT OF USE ASSET 76,500.  (b)  (c)  (c)  (g)  (l)  (g)  (lo)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)		<u>* </u>		
(a) Description (b) Book value  (1) ARTWORK  (2) DUE FROM EMPLOYEE  (3) RIGHT OF USE ASSET  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	Complete if the organization answered	d 'Yes' on Form 99	0 Part IV line 11d See Form 9	90 Part X line 15
1,738.   3,81GHT OF USE ASSET   76,500.   (4)   (5)   (6)   (7)   (8)   (9)   (10)   (11)   (12)   (12)   (12)   (13)   (14)   (15)			<u> </u>	
(3) RIGHT OF USE ASSET   76,500.				21,700.
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				76,500.
(6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) FUTURE MINIMUM LEASE OBLIGATION 76,500. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25).  76,500.				
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). 99, 938.  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) FUTURE MINIMUM LEASE OBLIGATION 76,500.  (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 76,500.  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				
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Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) FUTURE MINIMUM LEASE OBLIGATION 76,500.  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 76,500.  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	Total. (Column (b) must equal Form 990, Part X, column (	(B) line 15.)		99,938.
1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) FUTURE MINIMUM LEASE OBLIGATION 76,500.  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 76,500.  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				
(1) Federal income taxes (2) FUTURE MINIMUM LEASE OBLIGATION (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			l1e or 11f. See Form 990, Part X, line 25	
(2) FUTURE MINIMUM LEASE OBLIGATION (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).   76,500.		ription of liability		(b) Book value
(3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)				76 500
(4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).  76,500.  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				70,300.
(5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)				
(6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)				
(8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).   76,500.  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		-		
(9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)				
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,480,507.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	1,480,507.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.) SEE PART XIII 4b -20,092.		
c Add lines 4a and 4b	4 c	-20,092.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	1,460,415.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,319,907.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses. 2c		
d Other (Describe in Part XIII.) SEE PART XIII 2d 20,092.		
e Add lines 2a through 2d.	2 e	20,092.
3 Subtract line 2e from line 1.	3	1,299,815.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	1 000 015
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,299,815.

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 - FASB ASC 740 FOOTNOTE**

Part XIII Supplemental Information.

FOOTNOTE FOR UNCERTAIN TAX POSITION UNDER FIN 48 PART X - ON JANUARY 1, 2014 THE ORGANIZATION ADOPTED THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.

THIS ACCOUNTING STANDARD REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DE-RECOGNIZED BASED ON A MORE-LIKELY-THAN-NOT THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE IMPLEMENTATION OF THE STANDARD HAD NO IMPACT ON THE ORGANIZATION'S STATEMENT OF FINANCIAL POSITION OR STATEMENT OF

ACTIVITIES. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE OR

Schedule D (Form 990) 2019

BAA

Part XIII Supplemental Information (continued)

### PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

REFLECT ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S TAX RETURNS FILED PRIOR TO 2016 AS CLOSED.

SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

 SPECIAL EVENT EXPENSES
 \$ -20,092

 TOTAL \$ -20,092

SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENTS \$ 20,092.

TOTAL \$ 20.092.

**BAA** TEEA3305L 8/22/19 **Schedule D (Form 990) 2019** 

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### 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. Name of the organization DEAF EMPOWERMENT AWARENESS FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC DBA DEAF, 26-2617721 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

26-2617721

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.

Ŗ			(a) Event #1  JOURNEYOFHOPE  (event type)	(b) Event #2	(c) Other events  NONE (total number)	(d) Lotal events (add column (a) through column (c))		
REVENUE	1	Gross receipts	26,682.			26,682.		
Ē	2	Less: Contributions	14,334.			14,334.		
	3	Gross income (line 1 minus line 2)	12,348.			12,348.		
	4	Cash prizes.						
	5	Noncash prizes						
D R E C T	6	Rent/facility costs	3,627.			3,627.		
	7	Food and beverages	4,686.			4,686.		
E X P	8	Entertainment	1,274.			1,274.		
EXPENSES	9	Other direct expenses	9,617.			9,617.		
Š	10	Direct expense summary. Add lines 4 thro				/		
Par	11 t III	Net income summary. Subtract line 10 fro <b>Gaming.</b> Complete if the organiza				-6,856.		
		\$15,000 on Form 990-EZ, line 6a.			, ,			
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
U E	1	Gross revenue						
F	2	Cash prizes						
D X P R N C S E S T S	3	Noncash prizes						
Č Š T E S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)					
	8	Net gaming income summary. Subtract lii	ne 7 from line 1, colum	ın (d)				
а	9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If 'No,' explain:							
	0 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							

Sche	edule G (Form 990 or 990-EZ) 2019 DEAF EMPOWERMENT AWARENESS FOUNDATION 2	5-26177	721	Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	[	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility.	13 a		%
ŀ	<b>b</b> An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Name •			
	Address •			
ŀ	a Does the organization have a contract with a third party from whom the organization receives gaming revenue it if 'Yes,' enter the amount of gaming revenue received by the organization   and the of gaming revenue retained by the third party   for if 'Yes,' enter name and address of the third party:	e? ne amount		No
	Name •			
	Address •			
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	□ Director/officer   □ Employee   □ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	the	Yes	No
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, color and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	umns (ii y additio	i) and ( nal	(v);

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

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DEAF EMPOWERMENT AWARENESS FOUNDATION INC DBA DEAF, INC.

Employer identification number 26-2617721

INC. | 20 2017721

#### FORM 990, PART III. LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

DEAF, INC.'S SUPPORT SERVICE PROVIDERS SSPS ARE SPECIALLY TRAINED PROFESSIONALS WHO ENABLE DEAF-BLIND PEOPLE WHO HAVE COMBINED VISION AND HEARING LOSSES TO ACCESS THEIR ENVIRONMENTS AND MAKE INFORMED DECISIONS. SSPS PROVIDE THEM WITH VISUAL AND ENVIRONMENTAL INFORMATION, SIGHTED GUIDE SERVICES, AND COMMUNICATION ACCESSIBILITY.

FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS

THERE IS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A DRAFT COPY OF FORM 990 IS E-MAILED TO THE BOARD OF DIRECTORS WITH A REASONABLE AMOUNT OF TIME TO REVIEW AND PROVIDE QUESTIONS OR COMMENTS TO THE TAX PREPARER BEFORE THE RETURN IS TIMELY FILED.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF DIRECTORS DELIBERATE AND APPROVE THE SALARY OF THE EXECUTIVE DIRECTOR IN A CLOSED SESSION WITH CONSIDERATION OF SALARIES FOR SIMILAR POSITIONS IN THE AREA. THERE WERE NO ADDITIONAL PAID OFFICERS OR KEY EMPLOYEES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE BOARD VOTED TO APPROVE THE SELECTION OF THE INDEPENDENT AUDITOR. THIS PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.