# Form **990**

(Rev. January 2020)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

2019

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

Open to Public

Application pending   Fixeme and address of principal officer:   Amy Surdacki-409 Franklin Road, Brentwood, TN 37027   Hilb) Are all subordinates?   Yes   Amy Surdacki-409 Franklin Road, Brentwood, TN 37027   Hilb) Are all subordinates included?   Yes   If "No," atlatch a list. (see instructions)	
Address change   Name chang	ıber
Name change   Name change   Name rand street (or P.O. box if mail is not delivered to street address)   Room/sulte   E Telephone number   409 FRANKLIN ROAD   City or town, state or province, country, and ZIP or foreign postal code   Amended return   Application pending   Application pending   F Name and address of principal officer.   Amy Surdacki-409 Franklin Road, Brentwood, TN 37027   H(a) this a government of the province of principal officer.   Amy Surdacki-409 Franklin Road, Brentwood, TN 37027   H(b) this a government of subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(b) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(c) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(c) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(c) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(c) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(c) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(c) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(c) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(c) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(c) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(c) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(c) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(c) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(c) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwood, TN 37027   H(c) are all subordinates included?   Ves [L] Surdacki-409 Franklin Road, Brentwoo	
Initial return   Ini	
Final return/terminated	
Amended return   Application pending   RENTWOOD, TN 37027   F Name and address of principal officer:   Amy Surdacki-409 Franklin Road, Brentwood, TN 37027   H(s) Is this a group return for subordinates included?   Yes   H(b) Are all subordi	
Application pending   Fixeme and address of principal officer:   Amy Surdacki-409 Franklin Road, Brentwood, TN 37027   Hilb) Are all subordinates?   Yes   Amy Surdacki-409 Franklin Road, Brentwood, TN 37027   Hilb) Are all subordinates included?   Yes   If "No," atlatch a list. (see instructions)	3,572
Tax-exempt slatus:	
Tax-exempt status:	
Website: ► www.madeinthestreets.org	
Form of organization: Corporation Trust Association Other Lyear of formation: 2005 M State of legal domicile: Tear I Summary  1 Briefly describe the organization's mission or most significant activities: To provide financial support for relief of the poor, distressed and the underprivileged in and around Nairobi, Kenya and to receive contributions and pay them to MADE IN THE STREETS (Kenya), a society organized under the laws of Kenya as a non-governmental organization.  2 Check this box	
Part   Summary   Summary   Summary   Summary   Briefly describe the organization's mission or most significant activities: To provide financial support for relief of the poor, distressed and the underprivileged in and around Nairobi, Kenya and to receive contributions and pay them to MADE IN THE STREETS (Kenya), a society organized under the laws of Kenya as a non-governmental organization.  2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)	·N
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distressed and the underprivileged in and around Nairobi, Kenya and to receive contributions and pay them to MADE IN THE STREETS (Kenya), a society organized under the laws of Kenya as a non-governmental organization.  Check this box >	the
STREETS (Kenya), a society organized under the laws of Kenya as a non-governmental organization.  Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)	
4 Number of independent voting members of the governing body (Part VI, line 1b)	
4 Number of independent voting members of the governing body (Part VI, line 1b)	
4 Number of independent voting members of the governing body (Part VI, line 1b)	-11
Total number of individuals employed in calendar year 2019 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 39  Total unrelated business taxable income from Form 990-T, line 39  Prior Year  Current Year  Total revenue (Part VIII, column (A), lines 3, 4, and 7d)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  Total fundraising expenses (Part IX, column (A), line 25)  Total expenses (Part IX, column (A), line 25)  Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12  (153,715)	11
B Net unrelated business taxable income from Form 990-T, line 39	
B Net unrelated business taxable income from Form 990-T, line 39	3
B Net unrelated business taxable income from Form 990-T, line 39	25
8 Contributions and grants (Part VIII, line 1h)	
8 Contributions and grants (Part VIII, line 1h)	<u>-</u>
9 Program service revenue (Part VIII, line 2g)	1 0 4 0
Total revenue (Part VIII, Column (A), lines 5, 6d, 6C, 9C, 10C, and 119)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,848
Total revenue (Part VIII, Column (A), lines 5, 6d, 6C, 9C, 10C, and 119)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
Total revenue (Part VIII, Column (A), lines 5, 6d, 6C, 9C, 10C, and 119)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,724
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
Harmonia Benefits paid to or for members (Part IX, column (A), line 4)	3,572
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)	7,892
16a Professional fundraising fees (Part IX, column (A), line 11e)	<del></del>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 913,500 94  19 Revenue less expenses. Subtract line 18 from line 12 (153,715) (40)	7,344
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 913,500 94  19 Revenue less expenses. Subtract line 18 from line 12 (153,715) (40)	- 
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 913,500 94  19 Revenue less expenses. Subtract line 18 from line 12 (153,715) (40)	25.55
19 Revenue less expenses. Subtract line 18 from line 12 (153,715) (40	8,829
	4,065
등 등 Beginning of Current Year End of Year 20 Total assets (Part X line 16) 355.342 31	),493 <u>)</u>
# 등 20 Total assets (Part X line 16) 355.342 31	
8 1 10 10 10 10 10 10 10 10 10 10 10 10 1	4,849
21 Total liabilities (Part X, line 26)	
22 Net assets or fund balances. Subtract line 21 from line 20	4,849
Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belitrue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ef, it is
Brad Vosa August 17, 2020	
Sign Signature of officer Date	
Here Brad Voss - Executive Director	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check if PTIN	
Paid self-employed	
Preparer  Has Only Firm's name ► Firm's EIN ►	
Use Only Fim's name Phone no.	
That dudition	No

Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	To provide financial support for relief of the poor, distressed and underprivileged in and around Nairobi, Kenya and to receive
	contributions and pay them to MADE IN THE STREETS (Kenya), a society organized under the laws of Kenya as a non-governmental
	organization.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 809,109 including grants of \$ 717,892) (Revenue \$)
	Ministered to and cared for approximately 100 homeless children in a full-time boarding program that includes, without limitation,
	education, vocational training and life skills, and provided housing, food, clothing, healthcare and counseling to all participants in
	the program. In addition, carried on a program of visiting, feeding, counseling, and providing for other needs of street
	children (including young mothers living on the streets with their children) who were not ready or able to participate in the
	residency program.
	***************************************
4b	(Code:) (Expenses \$) (Revenue \$)
	, (елраново ф
	(O. I. ) (Former & including graphs of & ) (Devenue & )
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program continuo expenses \$ 200,100
4e	Total program service expenses ► 809,109

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>✓</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
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		✓
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		<b>√</b>
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
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		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
	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		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13 14a		<b>√</b>
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		V
b	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		<b>√</b>
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	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
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		✓
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		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>√</b>
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	21		1

Part	Checklist of Required Schedules (continued)		<b>,</b>	
		r	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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
1_	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		<b>-</b>
С.	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>_</b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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		<b>√</b>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		✓
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		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>√</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		<b>√</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
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		<b>✓</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38		1
Part				_ <u></u>
	Oneon it obliedule O contains a response of note to any fine in this fait v	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	<u> </u>

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		T	,
		Procession Control	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		1
b	organization solicit any contributions that were not tax deductible as charitable contributions?			
	gifts were not tax deductible?	6b		<b>_</b>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		
	required to file Form 8282?	7c		
	The following the management of the first of	7e		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			- ule a
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	SHERWARK	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Special and a second
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	316400745431630	daetikeografia
	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			4.5
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<b> </b>
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	AND CONTROL OF THE PARTY OF THE	✓_
	If "Yes," complete Form 4720, Schedule O.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management		V	Na
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>√</b>
3 4 5	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? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	3 4 5		√ √
6 7a	Did the organization have members or stockholders?	6 7a		1
b	one or more members of the governing body?	7a 7b		<b>√</b>
8 a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?	8a	<b>√</b>	
ь 9	Each committee with authority to act on behalf of the governing body?	8b 9	<b>√</b>	<b>√</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>√</b>
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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	<b>√</b>	
11a b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	<b>√</b>	
c 13	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> describe in Schedule O how this was done	12c	✓	./
14 15	Did the organization have a written document retention and destruction policy?	14		7
a b	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b		<b>√</b>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Tennessee  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)			
19 20	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and re-			oolicy,
	Ericka Maple, 409 Franklin Road, Brentwood TN 37027			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization not	r any relate	d org	aniz	zatic	n c	ompe	nsa	ited any current	officer, director,	or trustee.
				(0	C)					
(A)	(B)	(do n	not ch		ition	a than (	ana	(D)	(E)	(F)
Name and title	Average hours	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Carrie Brock	2									
Director		<b>✓</b>					<u> </u>			
(2) Taylor Brooks Director	2	1								
(3) Patrick Chappell	2									
Director		✓								
(4) Chris Gingles	2	,								
Director		<b>✓</b>	-				ļ			
(5) Larry Hagerman Director	2	1								
(6) Stove Honn	2	-	<b></b>		<b></b>		<u> </u>			
Director	<del>-</del>	✓								
(7) Cassaundra Stephens	2									
Director		<b>✓</b>	<u> </u>				<u> </u>			
(8) Sarah Wilson Director	2	1								
(9) Amy Surdacki	2	<del>                                     </del>	$\vdash$				-			
President		1								
(10) Winn Thomas	2									
Secretary		✓								
(11) Ericka Maple	5									
Treasurer		✓						9,600		
(12) Brad Voss	40									
Executive Director			<u> </u>					78,333		
(13)										
(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key l	Em	plo	yee	s, an	d F	lighest Compe	nsated l	Emplo	yees (continued)	
					•	C)							
	(A)	(B)	(do r	ot of		ition	e than c	nno	(D)	(E)		(F)	
	Name and title						is both		Reportable	Report			
		hours per week	<b></b>	officer and a director/true					compensation from the	compens from rel	ated	compensation	
		(list any	Indiv or di	Insti	Officer	Key	High	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		from the organization and	
		hours for related	Individual trustee or director	utio	ğ	Key employee	est c	र्ष	(44-27 1099-14130)	(44-2/1099	-wiooj	related organizations	
		organizations below	학	nal t		loye	) Nmg						
		dotted line)	stee	Institutional trustee		Φ	Highest compensated employee						
				8			ated						
(15)			<u> </u>										
3/			1										
(16)													
			<u> </u>		<u> </u>	ļ							
(17)						İ							
				ļ	<u> </u>	ļ							
(18)			-										
(40)			<u> </u>	-			-						
(19)			1										
(20)			<u> </u>	<del> </del>	<del>                                     </del>	$\vdash$		<u> </u>					
3-27			1		1								
(21)				ļ									
J													
(22)													
				<u> </u>	ļ	L							
(23)			-										
,				-	-	<u> </u>							
(24)			-										
(OE)					-	$\vdash$		<del>                                     </del>					
(25)		<b></b>	-					1					
	Subtotal		J	<del></del>	1	·		<b>&gt;</b>	87,933				
c	Total from continuation sheets to Part							<b></b>					
d		<u>.</u>						<b>&gt;</b>	87,933				
2	Total number of individuals (including bu							∋) w	ho received mor	e than \$1	00,000	of	
	reportable compensation from the organ	ization ►							0				
												Yes No	
3	Did the organization list any former							mp	loyee, or highes	st compe	nsated		
	employee on line 1a? If "Yes," complete							•				3 /	
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	porta	ble 150	con	npe	nsatic f "Vo	n a	and other compe	nsation ir dule 1 fc	om tne r such		
	individual	greater in	اهاا به		,000			ی,			, such	4 /	
5	Did any person listed on line 1a receive of	or accrue c	omne	nsa	tion	fro	m anv	. un	related organiza	tion or inc	dividual	CONTRACTOR OF VICTOR PROPERTY OF THE PROPERTY OF	
J	for services rendered to the organization	? If "Yes," (	comp	lete	Sci	hedi	ule J 1	for s	such person .			5 1	
Secti	on B. Independent Contractors												
1	Complete this table for your five high	hest comp	ensat	ed	ind	epe	ndent	CC	ontractors that	eceived	more :	than \$100,000 of	
	compensation from the organization. Rep	ort comper	nsatio	n fo	r th	e ca	lenda	r ye	ear ending with or	within th	e orgar	nization's tax year.	
	(A)								(B)			(C)	
	Name and business add	dress						<u> </u>	Description of ser	vices		Compensation	
								$\vdash$					
								$\vdash$					
								$\vdash$					
-								$\vdash$					
	Total number of independent contractor	are lincludi	na h	ııt r		limi	ted to	) #h	nose listed abou	re) who			
2	received more than \$100,000 of compens							ا ا د	iose listed abov	O) WITO			
	received more than \$100,000 of compens	Jacon HOIII	.,,00	. <u>y</u> ui	.,_u		•					000	

Part	VIII	Statement of Revo			spon	se or note to ar	ny line in this Pa	rt VIII....		🗆
					·'		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaign Membership dues Fundraising events Related organization Government grants ( All other contributions and similar amounts not Noncash contribution lines 1a–1f	s . conti s, gif t inclu		1a 1b 1c 1d 1e 1f	891,848				
္ မွ	h	Total. Add lines 1a-	1f .							Sec. Sec.
Program Service Revenue	2a b c d e f	All other program see	rvice	revenue .		Business Code				
	3 4 5	Total. Add lines 2a–2 Investment income other similar amount Income from investm Royalties	(incli s) . ent c	uding divid	dends	s, interest, and	11,724			
Other Revenue	6a b c d 7a	Gross rents Less: rental expenses Rental income or (loss) Net rental income or Gross amount from sales of assets other than inventory Less: cost or other basis	6a 6b 6c (loss							
	c d 8a	and sales expenses . Gain or (loss)	B			<b>&gt;</b>				
	b c	of contributions rep 1c). See Part IV, line Less: direct expense Net income or (loss)	18 s . from	  ı fundraisin	8a 8b g eve	ents ►				
	9a b c	Gross income fr activities. See Part IV Less: direct expense Net income or (loss)	V, lind s . from	e 19 .  ı gaming ad	9a 9b	es <b>&gt;</b>				
		Gross sales of in returns and allowand Less: cost of goods Net income or (loss)	ces sold		10a 10b	ory <b>&gt;</b>				
Miscellaneous Revenue	11a b c d					Business Code				
• • • • • •	40	Total revenue See			· ·	· · · · · · · · · · · · · · · · · · ·	002 572			

Form 990 (2019) P.	age 10
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).	

300110	Check if Schedule O contains a response				
			(B)	(C)	(D)
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3 4 5	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	717,892	717,892	15,667	39,166
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	36,938	11,081	7,388	18,469
9 10 11 a b	Payroll taxes	12,073	3,622	2,415	6,036
c d e	Accounting	18,271		18,271	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12 13 14 15	Advertising and promotion	17,052		17,052	
16 17 18	Occupancy	53,014	53,014		
19 20 21 22	Conferences, conventions, and meetings . Interest				
23 24	Insurance	1,576		1,576	
a b c d	Fundraising Event	8,916			8,916
e 25 26	All other expenses  Total functional expenses. Add lines 1 through 24e  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)	944,065	809,109	62,369	72,587

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (A) (B) End of year Beginning of year 1 Cash—non-interest-bearing . . . . . . 336,154 312,433 2 2 Savings and temporary cash investments . . . . 19,188 2,416 3 3 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 6 7 7 8 8 9 9 Prepaid expenses and deferred charges . . Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . 10a 10c Less: accumulated depreciation . . . . . 10b Investments—publicly traded securities . . . . . 11 11 12 Investments—other securities. See Part IV, line 11 . 12 Investments—program-related. See Part IV, line 11. 13 13 Intangible assets . . . . . . . . . . . . . . . . 14 14 15 15 Other assets. See Part IV, line 11 . . . . . . . . 16 Total assets. Add lines 1 through 15 (must equal line 33) . . . . . 355,342 314,849 16 17 17 Accounts payable and accrued expenses . . . . . . 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons . . . . . Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties . . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . . . 26 26 Net Assets or Fund Balances Organizations that follow FASB ASC 958, check here ► 🗸 and complete lines 27, 28, 32, and 33. 27 176,025 230,560 27 Net assets without donor restrictions . . . 28 28 179,317 84,289 Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 Retained earnings, endowment, accumulated income, or other funds . . . 31 32 32 355,342 314,849 33 33 Total liabilities and net assets/fund balances . . . . . . . . . . . 355,342 314,849

-	-4	•
Page	1	4

	- (= ,					
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			• •	<u>. Ц</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			903,572	
2	Total expenses (must equal Part IX, column (A), line 25)	2			944,065 (40,493)	
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			355,342	
5	Net unrealized gains (losses) on investments	5			-	
6	Donated services and use of facilities	6			-	
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			314,849	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			· · ·	s No	
				Ye	S NO	
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other		<del>.  </del>			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xpıaın	ın			
	Schedule O.		. 2			
2a	, , , , , , , , , , , , , , , , , , , ,					
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		2			
b	Were the organization's financial statements audited by an independent accountant?		100000	U V		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	ı a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersignt	Of   2	.   /		
	the audit, review, or compilation of its financial statements and selection of an independent accounts			G V		
	If the organization changed either its oversight process or selection process during the tax year, e.	kpiain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	ran in t	ne   3	۱ ـ		
	Single Audit Act and OMB Circular A-133?			a	<del>                                     </del>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo t	ne   3	h		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	uuits .			00 (004.0)	
			F	orm 9	<b>90</b> (2019)	

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

**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.

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization 20-4044723 MADE IN THE STREETS Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization listed in your governing support (see other support (see (described on lines 1-10 instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Part	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.)						
Casti		quality unde	er the tests iis	sted below, p	lease comple	ne Part III.)	
	on A. Public Support	(a) 2015	(b) 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2015	<b>(b)</b> 2016	(6) 2017	(u) 2018	(e) 2019	(i) Total
1	membership fees received. (Do not						
	include any "unusual grants.")	935,172	582,772	773,340	760,150	891,848	3,943,282
2	Tax revenues levied for the	333,172	002,772	770,010	700,100	33,7,3.3	
-	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	935,172	582,772	773,340	760,150	891,848	3,943,282
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						3,943,282
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	935,172	582,772	773,340	760,150	891,848	3,943,282
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(520)	597	786	(365)	11,724	12,222
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	- 1 Sept. (1.1)		State Color State		Park Carlon	3,955,504
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	-
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he						
	on C. Computation of Public Suppor			11 column (f)		14	99.69 %
14	Public support percentage for 2019 (line					15	99.96 %
15 16a	the support of the su						
b	331/3% support test—2018. If the organi						
b	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizati	ion		▶ 🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the organization meets the organization	eets the "facts "facts-and-circ 	-and-circumst cumstances" te	ances" test, chest. The organi	neck this box a zation qualified	and <b>stop here.</b> s as a publicly 	Explain in supported •
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization is supported organization in the organization is supported organization.	ation meets th meets the "fac 	ne "facts-and- ets-and-circum	circumstances stances" test.	" test, check The organizati	this box and ston qualifies as	a publicly ►
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

# 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities		1				
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					1	
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	·						
C	Add lines 7a and 7b						
8	line 6.)			1000000		477 (100)	
Secti	on B. Total Support			una la resultada de la companya del companya de la companya del companya de la co			
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business		İ		1	1	
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for t	he organizatio	n's first, secor	d, third, fourth	h, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	ere					🕨 🗌
Secti	on C. Computation of Public Suppo	rt Percentag	ge				
15	Public support percentage for 2019 (line						%
16	Public support percentage from 2018 Sc					16	<u>%</u>
	on D. Computation of Investment In	come Perce	entage	1 1 40 1	(0)	147	
17	Investment income percentage for 2019						<u>%</u>
18	Investment income percentage from 201	8 Schedule A,	Part III, line 17	, , , , , ,	nd line 47 is a	18	% and line
19a	331/3% support tests—2019. If the organ	nization did no	n Check the bo	x on line 14, 8	anu iiie io is f	noted organizati	%, and line on . ▶ □
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organi line 18 is not more than 331/3%, check this	boy and etan	here The organ	mie 14 or iine Alitation qualific	s as a publicly	o is more man s supported organ	ization 🕨 🔲
	Private foundation. If the organization d						
20		ロスコンしいしいせいべき	1 DON OH 11110 14				

### 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.)

Secti	on A. All Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- NI-
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		Yes	No
	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 described in section 509(a)(1) or (2).	2		ESC.
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) 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		
С	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.	3с		
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.	4a		
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		
С	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	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		
С	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> .	9c		and a
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		

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Part	Supporting Organizations (continued)		I	NI-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a				
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1	10102000000000000000000000000000000000	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		İ
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion 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	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.			No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	22900000-000	EDMD-C-1-0-3
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	1000000	12000000
_				
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		Ja		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	THE STOCKHED ORGANIZABURA! IF TES. DESCRIPE IN FAIT VI THE TOIG DIDVED BY THE VIDALIZABURA IN THIS FEDRICA.	1 00		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru: izat	st on Nov. 20, 1970 (explair ions must complete Section	n in Part VI). <b>See</b> ns A through E.
Section 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		(5) 6
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	2005 Settler, market, and standard 1955	
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		
Section 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	TO COMMONSTANCE OF THE SECOND	
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	6		
emergency temporary reduction (see instructions).  7	1 -	tegrated Type III supporting	organization (see
7 Li Check here if the current year is the organization's first as a non-functional instructions).	ıy 111	tegrated Type in supporting	, organization (600

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Sect	on D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			The second secon
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			100 miles (100 miles (
	Applied to underdistributions of prior years  Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		The second secon	
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			The signal beautiful and the signal of the s
d	Excess from 2018			Contract of the second
е	Excess from 2019	11.0 cm, problem many serious		

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

### SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

**Supplemental Financial Statements** 

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

MADE	IN THE STREETS		20-4044723
Par			ds or Accounts.
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
_	funds are the organization's property, subject to the	= "	
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benef		
	The second secon		
Par			· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "	Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
1	Preservation of land for public use (for example, recre		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		ra sortinoa meterio etrastaro
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the form of a conservation
_	easement on the last day of the tax year.	na a quamica concertation continuation	Held at the End of the Tax Year
а	•		. 2a
b	Total acreage restricted by conservation easement		
c	Number of conservation easements on a certified h		
d	Number of conservation easements included in	• •	<del></del>
			) I
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated by the organization during the
	tax year ▶		, ,
4	Number of states where property subject to conser	vation easement is located >	
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	g conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting	ig, handling of violations, and enforcing o	conservation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text o		ancial statements that describes the
Desir	organization's accounting for conservation easeme		Other Similar Accets
Part	Organizations Maintaining Collections Complete if the organization answered "		Other Sillinar Assets.
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote		
h	If the organization elected, as permitted under FAS		
b	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these iter		searon in randiciance of public service,
			> \$
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		, , , <b>&gt;</b> \$
2	If the organization received or held works of art,		
-	following amounts required to be reported under FA	ASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1 .		> \$
b	Assets included in Form 990, Part X		> \$

Part	III Organizations Maintaining Coll	lections of A	Art, His	torical	Treasures	, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):							
а	☐ Public exhibition		d	☐ Loan	or exchang	e progr	am	
b	☐ Scholarly research		е	☐ Other				
С	☐ Preservation for future generations							
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization solic assets to be sold to raise funds rather than							
Part								
	Complete if the organization ansv 990, Part X, line 21.							
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?					tions or	other assets no	t Yes No
b	If "Yes," explain the arrangement in Part XI	II and comple	te the fo	ollowing t	able:			
								mount
C .	Beginning balance					10		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f 2a	Ending balance							2   Yes   No
b	If "Yes," explain the arrangement in Part XII	II. Check here	if the e	xplanatio	n has been	provide	ed on Part XIII .	
Pari				1		<u>'</u>		
	Complete if the organization answ	wered "Yes"	on Fo	rm 990, l	Part IV, line	e 10.		
		Current year	***************************************	ior year	(c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cu			ce (line 1g	g, column (a	ı)) held a	as:	
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ▶%	1						
С	Term endowment ► %		0007					
•	The percentages on lines 2a, 2b, and 2c sh			i-atian th	at ara bald	and ad	ministered for th	•
За	Are there endowment funds not in the pos organization by:	session or the	e organ	ızalıon in	at are neiu	anu au	immstered for th	Yes No
	(i) Unrelated organizations							3a(i)
								3a(ii)
b	If "Yes" on line 3a(ii), are the related organiz							3b
4	Describe in Part XIII the intended uses of the	ne organizatio	n's end	owment f	unds.			
Part								
	Complete if the organization ans	wered "Yes"	on Fo	1				
	Description of property	(a) Cost or oth (investme		1	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
E Total	Other	agual Form 00	n Part	X colum	n (R) lino 10	)c 1		
ı vidi.	Add into a unrough to toutine (a) must be	oquai i OIIII 88	v, i ait	ry oolulill	$, (\omega_f), m \in \mathbb{N}$	, .		

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on For	rm 990 Part IV lin	e 11b. See Form 990. Part X. line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial			
(0) (1)	eld equity interests		
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .		
Part VIII	Investments—Program Related.  Complete if the organization answered "Yes" on For	rm 990 Part IV lin	e 11c See Form 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) DOOK value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) . •		
Part IX	Other Assets.		Topics with the second
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lir	e 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X,
	line 25.		//s) Pools value
1.	(a) Description of liability		(b) Book value
(1) Federal in	come taxes		
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footn s liability for uncertain tax positions under FASB ASC 740. Chec	note to the organization	n's financial statements that reports the
organization's	s liability for uncertain tax positions under FASB ASC 740. Chec	vinere ii riie rexr oi tu	e roomote has been provided in Fait Aii . L

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990,		<u> </u>	
1	Total revenue, gains, and other support per audited financial statements		1	903,572
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	9615.36	
е	Add lines 2a through 2d		<u>2e</u>	_
3	Subtract line <b>2e</b> from line <b>1</b>		3	903,572
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			*
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	903,572
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents With Expen	ses per Heturn.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	944,065
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	-
3	Subtract line <b>2e</b> from line <b>1</b>		3	944,065
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describes in Dort VIII.)	4b		
b	Other (Describe in Part XIII.)		A STREET, SEC.	
b c	Add lines 4a and 4b			-
с 5	Add lines <b>4a</b> and <b>4b</b>			944,065
c 5 Part	Add lines <b>4a</b> and <b>4b</b>		5	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines <b>4a</b> and <b>4b</b>		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	
c 5 <b>Part</b> Provid	Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.		and 2b; Part V, line	

Schedule D (Fo	rm 990) 2019	Page <b>5</b>
	Supplemental Information (continued)	
Show the above thing to the abbed of		

# SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

OMB No. 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

MADE	IN THE STREETS					20-4044723
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Con	nplete if the organizat	ion answered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility	for the gran			d to
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	ng the use of its gran	ts and other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d a program service, describe specific type service(s) in the regio	expenditures for of and investments
(1)	Sub-Saharan Africa	1	40	Program Services	See Part V	717,892
(2)		:				
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					717,892
b	Total from continuation sheets to Part I					-
С	Totals (add lines 3a and 3b)					717,892

Page 2

Schedule F (Form 990) 2019

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

,	(if applicable)			Casil graff.	casn disbursement	noncasn assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1)		Sub-Saharan Africa See Part V	See Part V	717,892	717,892 See Part V	-	n/a	e/u
(2)								
(8)								
(4)		The state of the s		The second secon				
(5)								
(9)								and the state of t
<b>(2)</b>								
(8)								
(6)							- Transition	and the second s
(10)								
(11)								
(12)								
(61)								
(14)								Andread and the secon
(15)					an and a state of the state of		A PARTITION OF THE PART	
(16)			and the state of t	THE PARTY NAMED IN COLUMN TO THE PARTY NAMED	The section of the se			
2 Enter total nur by the IRS, or	mber of recipien for which the gr	nt organizations list rantee or counsel h	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ognized as charities 1501(c)(3) equivalen	by the foreign counties by the foreign	ry, recognized as tax	-exempt	1
		gailtailoils of eile					<b>A</b>	0

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2019

Part III Grants au

(a) Type of grant or assistance	s of grant or assistance (b) Region (c) Number of recipients	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(5)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2019

Page	. 4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	√ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	√ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	✓ No

# Part V Supplement

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and

Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part 1, Line 2: MADE IN THE STREETS (USA) transfers funds to MADE IN THE STREETS (Kenya) in accordances with the terms of the
annual budget and a Budget and Fiscal Policy approved by the Board of Directors of MADE IN THE STREETS (USA). MADE IN THE STREETS
(USA) reviews annual accounts and performs regular audits of accounts and ledgers of MADE IN THE STREETS (Kenya) to ensure that
operations meet the charitable purposes of MADE IN THE STREETS (USA). Board members and the Executive Director regularly travel to
Kenya to review operations, and employees of MADE IN THE STREETS (Kenya) travel to the US every other year to provide updates and
a summary of operational developments.
Part 1, Line 3(1), column (e): Ministered to and cared for approximately 100 homeless children in a full-time boarding program that includes,
without limitation, education, vocational training and training in life skills, and provided housing, food, clothing, healthcare and counseling
to all participants in the program. In addition, cared on a program of visiting, feeding, counseling and providing for other needs of street
children (including mothers living on the streets with their children) who were not ready or not able to participate in the residency program.
Part II, Line 1(1), column (A): MADE IN THE STREETS (Kenya), a society organized under the laws of Kenya as a non-governmental
organization.
Part II, Line 1(1), column (d): to provide housing, clothing, food, healthcare and counseling to current and former street children.
Part II, Line 1(1), column (f): Electronic funds transfer

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

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

on to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

MADE IN THE STREETS	20-4044723			
Form 990, Part VI, Line 12(c): All officers and directors are required on an annual basis to sign an attestation with respect to compliance				
with the Conflict of Interest policy of MADE IN THE STREETS.				
Form 000 Deat VI Line 10. MADE IN THE STREETS makes its Chapter Dulaus Conflict of Interest policy and financial attacaments available				
Form 990, Part VI, Line 19: MADE IN THE STREETS makes its Charter, Bylaws, Conflict of Interest policy at	nd financial statements available			
to the public upon request.				
<b></b>				

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization	Employer identification number
	:
	··