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Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2019

Open to Public Inspection

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

### A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

<b>C</b> Name of organization DIRECTEMPLOYERS ASSOCIATION INC		<b>D</b> Employer identification number 30-0008235
Doing business as		<b>E</b> Telephone number (317) 874-9000
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
7602 WOODLAND DRIVE SUITE 200		<b>G</b> Gross receipts \$ 16,922,061
City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46278		

<b>F</b> Name and address of principal officer: DAN JORDAN 7602 WOODLAND DRIVE SUITE 200 INDIANAPOLIS, IN 46278	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If "No," attach a list. (see instructions)
	<b>H(c)</b> Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( 6 ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: WWW.DIRECTEMPLOYERS.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2001

**M** State of legal domicile: IN

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	<b>2</b> Check this box <input type="checkbox"/>			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	13	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	13	
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	63	
	<b>6</b>	Total number of volunteers (estimate if necessary)	13	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	0		
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h)	0	0
	<b>9</b>	Program service revenue (Part VIII, line 2g)	13,601,683	14,436,479
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,359	33,800
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	238,066	2,451,780
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,853,108	16,922,060
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,643,997	7,926,700
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,983,077	9,127,760
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,627,074	17,054,460
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	1,226,034	-132,400	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16)	10,346,509	10,910,000
	<b>21</b>	Total liabilities (Part X, line 26)	10,618,817	9,751,790
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	-272,308	1,158,210	

### 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 belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	2020-11-04 Date
	DAN JORDAN SEC/TREAS/COUNS Type or print name and title	

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**Preparer Use Only**

Firm's name ▶ BARNES DENNIG & CO LTD		Check <input type="checkbox"/> if self-employed	P00537516
Firm's address ▶ 5750 CASTLE CREEK PKWY STE 245 INDIANAPOLIS, IN 46250		Firm's EIN ▶ 31-1119890	Phone no. (317) 572-1130

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2019)

Form 990 (2019)

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**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
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 \$ including grants of \$ ) (Revenue \$ )  
DIRECTEMPLOYERS ASSOCIATION, INC. OFFERS ONE-STOP SHOP SOLUTIONS FOR HR TEAMS LOOKING FOR ASSISTANCE WITH OFCCP COMPLIANCE OBLIGATIONS (ENTERPRISE-LEVEL AND SMALL TO MEDIUM-SIZED BUSINESSES), AFFIRMATIVE ACTION PLAN DEVELOPMENT AND CONSULTATION, LEARNING AND DEVELOPMENT, RECRUITMENT MARKETING AND CREATIVE DESIGN, AND CUSTOM SOFTWARE AND APPLICATION DEVELOPMENT. AT THE CORE OF OUR SERVICES, WE OFFER JOB LISTING SERVICES THAT SATISFY VEVRAA MANDATORY JOB LISTING REQUIREMENTS AND PROVIDE THE NECESSARY REPORTING AND TRACKING CAPABILITIES FOR PROOF OF DELIVERY IN OFCCP COMPLIANCE EVALUATIONS. IN ADDITION TO THE VEVRAA COMPLIANCE SERVICES OFFERED TO ENTERPRISE-BASED CUSTOMERS AND SMALL TO MEDIUM-SIZED BUSINESSES, DIRECTEMPLOYERS MEMBERSHIP EXPANDS ON SERVICES FURTHER TO PROVIDE OUTREACH MANAGEMENT, PEER-TO-PEER NETWORKING AND EDUCATION, PROFESSIONAL DEVELOPMENT, AND ON-GOING SUPPORT AND TRAINING ALL BUILT INTO THE COST OF MEMBERSHIP. THROUGH A CAREFUL MIX OF PROPRIETARY PARTNERSHIPS AND ALLIANCES, DIRECTEMPLOYERS ASSOCIATION, INC. HAS DONE THE LEGWORK TO EXPAND EMPLOYER ACCESS TO NATIONAL, STATE, AND COMMUNITY-BASED ORGANIZATIONS. MEMBERS OF DIRECTEMPLOYERS ASSOCIATION, INC. CAN BUILD STRONGER TALENT PIPELINES THAT NURTURE A WORKFORCE RICH IN DIVERSITY WITH THIS HIGHLY TARGETED REACH.DIRECTEMPLOYERS ASSOCIATION, INC. ALSO OFFERS ADD-ON SERVICES SUCH AS VETCENTRAL DIRECT, VOCREHAB+, DIRECTEMPLOYERS ACADEMY, AND TAAPESTRY AFFIRMATIVE ACTION SOLUTIONS AS SERVICES UTILIZED OUTSIDE OF THE SCOPE OF MEMBERSHIP. ALSO, UNDER DIRECTEMPLOYERS' FAMILY OF BRANDS SITS RECRUIT ROOSTER, A WHOLLY-OWNED SUBSIDIARY OF DIRECTEMPLOYERS ASSOCIATION, INC. RECRUIT ROOSTER OFFERS FULLY CUSTOMIZED BOUTIQUE RECRUITMENT MARKETING SOLUTIONS, INCLUDING CAREER SITE HOSTING, DESIGN, DEVELOPMENT, CREATIVE SERVICES (RECRUITMENT VIDEOS AND IMAGERY), ACCESSIBILITY AUDITS AND CONSULTATIONS. UNDER RECRUIT ROOSTER, GOING ONE STEP DOWN IS ROCKETBUILD, A CUSTOM SOFTWARE AND APPLICATION DEVELOPMENT SOLUTION.AS PART OF THE ASSOCIATION'S HISTORY AND TECHNOLOGICAL GROWTH, DIRECTEMPLOYERS CREATED AND CONTINUES TO POWER THE NATIONAL LABOR EXCHANGE (NLX), AN ALTERNATIVE TO COMMERCIAL JOB BOARDS, DESIGNED TO INCREASE LABOR MARKET EFFICIENCY AND DECREASE RECRUITING COSTS WHILE GENERATING JOB OPPORTUNITIES FOR DISPLACED WORKERS. IN MARCH 2007, DIRECTEMPLOYERS TEAMED WITH THE NATIONAL ASSOCIATION OF STATE WORKFORCE AGENCIES (NASWA) TO PROVIDE JOB SEEKERS, EMPLOYERS, AND STATES A COST-EFFECTIVE TRANSITION FROM AMERICA'S JOB BANK (AJB) AS THE AJE WAS DISCONTINUED IN JUNE 2007 BY THE U.S. DEPARTMENT OF LABOR. THE NATIONAL LABOR EXCHANGE PROVIDES A WIDE RANGE OF EMPLOYMENT SERVICES TO PARTICIPATING STATE WORKFORCE AGENCIES, FROM JOB LISTING DISTRIBUTION TO AND FROM STATE EMPLOYMENT WEBSITES TO PARTICIPATION IN THE NATIONAL LABOR EXCHANGE WITH OTHER STATES. DIRECTEMPLOYERS MEMBER JOBS ARE ELECTRONICALLY ACQUIRED DIRECTLY FROM THEIR CORPORATE CAREER SITES AND MADE AVAILABLE TO VETERANS THROUGH VETCENTRAL, PROVIDING PARTICIPATING MEMBERS WITH A SOLUTION THAT COMPLIES WITH REGULATIONS ENFORCED BY THE OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS. VETCENTRAL IS FULLY INTEGRATED INTO DIRECTEMPLOYERS NATIONAL LABOR EXCHANGE, ACTING AS A DISTRIBUTION POINT FOR FEDERAL CONTRACTORS. THEREBY, MEMBER JOBS ARE LISTED WITH THE APPROPRIATE EMPLOYMENT SERVICE DELIVERY SYSTEM (ESDS), AND RECORDS ARE MAINTAINED FOR EACH TRANSACTION, SO ITS EMPLOYER MEMBERS COMPLY WITH VEVRAA MANDATORY JOB LISTING REQUIREMENTS. DUE TO ITS TECHNOLOGY AND RESOURCES AVAILABLE, THE NATIONAL LABOR EXCHANGE IS A TOOL USED FOR COMPLIANCE AND RECRUITMENT ACTIVITIES.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

<b>SCHEDULE C</b> (Form 990 or 990-EZ)	<b>Political Campaign and Lobbying Activities</b> including grants of \$ _____ (Revenue \$ _____)	OMB No. 1545-0047
<b>4e Total program service expenses</b>	<b>For Organizations Exempt From Income Tax Under section 501(c) and section 527</b>	<b>2019</b>
Department of the Treasury Internal Revenue Service	<b>Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.</b> <b>Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</b>	<b>Open to Public Inspection</b>

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.  
 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

**Checklist of Required Schedules**

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.  
 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35e (Proxy Tax) (see separate instructions), then Schedule B, Schedule of Contributors (see instructions)?

Section 501(c)(4), (5), or (6) organizations: Complete Part III campaign activities on behalf of or in opposition to candidates for election?

Name of the organization: DIRECTEMPLOYERS ASSOCIATION INC  
 Employer identification number: 30-0008235

**4 Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(c)(3) organization report during the tax year? If "Yes," complete Schedule C, Part II

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**15** Provide a description of the organization's direct and indirect political activities in Part IV (see instructions for definition of "political activities").

**2** Political campaign activity expenditures (see instructions)

**36** Did the organization report political activities described in section 501(c)(3) on a separate schedule?

**Part I-B Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**17** Enter the amount of any excise tax incurred by the organization under section 4955

**2** Enter the amount of any excise tax incurred by organization managers under section 4955

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

**8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

**4a** Was the organization a fiduciary?

**9** Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities

**10** Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

**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

**4 a** Did the filing organization report in Part X, line 10, the value of real property and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization reports

**b** Did the organization report on each organization listed that section 527 political organization's total assets

**c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VIII

**(a) Name** **(b) Address** **(c) EIN** **(d) Amount paid from total assets reported**

**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

**e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

**f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under File 48 (ASC 740)? If "Yes," complete Schedule D, Part X

**12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

**2 b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

**13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule F

**14a** Did the organization maintain an office, employees, or agents outside of the United States?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

**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

**For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.**  
**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

**17** Did the organization report a total of more than \$15,000 of exp... Page 2 rofessional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

**18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, and tax-exempt status) and has excess business assets, complete Schedule H

**20a** Did the organization check box A and "limited control" provisions apply

**B** Check  if the filing organization checked box A and "limited control" provisions apply

**21** Did the organization report lobbying expenditures to any domestic organization or government of the United States? If "Yes," complete Schedule H, Part II

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<p><b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....</p> <p><b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....</p> <p><b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....</p> <p><b>d</b> Other exempt purpose expenditures .....</p> <p><b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....</p>		Form <b>990</b> (2019)	
<p><b>22</b> If the organization is a 501(c)(6) organization, did the lobbying is taxable if not for this individual? If "Yes," complete Schedule L, Parts I and III. Enter the amount in column (a) if over \$500,000; if not over \$500,000, enter -0-.</p>			
<p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," enter the amount in column (a) if over \$100,000 but not over \$1,000,000; if over \$1,000,000 but not over \$1,500,000, enter the amount in column (b); if over \$1,500,000, enter the amount in column (c). If "No," go to line 25a.</p>			
<p><b>24a</b> Did the organization have a 200 exempt bond issue outstanding on the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d.</p>			
<p><b>g</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Enter the amount in column (a) if over 25% of line 1f; if not over 25%, enter -0-.</p>		<b>24b</b>	
<p><b>h</b> Subtract the amount from line 1a, if zero or less, enter -0-.</p>		<b>24c</b>	
<p><b>i</b> Subtract the amount from line 1a, if zero or less, enter -0-.</p>		<b>24</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p><b>25a</b> 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.</p>		<b>25a</b>	
<p><b>25b</b> 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)</p>		<b>25b</b>	
<p><b>26</b> Did the organization report any lobbying expenditures during the 4-year averaging period for any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.</p>		<b>26</b>	
<p><b>27</b> 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.</p>		<b>27</b>	
<p><b>28a</b> Was the organization a party to a business transaction with a disqualified person? If "Yes," complete Schedule L, Part IV.</p>		<b>28a</b>	
<p><b>28b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.</p>		<b>28b</b>	
<p><b>28c</b> A 35% controlled entity of one or more individuals and/or family members of any of these persons? If "Yes," complete Schedule L, Part IV.</p>		<b>28c</b>	
<p><b>28d</b> A 35% controlled entity of one or more individuals and/or family members of any of these persons? If "Yes," complete Schedule L, Part IV.</p>		<b>28d</b>	
<p><b>28e</b> A 35% controlled entity of one or more individuals and/or family members of any of these persons? If "Yes," complete Schedule L, Part IV.</p>		<b>28e</b>	
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.</p>		<b>29</b>	
<p><b>30</b> Did the organization receive more than \$25,000 in non-cash contributions of art, historical treasures, or other similar assets, or qualified conservation easements? If "Yes," complete Schedule M.</p>		<b>30</b>	
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.</p>		<b>31</b>	
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.</p>		<b>32</b>	
<p><b>33</b> Was the organization a disregarded entity under Regulations sections 301.6032-1 and 301.6032-2? If "Yes," complete Schedule O.</p>		<b>33</b>	
<p><b>34</b> Was the organization a disregarded entity under Regulations sections 301.6032-1 and 301.6032-2? If "Yes," complete Schedule O.</p>		<b>34</b>	
<p><b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>		<b>35a</b>	
<p><b>36</b> 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.</p>		<b>36</b>	
<p><b>37</b> Did the organization conduct its activities through an entity that is not a related organization and that is not a 501(c)(3) organization? If "Yes," complete Schedule R, Part VI.</p>		<b>37</b>	
<p><b>38</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>		<b>38</b>	
<p><b>Part V</b> Statements Regarding Other IRS Filings and Tax Compliance</p>			
<p><b>g</b> Direct contact with legislators, their staffs, government officials, or any legislative body?</p>			
<p><b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</p>		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<p><b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.</p>		<b>1a</b>	
<p><b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.</p>		<b>1b</b>	
<p><b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</p>		<b>2a</b>	
<p><b>2b</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners? If "Yes," enter the amount of any tax incurred under section 4912.</p>		<b>2b</b>	
<p><b>2c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912.</p>		<b>2c</b>	
<p><b>2d</b> If the filing organization incurred a section 4912 tax, did it file Form 720 for this year?</p>		<b>2d</b>	
<p><b>Part III-A</b> Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).</p>			

file Public Visual Render		Object Id: 202033149349300413 - Submission: 2020-11-09		TIN: 30-0008235	
<b>SCHEDULE D - Donations Regarding Other IRS Filings and Tax Compliance (continued)</b> <b>Supplemental Financial Statements</b>				OMB No. 1545-0047	
(b) Did the organization elect to report lobbying and political expenditures on Form 990, Part III-B, line 2a, for the calendar year ending on the date the organization's return was filed?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Part III-B Complete if the organization is exempt under section 501(c)(3), Part III-A, section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II, line 1, is answered "Yes" to www.irs.gov/Form990 for instructions and the latest information.</b>				<b>2019</b> <b>Open to Public Inspection</b>	
<b>Name of the organization</b> 21 Federal Reserve Bank of Atlanta		<b>Employer identification number</b> 30-0008235		<b>3a</b> <input type="checkbox"/> No <b>3b</b> <input type="checkbox"/> No	
<b>Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts</b>				<b>4a</b> <input type="checkbox"/> No <b>4b</b> <input type="checkbox"/> No	
<b>5a</b> Aggregate value of contributions to (during year)		<b>5b</b> Aggregate value of contributions to (during year)		<b>5c</b> <input type="checkbox"/> No	
<b>5 Part II Conservation Easements:</b>				<b>6a</b> <input type="checkbox"/> No <b>6b</b> <input type="checkbox"/> No	
<b>Part II Organizations Maintaining Donor Advised Funds:</b>				<b>7a</b> <input type="checkbox"/> No <b>7b</b> <input type="checkbox"/> No <b>7c</b> <input type="checkbox"/> No	
<b>Additional Data</b>				<b>Return to Form</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b>				<b>9a</b> <input type="checkbox"/> No <b>9b</b> <input type="checkbox"/> No	
<b>10a</b> Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year				<b>10b</b> <input type="checkbox"/> No	
<b>11 Section 501(c)(12) organizations.</b>				<b>11a</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>11b</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>12a Section 4947(a)(1) non-exempt trusts.</b>				<b>12a</b> <input type="checkbox"/> No	
<b>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</b>				<b>13a</b> <input type="checkbox"/> No <b>13b</b> <input type="checkbox"/> No <b>13c</b> <input type="checkbox"/> No	
<b>14a</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>14b</b> <input type="checkbox"/> No	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess benefit payments?				<b>15</b> <input type="checkbox"/> No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?				<b>16</b> <input type="checkbox"/> No	
<b>For Paperwork Reduction Act Notice, see the Instructions for Form 990.</b>				<b>Schedule D (Form 990) 2019</b>	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Page 1

Part III Using the organization's acquisition, access, and other records, check any of the following that are a significant use of the organization's resources (cash, staff, or other assets); describe the circumstances, processes, or changes in Schedule O. See instructions.

a Check if Schedule O contains a response or note to any line in this Part.  VI Loan or exchange programs

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. 13
4 Body of directors or governing body designated to hold in trust or exercise the organization's exempt purpose in behalf of the committee, explain in Schedule O.
5b During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of the organization's officers, directors, trustees, or other management personnel to other persons? No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Yes No
5 Did the organization become aware during the year of a significant diversion of the organization's assets? No
6 Amount
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Yes
7b Are administrative decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the governing body? Yes
8a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
8b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes

Part V Endowment Funds

9 Is there a complete list of the organization's endowment funds on Form 990, Part IV, line 10, that cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C. (d) Two years back (e) Four years back

Section B. Policies

b Contributions
10a Did the organization have gains and losses, branches, or affiliates? No
10b Grants or other disbursements by 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?
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Yes
12a Did the organization have a written conflict of interest policy? If "No," go to line 13. Yes
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Yes
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O the process, if any, used by the organization to review this Form 990. Yes
13 The percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Term endowment
14 Are the endowment funds held in the possession, retention, and administration of the organization that are held and administered for the organization by? Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
a The organization's CEO, Executive Director, or top management official
b If "Yes" on 15a(ii), are the related organizations listed as required on Schedule R?
c Other officers or key employees of the organization
15b Describe in Part XIII the intended uses of the organization's endowment funds. Yes

Part VI Land, Buildings, and Equipment

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? (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value
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 Buildings

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. 19,220 3,332 15,888
d Equipment 9,969 49,036 41,932
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 508,100
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 565,921
Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who has access to the organization's books and records: DAN JORDAN 7602 WOODLAND DRIVE SUITE 200 INDIANAPOLIS, IN 46278 (317) 874-9000

Part VII Investments Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category (including name of security), (b) Book value, (c) Method of valuation: Cost or end-of-year market value. Page:

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

(1) Financial interests: Closely-held equity interests

<b>Schedule J</b>		<b>Compensation Information</b>			OMB No. 1545-0047
for all persons required to file Form 990.		year ending with or within the organization's tax year.			<b>2019</b> Open to Public Inspection
(C) List all of the organization's current officers, directors, trustees, key employees, and highest compensated employees.		regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if none.			
(D) List all of the organization's current highest compensated employees, other than an officer, director, trustee, or key employee.		Attach to Form 990.			
Name of the organization (DIRECT EMPLOYERS ASSOCIATION INC)		Employer identification number			
30-0008235		30-0008235			

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		Yes	No
(A) First-class and charter travel	(B) Average hours per week (list for related organizations)	(C) Personal services (e.g., maid, chef, etc.)	(D) Use of personal residence for personal use
(E) Health or social club dues or initiation fees	(F) Discretionary spending account	(G) Personal services (e.g., maid, chef, etc.)	(H) Cost or other value
(1) REBEL JOHNSON			
(2) SIDEL	2.00		
(3) CHRIS LIAKOS			
(4) PRES ELECT			
(5) PAUL			
(6) PAST PRESIDENT			
(7) MEMBERSHIP			
(8) Total (Column (B) must equal Form 990, Part X, col. (B) line 12.)	1.00		

**Part IX Other Assets**

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		(a) Description	(b) Book value
(1) DIRECTOR			
(2) DIRECTOR			
(3) DIRECTOR	1.00		
(4) DIRECTOR			
(5) DIRECTOR			
(6) DIRECTOR	1.00		
(7) DIRECTOR			
(8) DIRECTOR			
(9) DIRECTOR			
(10) DIRECTOR			
(11) DIRECTOR			
(12) DIRECTOR			
(13) DIRECTOR			
(14) DIRECTOR			
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(16) DIRECTOR			
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(97) DIRECTOR			
(98) DIRECTOR			
(99) DIRECTOR			
(100) DIRECTOR			

**Part X Other Liabilities**

13 SHERI SMITH		(a) Description of liability	(b) Book value
(1) DIRECTOR			
(2) DIRECTOR			
(3) DIRECTOR			
(4) DIRECTOR			
(5) DIRECTOR			
(6) DIRECTOR			
(7) DIRECTOR			
(8) DIRECTOR			
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(10) DIRECTOR			
(11) DIRECTOR			
(12) DIRECTOR			
(13) DIRECTOR			
(14) DIRECTOR			
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(99) DIRECTOR			
(100) DIRECTOR			

<b>Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>		Use duplicate copies if a	
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retiree and other deferred compensation
(1) HAROLD COOPER	40.00	(i) Base compensation	271.00
(2) VP PRODUCT DEVELOPMENT		(ii) Bonus & incentive	
(3) TOM ECKHART	40.00	(iii) Other reportable compensation	



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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Separated campaigns				
<b>1b</b> Membership dues				
<b>1c</b> Fundraising events				
<b>1d</b> Related organizations				
<b>1e</b> Government grants (contributions)				
<b>1f</b> Other contributions, gifts, grants, and similar amounts not included above				
<b>1g</b> Noncash contributions included in lines 1a - 1f: \$				
<b>h Total.</b> Add lines 1a-1f				

2a MEMBERSHIP DUES & FEES	Business Code				
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax
MANAGEMENT FEES	561300	13,736,939	13,736,939		
ONE TIME SETUP FEES	561300	317,293	317,293		
SPONSORSHIPS	561300	185,000	185,000		
REGISTRATIONS	561300	115,500	115,500		
	561300	64,459	64,459		
		17,288	17,288		
<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f		14,436,479			

<b>3</b> Investment income (including dividends, interest, and other similar amounts)		33,802			33,802
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties					

6a Gross rents	6a	(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses	6b						
<b>c</b> Rental income or (loss)	6c						
<b>d</b> Net rental income or (loss)							

7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses	7b						
<b>c</b> Gain or (loss)	7c						
<b>d</b> Net gain or (loss)							

<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
<b>b</b> Less: direct expenses	8b						
<b>c</b> Net income or (loss) from fundraising events							

**SCHEDULE R (Form 990)** **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

10a Name of the organization: DIRECTEMPLOYERS ASSOCIATION INC

10b Less: cost of goods sold

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

11a	Miscellaneous Revenue (a)	Business Code	(b)	(c)	(d)
	Name, address, and EIN (if applicable) of disregarded entity		Primary activity	Legal domicile (state or foreign country)	Total income
	LIFE INSURANCE PROCEEDS	900099	2,036,255		2,036,255
	WAGES REIMBURSEMENT	900099	363,043		363,043
	OTHER INCOME	900099	52,482		52,482
	All other revenue				
	<b>e Total.</b> Add lines 11a-11d		2,451,780		
	<b>12 Total revenue.</b> See instructions		16,922,061	14,436,479	0

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**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
Check if Schedule O contains a response or note to any line in this Part IX

	(A)	(B)	(C)	(D)
	Total expenses	Program service expenses	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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	778,311			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,268,785			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	879,604			

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**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 35.

11	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, or excluded from tax under sections 512-514)	Share of total income	Share of total assets
		526,334					
		78,009					
		835,640					
		506,909					
		51,574					
		349,992					
		125,212					

19	Conferences, conventions, and meetings . . . . .		337,974						
20	Interest . . . . .								
21	Payments to affiliates								
<b>Part IV Identification of Related Organizations Taxable as a Corporation or Trust.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1 because it had one or more related organizations treated as a corporation or trust during the tax year.									
23	Insurance		33,842						
24	Other expenses (a) Expenses not covered above (List primary activity in column (b). If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	(b)		(c)		(d)		(e)	
				Legal domicile (state or foreign country)		Direct controlling entity		Type of entity (C corp, S corp, or trust)	Share inc
	EXPAND SET UP ANNUAL FEE		2,055,950						
	(1) DIRECT EMPLOYERS RECRUITMENT MARKETING SOLUTIONS INC	EMPLOYMENT SERVICES		IN		DIRECT EMPLOYERS ASSOCIATION INC			
	b DEFERRED REVENUE EXPENSES 7602 WOODLAND DRIVE SUITE 200 INDIANAPOLIS, IN 46278		1,525,227						
	82-36146 IAWA ALLIANCE PAYMENTS		1,317,690						
	d LITIGATION SETTLEMENT		500,000						
	e All other expenses		727,096						
25	<b>Total functional expenses.</b> Add lines 1 through 24e		17,054,462						
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).								Form 990 (2019)
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Part X **Balance Sheet** Page 3

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

Schedule R (Form 990) 2019	(A) Beginning of year	(B) End of year
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 1.

<b>Notes:</b> Complete this part if any credit is listed in Parts II, III, or IV of this schedule.				
1	During the year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		2	
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	4,797,855	4	3,344,646
b	Sift, grant, or capital payable to a related organization officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity . . . . .			
c	Gift, grant, or capital contribution from related organization(s) or family member of any of these persons . . . . .		5	
d	Loan or loan guarantee to or for another individual(s) (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .		6	
e	Loans or loan guarantees by related organization(s) . . . . .		6	
7	Notes and loans receivable, net . . . . .	0	7	261,595
8	Dividends from related organization(s) . . . . .		8	
9	Sale proceeds to related organization(s) . . . . .	0	9	264,171
10a	10a Purchase of assets from related organization(s) other than on a cost basis. Complete Part VI of Schedule D Exchange of assets with related organization(s) . . . . .	941,564		
10b	10b Less: accumulated depreciation . . . . .	375,643		
10c	10c Lease of facilities, equipment, or other assets to related organization(s) . . . . .	650,844	10c	565,921
11	11 Investments—publicly traded securities . . . . .		11	
12	12 Lease of facilities, equipment, or other assets from related organization(s) . . . . .		12	
13	13 Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		13	
14	14 Intangible assets . . . . .		14	
15	15 Other assets. See Part IV, line 11. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	2,201,402	15	332,995
16	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	10,346,509	16	10,910,007
17	17 Accounts payable and accrued expenses . . . . .	1,012,989	17	691,374
18	18 Grants payable . . . . .		18	
19	19 Reimbursement paid to related organization(s) for expenses . . . . .	6,715,147	19	7,472,920
20	20 Tax-exempt bond liabilities . . . . .		20	
21	21 Escrow or custodial account liability. Complete Part IV of Schedule D Other transfer of cash or property to related organization(s) . . . . .		21	
22	22 Other loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity . . . . . If the answer to any of the above "Yes" responses is "Yes," see the instructions for information on who must complete this line, including covered relationships . . . . .		22	
23	23 Secured mortgages and notes payable to (a) related third parties . . . . .		23	(b) Transaction type (a-s)
24	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	(c) Amount inv
25	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	2,890,681	25	1,587,500
26	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	10,618,811	26	9,751,794

<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
27	Net assets without donor restrictions	-272,308	1,158,213
28	Net assets with donor restrictions		
<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
29	Capital stock or trust principal, or current funds		
30	Paid-in or capital surplus, or land, building or equipment fund		
31	Retained earnings, endowment, accumulated income, or other funds		

**Part VI of Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part VI, question 1. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activity that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets
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**Part XI Reconciliation of Net Assets**  
Check if Schedule O contains a response or note to any line in this Part XI

	Yes	No	
1 Total revenue (must equal Part VIII, column (A), line 12)			16,922,06
2 Total expenses (must equal Part IX, column (A), line 25)			17,054,46
3 Revenue less expenses. Subtract line 2 from line 1			-132,40
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			-272,30
5 Net unrealized gains (losses) on investments			402,42
6 Donated services and use of facilities			
7 Investment expenses			
8 Prior period adjustments			
9 Other changes in net assets or fund balances (explain in Schedule O)			1,160,49
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))			1,158,21

**Part XII Financial Statements and Reporting**  
Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b Were the organization's financial statements audited by an independent accountant?	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Schedule R (Form 990) 2019 Form 990 (2019)

**Part VII Supplemental Information**  
Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
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**Software ID:**  
**Software Version:**

**Form 990, Special Condition Description:**  
**Additional Data** **Special Condition Description**

**Software version:**