TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2020

PREPARED FOR:

WITF, INC. 4801 LINDLE ROAD HARRISBURG, PA 17111

PREPARED BY:

RKL LLP 3501 CONCORD ROAD, PO BOX 21439 YORK, PA 17402

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

RETURN MUST BE MAILED ON OR BEFORE:

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

WE RECOMMEND THAT YOU SEND THE ENCLOSED FORM TO THE TAXING AUTHORITIES BY CERTIFIED MAIL WITH A REQUEST FOR A RETURN RECEIPT. PLEASE RETAIN THE RECEIPT AS PROOF OF TIMELY FILING.

PLEASE SIGN, DATE, AND RETAIN FOR YOUR RECORDS.

** PUBLIC DISCLOSURE COPY **

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

(Rev. January 2020) 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

A	or the	2019 calendar year, or tax year beginning JUL 1, 2019 and end	ding J	UN 30, 2020	annan kanan manan manakan manan manan manan manan manan.					
В	Check if	C Name of organization		D Employer identific	cation number					
a	applicable									
	Address change									
	Name change	Doing business as		23-162903	16					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number						
	Final return/	4801 LINDLE ROAD		•	4-3000					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	26,841,045.					
[Amende			H(a) Is this a group re						
	Applica tion			for subordinates? Yes X No						
h	pending	SAME AS C ABOVE		H(b) Are all subordinates in	, , , , , , , , , , , , , , , , , , ,					
I 7	Гах-өхө	mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or [527		list. (see instructions)					
		e: ► WWW.WITF.ORG	ana ana ana ana ana	H(c) Group exemption						
		organization; X Corporation Trust Association Other			State of legal domicile; PA					
		Summary	See FORF	romanon,	The state of the s					
llessonsons		Briefly describe the organization's mission or most significant activities: TO PRO	VIDE	EDUCATIONAL	, FTVV					
9		PROGRAMMING AND FM INFORMATIONAL AND CULTUR								
Governance		Check this box if the organization discontinued its operations or disposed	otorotorotorotorotorotorot		ote					
ě					21					
Ĝ	8	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		quantump	18					
	8	otal number of individuals employed in calendar year 2019 (Part V, line 1a)			98					
Activities &		otal number of individuals employed in calendar year 2019 (Fart V, ine 2a) Total number of volunteers (estimate if necessary)		mannants	200					
risso risso speci		otal number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		monound	191,950.					
Ac		Net unrelated business taxable income from Form 990-T, line 39		· · · · · · · · · · · · · · · · · · ·	3,286.					
**************************************	ļΩ!	ver unleiated pusitiess taxable income from Porm 990-1, line 39		Prior Year						
	0 /	Contributions and grants (Dort VIII line 1b)	a	7,273,822.	Current Year 7,431,721.					
9		Contributions and grants (Part VIII, line 1h)		2,021,802.	1,949,513.					
Revenue	8	Program service revenue (Part VIII, line 2g)	greenzezzzz	293,771.	729,209.					
ě	9	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	8	1,232,189.	1,136,993.					
	8	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,821,584.						
NACAS AND ASSESSMENT	7	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	onneren perene	anna kana kana kana kana kana kana kana	11,247,436.					
	8	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	8	Benefits paid to or for members (Part IX, column (A), line 4)	1	anna ann an ann an ann an ann an ann an	5,318,130.					
S	8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,026,073.						
Expenses	8	Professional fundraising fees (Part IX, column (A), line 11e)		230,935.	265,404.					
Š	8	Total fundraising expenses (Part IX, column (D), line 25) 2,389,816	onnon Suemanna	<i>C</i>						
lulud	8	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8	6,593,088.	6,378,058.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· · · · · · · · · · · · · · · · · · ·	11,850,096.	11,961,592.					
wannan	ng manananananananan	Revenue less expenses. Subtract line 18 from line 12	onnonna agus ann an	-1,028,512.	-714,156.					
S OF				inning of Current Year	End of Year					
t Assets	20 1	Total assets (Part X, line 16)	prototototo	53,210,792.	50,277,731.					
Net A		Total liabilities (Part X, line 26)	onnouncement	21,929,861.	19,943,476.					
genecotecdente	Moenen en	Net assets or fund balances. Subtract line 21 from line 20		31,280,931.	30,334,255.					
MARKET THE PARTY OF	art II	Signature Block	******************							
		ties of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is					
true.	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer l	nas any knowledge.						
		Signature of officer		nomental de la company de la c	SIGN					
Sig	n	•		Date						
Her	e	RONALD HETRICK III, PRESIDENT AND CEO		***************************************						
SANKANIA.		Type or print name and title								
	8	Print/Type preparer's name Preparer's signature		ate Check I	PTIN					
Paic	Pro-	DOUGLAS L. BERMAN, CPA DOUGLAS L. BERMAN	<u>, CIO:</u>	1/29/21 "self-employe	***************************************					
		Firm's name RKL LLP	reconstruction and the second	Firm's EIN	23-2108173					
Use	Only	Firm's address 3501 CONCORD ROAD, PO BOX 21439								
**************************************		YORK, PA 17402	010101010101010101010101010101010	Phone no. 71 '	7-843-3804					
R.A.	the ID	S discuse this raturn with the proparar shown above? (see instructions)			X Voc No					

Form	990 (2019) WITF, INC. 23-1629016 Page 9
CHRISTIAN	t III Statement of Program Service Accomplishments
ezenzionen	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WITF INSPIRES LIFELONG LEARNING BY CONNECTING PEOPLE AND COMMUNITIES
	OF PENNSYLVANIA THROUGH TRUSTED JOURNALISM, THOUGHTFUL DISCUSSION AND
	EDUCATIONAL EXPERIENCES.

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? Yes X 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 \$ 3,816,521. including grants of \$) (Revenue \$ 1,535,113. WITF, A MULTIMEDIA ORGANIZATION PROVIDES PUBLIC TELEVISION PROGRAMMING
	(ANALOG / DIGITAL) THROUGHOUT SOUTH CENTRAL PA.
	AVERAGE WEEKLY VIEWERS FOR FY20: 202,072
	NUMBER OF MEMBERS AS OF JUNE 30, 2020: 13,798
	NUMBER OF UNDERWRITING SPONSORS: 96
	ON AIR PLEDGES - TOTAL PLEDGE DOLLARS: 381,746
4b	(Code:) (Expenses \$3,870,230 . including grants of \$) (Revenue \$203,782 .
	RADIO BROADCASTING TO SOUTH CENTRAL PA AND BROADCAST SERVICES TO STATE
	GOVERNMENT.
	AVERAGE WEEKLY LISTENERS FOR FY 20: 202,072
	NUMBER OF MEMBERS AS OF JUNE 30, 2020: 8,258
	NUMBER OF UNDERWRITING SPONSORS: 161
	ON AIR PLEDGES-TOTAL PLEDGE DOLLARS: 434,900
4c	(Code:) (Expenses \$ 309,964 ·including grants of \$) (Revenue \$
	PROGRAM INFORMATION
	NUMBER OF EDUCATIONAL MORNSHORS HELD IN TWO
	NUMBER OF EDUCATIONAL WORKSHOPS HELD IN FY20: 3 NUMBER OF YOUNG CHILDREN AFFECTED: 450
	NUMBER OF IN SCHOOL EDUCATIONAL EVENTS: 48
	NUMBER OF YOUNG CHILDREN AFFECTED: 1,068

4d	Other program services (Describe on Schedule O.)
/A /~	(Expenses \$ 274,958 · including grants of \$) (Revenue \$ 14,980 ·) Total program service expenses ▶ 8,271,673 ·
-M.C.	the second property of the second state of the second seco

Form 990 (2019) WITF, INC. Part IV Checklist of Required Schedules

1				Yes	<u>INO</u>
2 In the organization engage in direct or indirect political companies of contributions? Did the organization angage in direct or indirect political companies on behalf of or in opposition to candidates for public office? If "Pag", "complete Schedule C, Part I Section 50 (k)(3) organizations. Bid the organization engage in lobbying activities, or have a section 501(i) elaction in effect during the tax war? If "Pag", complete Schedule C, Part II In the organization as defined in Revenue Procedure 84** 91" "Yes", complete Schedule C, Part III Bid the organization and international engage and expensive international engage and expensive schedule C, Part III Bid the organization maintain any doner advised funds or any similar funds or accounts? If "Yes", complete Schedule D, Part II Did the organization maintain any doner advised funds or any similar funds or accounts? If "Yes", complete Schedule D, Part II Did the organization maintain collections of works of ort, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of ort, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of ort, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of ort, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization indirectly or through a related organization, hold assets in denon-restricted sndowments or in quasi services of continued to the complete Schedule D, Part II Did the organization in a natural for investments - other securities in Part X, line 10; that is 5% or more of its total assets applicable. Did the organization in Part X, line 10; fire, "organization should in Part X, line 10; fire," yes, "complete Schedule D, Part X Did the organization in Part X, line 10; fire, yes, "complete Schedule D, Part X Did	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3		If "Yes," complete Schedule A	1	enoverenement	
section 501(gi) enginezione. Did the organization engage in loobying activities, or have a section 501(gi) election in effect during the lax year? If Yes, 1 complete Schedule C, Part II. 1 to the organization a section 501(gi), 501(gi), 501(gi), 501 (gi),	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 50 ((s/s)) organizations. Del the organization engage in lobbying activities, or have a section 50 ((s/s)) election in effect during the tax year? if "Yes," complete Schedule O, Part II is the organization a section 50 ((s/s), 50 ((s/s)), or 50 ((s/s)) organization that receives marriberable dues, assessments, or similar amounts as defined in fewerina Procedure 98 (15); "Yes," complete Schedule O, Part II is the organization resistina any choor advasced funds or any similar trude or accounts for which choors have the right to provide activo on the distribution or investment of amounts in such funds or accounts for which choors have the right to provide activo on the distribution or investment of amounts in such funds or accounts for which choors have the right to provide activo on the distribution or investment of amounts in such funds or accounts and the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? ""yes," complete Schedula C, Part II is the organization a section 50 (6)(%) 501(6)(8) or 501(6)(8)			3	*************	<u> X</u>
5 Is the organization as section 501(s)(4), 501(s)(5) or 501(s)(6) organization that receives membership dues, assessments, or similar amounts as delined in Revenue Procedure 81 organization (P. Yros," complete Schedule C, Part II and the content of the provide addives on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I and the organization reserves in total acconservation assessment, including assessments to preserve operations. The part of the complete Schedule D, Part II and the organization reserved in the organization reserved in the content of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II and the organization maintain collections of works of art, historical treasures, or other similar assessor? If "Yes," complete Schedule D, Part II and the organization report an amount in Part X, line 21, for secret or custodial account liability, serve as a custodiant or amounts not listed in Part X, or provide codific counseling, debt in ensequence, or debt endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV and the organization report an amount for land, buildings, and equipment in Part X, line 17, If yes, "complete Schedule D, Part VI II the organization report an amount for land, buildings, and equipment in Part X, line 17, If yes, "complete Schedule D, Part VI II the organization report an amount for investments or the resourties in Part X, line 17, If yes, "complete Schedule D, Part VI II the organization report an amount for investments or the resourties in Part X, line 17, If yes, "complete Schedule D, Part VI II the Organization report an amount for other assets in comparization and part X, line 17, If yes, "complete Schedule D, Part X II II II X II II II X II II II X II II	4				
swinter amounts as defined in Revenue Procedure 98-197 if "Yes" complete Schedule C, Part II Did the organization maintain any donor advised under any system funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essamment, including essements to present open space, the environment, historic lated erase, or historic extructives? If "Yes," complete Schedule D, Part II Did the organization report an environ in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, provided credit conselling, debt management, credit repair, or debt in agolitic on services? If "Yes," complete Schedule D, Part II Did the organization of port an environ in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, provided credit conselling, debt management, credit repair, or debt in agolitic on services? If "Yes," complete Schedule D, Part IV Did the organization server to any of the following questions in "Yes," then complete Schedule D, Part X VIII, VIII, IX, or X as application. If the organization report an envorunt for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assots reported in Part X, line 197 if "Yes," complete Schedule D, Part X VIII Did the organization report an envorunt for investments - program related in Part X, line 12, that is 5% or more of its total assots reported in Part X, line 197 if "Yes," complete Schedule D, Part X VIII VIII X X Did the organization report an envorunt for investments of the securities in Part X, line 15, that is 5% or more of its total assots reported in Part X, line 197 if "Yes," complete Schedule D, Part X VIII VIII X X Did the organization report an envorunt for investments of the securities in Part X, line 15, that is 5% or more of its total assots reported in Part X. line 197 if "Yes," complete Schedule D, Part X VIII X X Did the organization report an envorunt for li			4	_X_	
6 Did the arganization maintain any donor advised funds or any atmite funds or accounts? If "Yos," complete Schedule D, Part I Did the organization receives or held a conservation easomerit, including assements to preserve open pace, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization receives or held a conservation easomerit, including assements to preserve open pace, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization export an amount in Part X, line 21, for excrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 IV II II the organization's never to any of the following questions is "Yes," then complete Schedule D, Part V II II the organization's never to any of the following questions is "Yes," then complete Schedule D, Part V II I	5				**
provide advace on the distribution or investment of amounts in such funds or accounts? (if "Yes," complete Schedule D, Part I / Did the organization receive or hold a conservation easement, including essements to preserve open space, the environment, historic bird areas, or historic attructures? (if "Yes," complete Schedule D, Part II 7.5 3. 3. 3. 3. 3. 3. 3.			5	nennananan	<u> </u>
7 Did the organization receive or hold a conservation easement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Schedule D, Part	6	· · · · · · · · · · · · · · · · · · ·			**
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Schedulo D, Part III Did the organization report an amount in Part X, line 21, for secrow or outstodial account liability, serve as a custodian for smourins not beted in Part X, or provide condition counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedulo D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10, Part VI If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedulo D, Part VI Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedulo D, Part VI Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedulo D, Part VI Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedulo D, Part VII Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedulo D, Part VII Did the organization report an amount for there assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedulo D, Part VIII A security of the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedulo D, Part X Did the organization report an amount for other assets in Part X, line 15% its 1 is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedulo D, Part X Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedulo D, Part X Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedulo D, Part X Did the organization report an amount for oth			6	MOROKOKOKOKOK	<u> </u>
Bild the organization maintain collections of works of art, historical treasures, or other similar assets? #"Yos," complete Schedule D, Part III 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? #"Yos," complete Schedule D, Part V 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted and/ownents or in quasi and/ownents? #"Yos," complete Schedule D, Part V 1 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, vii, viii, Viiii, Viii, Viii, Viii, Viii, Viii, Viiii, Viii, Viii, Viii, Viii, Viii, Viii	7				37
Schedule D, Pert III Did the organization report an amount in Part X, line 21, for escrew 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 V Did the organization or service or the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - program related 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 VIII Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VX Did the organization report an amount for other liabilities in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III Did the organization orband report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III Did the organization orband orban separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III Did the organization included in consolidated, independent audite					<u> </u>
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 conditi counseling, debt management, credit repair, or debt negotiation services? ## 1706 Piot the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? ## 1708, "organization" separate or any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. ### 11 If the organization report an amount for land, buildings, and equipment in Part X, line 107 ## "Yes," complete Schedule D, Part VI ### 12 Did the organization report an amount for investments - other securities in Part X, line 107 ## "Yes," complete Schedule D, Part VIII ### 2 Did the organization report an amount for investments - program related in Part X, line 137, that is 5% or more of its total assets reported in Part X, line 167 ## "Yes," complete Schedule D, Part VIII ### 2 Did the organization report an amount for investments - program related in Part X, line 138, that is 5% or more of its total assets reported in Part X, line 167 ## "Yes," complete Schedule D, Part VIII ### 2 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 167 ## "Yes," complete Schedule D, Part X ### 2 Did the organization report an amount for other flabilities in Part X, line 257 ## "Yes," complete Schedule D, Part X ### 2 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is behavior in separate or orbanical statements for the tax year include a footnote that addresses the organization separate or prossitions under file ## 18, 85 X Yes (## "Yes," complete Schedule D, Part X ### 2 Did the organization answerand **No** to fine 12a, then completing Schedule D, Parts XI and XI is optional ### 3 Is the organization ass	8	, ,			-v-
## Amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? ## Yes," complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? ## Yes," complete Schedule D, Part V 11 If the organization report an answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII	_		8	***********	<u> </u>
## "Yes," complete Schedule D, Part IV 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X 110 X 110 X 110 X 111 X 110 X 111 X 111 X 112 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 111 X 112 Did the organization sibility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X 112 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 112 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 111 X 112 Did the organization asserved "No" to line 12st, then completing Schedule D, Parts XI and XI is optional 113 Is the organization asserved "No" to line 12st, then completing Schedule D, Parts XI and XI is optional 114 X 115 Did the organization report on Part X, column (A), line 3, more then \$5,000 of gargegete foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts III and I	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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. 12 Did the organization report an amount for lond, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 12 Did the organization report an amount for investments - other securities in Part X, line 12: If that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for other assets 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 14 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 VIII 15 Did the organization in report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 16 Did the organization in separate, independent audited financial statements for the tax year include a tootnote that addresses the organization in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 17 Parts XI and XII 18 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional 18 Did the organization included in consolidated, independent audited financial statements for the tax year? 18 Did the organization maintain an office, employees, or agents outside of the United States? 19 Did the organization parts and the organization answered "No" to line 12e, then completing Schedule P, Parts II and IV 19 Did the organization parts and parts and III is a X 19 Did the organization parts and parts and					v
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 21 X	19				
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20a			***************************************	$\perp_{\rm X}$
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b	************	ļ
	21				***
	nanananananananananananananananananana	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<u>[21</u>	000	lananana

Pai	CIV Checklist of Required Schedules (continued)	V0704040404040404	yensensensen	quorenenens
		en non monte de la constante d	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		***************************************	
Z40	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	(managana and	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	minimi) managaman d	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	44.00.000.000.000	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
8	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00		Х
u	"Yes," complete Schedule L, Part IV	28a		Ê
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		-43
G		28c		Х
29	"Yes," complete Schedule L, Part IV	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	animinani	and the second	
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	/www.noneneeneeneeneeneeneeneeneeneeneeneenee	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	aniinina	mennen nen nen ne	
	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	uennann	LX.
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
. 4.01	Check if Schedule O contains a response or note to any line in this Part V			X
en e			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

MINISTERNA PROPERTY OF THE PRO	1990 (2019) WITF, INC. 23-1629	016	Б	age (
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	404010101010101010	yeeneeneen	
			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 98	ı	**	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	<u>X</u>	
	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?	<u>3a</u>	X	
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	<u> </u>	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		<u> X</u>
D	If "Yes," enter the name of the foreign country			
E -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	E		x
Da L	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		ΤX
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	Haranananan	1-2
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	136	hamana	
Oct		6a		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8.9	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			<u> </u>
. 8	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	*************
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	***************************************	humanananan	
	to file Form 8282?	7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 2			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
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? N/A	8_		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a_	Juniorania	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	· · · · · · · · · · · · · · · · · · ·	4		
11	Section 501(c)(12) organizations. Enter:			
8	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	/	_
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	************	
62	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
13.77	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	, was a second and a second	ĺχ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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		X

If "Yes," see instructions and file Form 4720, Schedule N.

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

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

WITF, INC. 23-1629016 Page 6 Form 990 (2019) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 21 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 18 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 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? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

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GLENDA MOYER, DIRECTOR OF FINANCE - (717) 704-3000

4801 LINDLE ROAD, HARRISBURG, PA

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

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

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

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

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

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

(A)	(B)	(C)			IPOI	Sale	(D)	(E)	(F)				
Name and title	Average	Posit (do not check m			ition		one	Reportable	Reportable	Estimated			
	hours per week					s both r/trus		compensation from	compensation from related	amount of other			
	(list any	otor					ann	the	organizations	compensation			
	hours for	or dire	ω.			ted		organization	(W-2/1099-MISC)	from the			
	related	istee (truste		9	pensa		(W-2/1099-MISC)		organization			
	organizations below	ual tru	ional.		ploye	1 com 788				and related organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former			organizations			
(1) MARK VAN BLARGAN	1.73									<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CHAIR	0.00	X		X			********	0.	0.	0.			
(2) SUSAN C. ECKERT	2.31							_	_	_			
VICE CHAIR	0.00	X		X	***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.	0.	0.			
(3) RONALD HETRICK III	40.00												
PRESIDENT AND CEO	0.00	X		X				275,764.	0.	21,641.			
(4) ALEX SNYDER	0.77	**								_			
DIRECTOR	0.00	X		*****	men ne ne ne		menon ones.	0.	0.	0.			
(5) ANNE PARMER	1.75	37						<u>ر</u>	_	_			
DIRECTOR	0.00 1.37	X				*****		0.	0.	<u> </u>			
(6) ANTHONY M. CONTE	0.00	х						0.	0.	0.			
(7) CHARLES J. HOOKER, III	0.50	43	*******	*****	**********		menonono						
DIRECTOR	0.00	х						0.	0.	0.			
(8) DONALD PAPSON	0.15						*******						
DIRECTOR - TIL 1/2/2020	0.00	х						٥.	0.	0.			
(9) E. JEFFREY ROOF	0.75			*****				uurannannannannannannannannannannannannann		necessoronementelesconomicalistico			
DIRECTOR	0.00	Х						0.	0.	0.			
(10) EDWARD NEFF	1.63		10000000000	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
DIRECTOR	0.00	Х						0.	0.	0.			
(11) JANE M. CONOVER	0.77												
DIRECTOR	0.00	X		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0.	0.	0.			
(12) JANICE L. SNYDER	1.60												
DIRECTOR	0.00	X		****	mannen		menononos.	0.	0.				
(13) JIM HOEHN	0.54							_	_	_			
DIRECTOR	0.00	X						0.	0.	0.			
(14) KENDRA AUCKER	0.67							_	_	_			
DIRECTOR	0.00	X	in management					0.	0.	<u></u> 0			
(15) KRISTAL TURNER-CHILDS	0.85	**							_	_			
DIRECTOR	Transportation and the contract of the contrac	X		W.Y.Y.Y.Y.				0.	0.	0.			
(16) LISA RITTER	1.71	.								_			
(17) LEIGH HORNER	0.00	X		********	marran.		**********	0.	0.	<u> </u>			
DIRECTOR	0.00	х						0.	0.	0.			
r_{T}			I	L	L	L	L	V •	V •	<u> </u>			

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Form 990 (2019) WITF, INC. Form 990 (2019) WITF, INC. 23-1629016

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average	verage Position					റമ	(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week (list any hours for related organizations below line)	box	, unles	ss pe	rson i lirecto	Highest compensated shorts amployee	n an tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cor or aı	amount other mpensa from th rganizat nd relat ganizati	ation le tion ted
(18) MARGARET DRISCOLL	1.54			Ö	<u>*</u>	王克	Ľ.				enenenenenenenen	en de la
DIRECTOR	0.00	Х						0.	0 .			0.
(19) MICHAEL CLEARY	0.94											
DIRECTOR	0.00	X			queensen		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.	0.		en e	0.
(20) PATRICIA VANCE	0.85							_	_			_
DIRECTOR	0.00	X						0.	0 .			0.
(21) SANDRA J. WEGE	1.33	×,,						^				^
DIRECTOR (22) SUE PERA	$\begin{array}{c} 0.00 \\ 1.04 \end{array}$	X			uunnen			0.			WARRANGE KARANGANA	0.
DIRECTOR	0.00	х						0.	0.			0.
(23) GLENDA MOYER	40.00				,,,,,,,,,,,			V •	V			
DIRECTOR OF FINANCE (NON-V	0.00			Х				101,122.	0.	. 1	L6,6	70.
(24) SCHARMEN KONIECZKA	40.00			week states	Jacobson		garana.				inamentumien	
SECRETARY (NON-VOTING)	0.00			Х				62,799.	0.	. 1	LO,6	15.
(25) RONALD KAIN, JR.	40.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			******	*********		de la company de			<i>yourushususus</i>	
VICE PRESIDENT (NON-VOTING)	0.00			X				172,178.	0 .	. 1	L6,0	48.
(26) CARA FRY	40.00											
SVP/CHIEF CONTENT OFFICER	0.00	L			ļ.,,,,,,	<u>Lx</u>	L	182,262.	0 .		20,8	
1b Subtotal								794,125.	0.		35,7	
c Total from continuation sheets to Part VI								113,327.		anitunarenalarena	17,9	and an analysis of the second
d Total (add lines 1b and 1c)								907,452.	0.		3,7	43.
Total number of individuals (including but ncompensation from the organization	ot limited to th	ose	IISTO	a ar	oove) wn	o re	ceived more than \$100,	000 of reportable			5
compensation from the organization		nenenen	**********		en e					renovemberovic	Yes	TNo
3 Did the organization list any former officer,	director, truste	9e. k	ev e	ame	love	e. or	· hia	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J for s			-				***		*	3		х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		4	X	
5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	om	any	unre	əlate	ed organization or individ	lual for services			
rendered to the organization? If "Yes, " com-	plete Schedule	Jf	or su	ich i	oe <i>r</i> s	on .				5		LX_
Section B. Independent Contractors				notononono.	oneronero	enenenenen	monomono.				OLOKOKOKOKOKOKOKOKO	LOTOLOGICA DE LOTOLOGICA DE LOTO
1 Complete this table for your five highest co	-	-							•	ation f	rom	
the organization. Report compensation for (A)	lhe caiendar ye	381 E	HUII	IQ W	ILTIC	JI WI	rriiri	the organization's tax y		anananananan I	(C)	****************
Name and business	address							رم) Description of s	ervices	Comp	ensatio	n
CARL BLOOM ASSOCIATES, IN	IC., 81	MA	ΙN	notonerotor	and the second second	anakakakaka	annad)	risterios esta esta esta esta esta esta esta est				
STREET; FIRST FLOOR, WHIT	-							DIRECT MAIL		14	10,9	92.
		nonononon n	MORE MORE MORE	noton noton	ON THE POST	ornanana.			menenen en		*****************	***************************************
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		wateresteres	NOTE OF THE PARTY	KOKO KOKO K		OKEROKEKOK					SASTERS ASSESSED ASSESSED	ON OFFICE AND ADDRESS OF THE OWNER.
2 Total number of independent contractors (i	ncludina hut n	ot lin	niter	d to	thos	se lis	ted	above) who received mo	ore than		***************************************	
\$100,000 of compensation from the organi.	-	III			1	L 110						
SEE PART VII SECTION		TN	TTA	mπ	ON		HR!	हागाद		Eorn	990 ('2010\

Form 990 WITF, INC. 23-1629016

Form 990 WITF, INC	<i>.</i>	nononenonono				*******	*****		23-162	ANTO
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd F	ligh	est	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
	per	·	unazza.			سنسنس	Tinn.	from	from related	other
	week					99/		the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ed er		(W-2/1099-MISC)		organization
	related	0 881	stee			ınsat				and related
	organizations	trus	nai tr		oyee	dmo				organizations
	below	individual trustee or director	Institutional trustee	ä	Кеу етрюуее	Highest compensated employee	181			
	line)	- pu	ınsti	Officer	Кеу	High	Former			
(27) MATT WILSON	40.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0xxxxx	mennen					***************************************	marananananananananananananananan
DIRECTOR OF TECHNOLOGY	0.00	1				Х		113,327.	0.	17,938.
	l _{pronounce de la constanción}			******	mennen		uennen	Suurenen maranan maranan kantan maranan maranan maranan maranan maranan maranan maranan maranan maranan marana	annonnementenen en	างเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะ

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	January	ļ					,,,,,,,,,,,		MATERIA DE PORTO DE	***************************************
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		ļ		uennan					***************************************	***************************************
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Total to Part VII, Section A, line 1c								113,327.		17,938.
ross. to rate vir, sootion / miss to		*****						Annual Control of the		

23-1629016

Form 990 (2019) WITF, INC.
Part VIII Statement of Revenue

	*********	Check if Schedule O contains a re	sponse (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
2 2	1 a	Federated campaigns	1a	34,534.				
Contributions, Gifts, Grants and Other Similar Amounts	b		1b	2,357,269.				
Q 3		,	1c	19,053.				
III P	d		1d					
o H	e	· · · · · · · · · · · · · · · · · · ·	1e	2,079,286.				
53	f	All other contributions, gifts, grants, and	ana and managamenta and a					
He			1f	2,941,579.				
ξÖ	g		1a \$	231,473.				
88	-	Total. Add lines 1a-1f	enitrinis en	· · · · · · · · · · · · · · · · · · ·	7,431,721.			
				Business Code				
ø	2 a	PROGRAM INCOME		515100	791,427.	759,047.	32,380.	
Š	b	SATELITE UPLINK SERVICE		517000	775,574.	775,574.		
Program Service Revenue	С	FACILITY RENTAL		531120	363,352.	203,782.	159,570.	
a a a	d	TELECONFERENCE REVENUE		517000	14,980.	14,980.		***************************************
ğď	e	SCHOOL DISTRICT REVENUE		515100	4,180.	4,180.		
ă	f	All other program service revenue						
	g	Total. Add lines 2a-2f		>	1,949,513.			
	3	Investment income (including dividend	ds, intere	st, and				
		other similar amounts)			734,911.			734,911.
	4	Income from investment of tax-exemp	t bond p	roceeds 🕨	***************************************			***************************************
	5	Royalties	ionininininininininininini		1,283,547.			1,283,547.
		()	Real	(ii) Personal				
	6 a	Gross rents 6a	na terotoria de la constanta d					
	b	Less: rental expenses 6b	an and a second and					
	C	Rental income or (loss) 6c			(0.000,000,000,000,000,000,000,000,000,0			
	d	Net rental income or (loss)						
	7 a	**************************************	curities	(ii) Other				
		assets other than inventory 7a 15,56	8,872.					
	b	Less: cost or other basis						
2		and sales expenses 7b 15,57						
ther Revenue		Communication Co	5,702.	lanaran mananan manana Mananan mananan manana		***************************************		***************************************
ď		Net gain or (loss)			-5,702.			-5,702.
<u>ē</u>	8 a	Gross income from fundraising events (no						
Ò		including \$ 19,053.	1					
		contributions reported on line 1c). See	8	0.027				
		Part IV, line 18	8	8,837. 19,035.				
		Less: direct expenses	4100000000	karaanaanaanaanimaanaanaan	-10,198.			-10,198.
		Net income or (loss) from fundraising	9	yriirisisisisisisisisisisis kanalainen l				
	ઝિલ	Gross income from garning activities. Part IV, line 19	a a					
	la	· · · · · ·		guessassassassassassassassassassassassassa				
		Less: direct expenses Net income or (loss) from gaming activ	· · · · · · · · · · · · · · · · · · ·	lanaanaanaanaanaanaanaanaanaanaanaanaana	00000000000000000000000000000000000000			
		Gross sales of inventory, less returns	VIELOG	<u> </u>				
	10 a	and allowances	10a					
	h	Less: cost of goods sold	8	presentation and the second				
		Net income or (loss) from sales of inve	· · · · · · · · · · · · · · · · · · ·	kannannannannannannannannan lu				***************************************
		The second secon	ini ana ana ana ana ana ana ana ana ana	Business Code	ACCIONALIS DA ACCIONALIS D			
SE	11 a	MISCELLANEOUS INCOME		900099	32,730.	MANAGARAN KANDARAN K	•	32,730.
ne	b	SALE OF PREMIUMS	STORESTORES STORES SONO	515100		492.	(<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	nerosonosonosonosolosonosonosonos
Miscellaneous Revenue	c	INVESTMENT IN SUBSIDIARY	NEWSCHOOL STATE OF THE STATE OF	515100	-169,578.	positioneriaeneriaeneriaeneriaeneriaeneriaeneriaeneriaen	turnin marinin marini marini m	-169,578.
S a	d	d All other revenue		***************************************	annen annen annen annen anni annen ann	***************************************		numeron en
2		Total. Add lines 11a-11d		\	-136,356.			
dunamen	12	Total revenue. See instructions		>	11,247,436.	1,758,055.	191,950.	1,865,710.

Form 990 (2019) WITF, INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).								
************	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	***************************************	***************************************									
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16	uurannan maanan maa	universionen en									
4	Benefits paid to or for members		***************************************		***************************************							
5	Compensation of current officers, directors,	C10 011	111 1 1 1 m	70077	101 000							
	trustees, and key employees	610,814.	411,454.	78,277.	121,083.							
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and	2 002 005	0 645 240	10F 11C	770 507							
_	persons described in section 4958(c)(3)(B)	3,893,285.	2,645,342.	485,416.	762,527.							
7	Other salaries and wages	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	400000000000000000000000000000000000000	Wissorian adaptaka katana k							
8	Pension plan accruals and contributions (include	140 454	00 050	20 212	21 202							
_	section 401(k) and 403(b) employer contributions)	142,454.	90,859.	20,213.	31,382.							
9	Other employee benefits	358,783. 312,794.	218,404.	62,633.	77,746.							
10	Payroll taxes		207,347.	42,474.	62,973.							
11	Fees for services (nonemployees):											
a	Management	18,953.	12,088.	6,865.	HOLEHOLONON STANISHOLONON STANISHOLONON STANISHOLONON STANISHOLONON STANISHOLONON STANISHOLONON STANISHOLONON S							
b	Legal	44,768.	30,418.	5,582.	8,768.							
	Accounting	28,462.	28,462.									
d	Lobbying Professional fundraising services. See Part IV, line 17	265,404.	23 O 7 3 O 23 o		265,404.							
f	Investment management fees	48,011.	48,011.	40.00.00.00.00.00.00.00.00.00.00.00.00.0								
q	Other. (If line 11g amount exceeds 10% of line 25,	unannumumumumumuhaumumumumumumumumumumumumumu		***************************************								
y	column (A) amount, list line 11g expenses on Sch 0.)	343,861.	237,177.	62,025.	44,659.							
12	Advertising and promotion	224,771.	75,371.	142.	149,258.							
13	Office expenses	448,335.	283,078.	80,329.	84,928.							
14	Information technology	99,405.	70,575.	18,605.	10,225.							
15	Royalties	ueranean aranan ara	erannan erannan erannan erannan erannan eranda erannan erannan erannan erannan erannan erannan erannan erannan	uurnareanenenenenenenenenen kontinen kontinen kontinen kontinen kontinen kontinen kontinen kontinen kontinen k	una como como como como como como como com							
16	Occupancy	365,782.	313,027.	32,310.	20,445.							
17	Travel	77,201.	52,690.	10,999.	13,512.							
18	Payments of travel or entertainment expenses				VII. OO							
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	20,084.	12,646.	4,589.	2,849.							
20	Interest	507,337.	336,127.	103,366.	67,844.							
21	Payments to affiliates	216,577.	196,257.	19,820.	500.							
22	Depreciation, depletion, and amortization	1,494,903.	1,183,016.	182,358.	129,529.							
23	Insurance	116,200.	71,289.	32,658.	12,253.							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)											
а	PROGRAM ACQUISITION	1,389,647.	1,389,647.									
b	MEMBERSHIP MAINTENANCE	387,500.	namenementelemenemenementelemenemenemenement		387,500.							
c	MAINTENANCE AND REPAIRS	209,104.	145,273.	42,524.	21,307.							
d	BARTER EXPENSES	123,661.	120,197.	1,679.	1,785.							
	All other expenses	213,496.	92,918.	7,239.	113,339.							
25	Total functional expenses. Add lines 1 through 24e	11,961,592.	8,271,673.	1,300,103.	2,389,816.							
26	Joint costs. Complete this line only if the organization				***************************************							
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
***************	Check here if following SOP 98-2 (ASC 958-720)											

Form 990 (2019)
Part X Balance Sheet

Pai	rt X	Balance Sheet		10101010101010101010101010101010101010	
*********	************	Check if Schedule O contains a response or note to any line in this Part X			
	W07010W000000		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	400.	1	78,115.
	2	Savings and temporary cash investments	389,894.	2	1,797,886.
	3	Pledges and grants receivable, net	1,081,090.	3	741,681.
	4	Accounts receivable, net	609,435.	4	641,190.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
yo.	7	Notes and loans receivable, net	3,084,955.	7	3,091,527.
Assets	8	Inventories for sale or use	8,575.	8	6,045.
As	9	Prepaid expenses and deferred charges	165,440.	9	149,757.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 33,852,844.			
	b	Less: accumulated depreciation 10b 19,491,636.	15,164,492.	10c	14,361,208.
	11	Investments - publicly traded securities	30,650,897.	11	26,952,225.
	12	Investments - other securities. See Part IV, line 11	1,106,151.	12	1,509,371.
	13	Investments - program-related. See Part IV, line 11	MANANAKAN	13	
	14	Intangible assets	***************************************	14	
	15	Other assets. See Part IV, line 11	949,463.	15	948,726.
***************************************	16	Total assets. Add lines 1 through 15 (must equal line 33)	53,210,792.	16	50,277,731.
	17	Accounts payable and accrued expenses	3,451,137.	17	980,191.
	18	Grants payable	unnannannannannannannannannannannannanna	18	
	19	Deferred revenue	2,568,711.	19	2,066,747.
	20	Tax-exempt bond liabilities	***************************************	_20_	***************************************
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>.@</u>		controlled entity or family member of any of these persons	1 2 2 4 4 6 4	_22_	10 T10 F00
å	23	Secured mortgages and notes payable to unrelated third parties	13,344,984.	_23_	12,718,528.
	24	Unsecured notes and loans payable to unrelated third parties	MANGER DER EINE EINE EINE EINE EINE EINE EINE EI	_24_	911,900.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	2 565 020		2 266 110
		of Schedule D	2,565,029. 21,929,861.		3,266,110. 19,943,476.
************	26	Total liabilities. Add lines 17 through 25	21,323,001.	26	13,343,470.
ဖွ		Organizations that follow FASB ASC 958, check here X			
nce nce		and complete lines 27, 28, 32, and 33.	29,771,278.	27	28,992,303.
<u>a</u>	27	Net assets without donor restrictions Net assets with donor restrictions	1,509,653.	<u></u>	1,341,952.
1 00	28	Organizations that do not follow FASB ASC 958, check here			
£		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
<u>\$</u>	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
3 88	31	Retained earnings, endowment, accumulated income, or other funds	MARTINIA DE LA COMPANSION DEL COMPANSION DE LA COMPANSION DE LA COMPANSION DE LA COMPANSION	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	31,280,931.	32	30,334,255.
lion	33		53,210,792.	33	50,277,731.
***********	70	l otal liabilities and net assets/fund balances	~d ~d q 64 da V q 1 d 64 0		

23-1629016 Page **12**

Pa	t XI Reconciliation of Net Assets						
******	Check if Schedule O contains a response or note to any line in this Part XI		ionaionionaionia			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	101010101010101010101010	, 24	4010101010101010101		
2	Total expenses (must equal Part IX, column (A), line 25)	2_		, 96			
3	Revenue less expenses. Subtract line 2 from line 1	3	***************	-71	anno più con a	TOTO TOTO TOTO TOTO TOTO	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31	, 28	0,9: 8,8:		
5	5 Net unrealized gains (losses) on investments5						
6	Donated services and use of facilities	6		10	8,2	28.	
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1	,17	9,5	95.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	30	, 33	4,2	55.	
Pa	t XIII Financial Statements and Reporting						
wakakakakakak	Check if Schedule O contains a response or note to any line in this Part XII	**************				X	
			1		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	****************	MANANA				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit					
	Act and OMB Circular A-133?			3a_		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
				Form	990	(2019)	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

IIII 990 OI 990-L2

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number WITF INC. 23-1629016 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5797616.	6373321.	6501173.	7273822.	7431721.	<u>33377653.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5797616.	6373321.	6501173.	7273822.	7431721.	33377653.
	The portion of total contributions						MODELLE CONTRACTOR CON
	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.						33377653.
Sec	ction B. Total Support	anne en		nannannannannannan	remember and a second s		
Cale	ndar year (or fiscal year beginning in) 🔊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	5797616.	6373321.	6501173.	7273822.		33377653.
	Gross income from interest,	40.00.00.00.00.00.00.00.00.00.00.00.00.0		10.00 mily	40.000.000.000.000.000.000.000.000.000.	######################################	<u> </u>
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1456900.	1410804.	1932052.	2186218.	2018458.	9004432.
9	Net income from unrelated business	MINISTERIO PEROPORTO POR PEROPORTO POR PORTO POR PORTO POR PORTO POR PORTO POR	numeronemonemonimistrativamentemonemone	MINISTOLONIÄINEN KÄNNIN KONTÄRIN KÄRIN KANNIN KONTON	processoro esta esta esta esta esta esta esta esta	peronena en	anni de la compania del compania de la compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania de la compania del comp
•	activities, whether or not the						
	business is regularly carried on	166,883.	112,614.	22,402.	17,012.	4.286.	323,197.
10	Other income. Do not include gain	<u>นนะกับกลังคลังคลังคลิตเกียรกับกลังคลังคม</u>	uuriiniiniiniikuituituitui	uunan kantaan k	manasiinimindentaitaitaitainim	necessario de la companio de la comp	
	or loss from the sale of capital						
	assets (Explain in Part VI.)	-686.087.	25091839.	-477.106.	-185.917.	-136.356.	23606373.
11	Total support. Add lines 7 through 10			***************************************			66311655.
	Gross receipts from related activities,	etc (see instructio	nns)	nerenennen en		renovemente magniture de la renovembre d	,489,470.
	First five years. If the Form 990 is for					11 <i>00000000000000000000000000000000000</i>	ukenuraurinseriinsedhonurenuraurinseriura
	organization, check this box and stor	here					
Sec	tion C. Computation of Publi	c Support Per	centage				anna ann an ann an ann an an an an an an
	Public support percentage for 2019 (li			olumn (f))		14	50.33 %
	Public support percentage from 2018					15	50.10 %
	33 1/3% support test - 2019. If the c					ore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l				
	and stop here. The organization quali	fies as a publicly s	supported organiza	ition			>
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c				
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	t VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		>
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	€
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	>
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	3

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.)

Section A. Public Support	.ow, piease com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	sammanihandhanamannamannaman		hencencedorderoreoreor		djunamananikanikananananananananan	menananantahkananananananananananan
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,	***************************************					<u> </u>
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
	***************************************			numeron en	o presidente de la compania del compania del compania de la compania del compania de la compania del compania	
Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513	4340141414141414141414141414141414141414	and processors assessment as the construction of the construction	marini manana			\$60\$60\$6\$60\$6\$60\$60\$60\$6\$60\$60\$60\$60\$60\$
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf	TO SOME STORES AND					***************************************
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge	***************************************					
6 Total. Add lines 1 through 5	************************************		_		guaraneraneraneraneraneraneraneraneranera	***************************************
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	**********************************		*************************************		_	*******************************
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🔊 📗	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	34.00.00.00.00.00.00.00.00.00.00.00.00.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			400000000000000000000000000000000000000
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						
c Add lines 10a and 10b						
11 Net income from unrelated business	\$	***		***************************************	Granica de la constante de la	morologickorologickorologickorologickorologickorologick
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain		***************************************			***************************************	MOTERATOR DE MOTERA
or loss from the sale of capital						
assets (Explain in Part VI.)			_			
14 First five years. If the Form 990 is for	the evenimention	L. direct accord this	d fourth or fifth to	L	501/o\/2\ organiza	Language de la companya de la compan
	•	, ,	, ,	,	()()	mon,
Section C. Computation of Public		rcentage				
15 Public support percentage for 2019 (lir		underen er en	column (f)	***************************************	T 15 T	rainensinenenenenenenenenenenenenenen %
16 Public support percentage from 2018	, ,,,,	, ,			16	aucaucaucaucaucaucaucaucaucaucaucaucauca
Section D. Computation of Invest					1 10 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
17 Investment income percentage for 20°		HEROLOGO KARIO	ne 13. column (fl)	***************************************	T 17	<u>%</u>
18 Investment income percentage from 2					18	mineraminaminaminaminaminaminaminaminaminamin
19a 33 1/3% support tests - 2019. If the					Anno reconstruction and a series and a serie	arteleteleteleteleteleteleteleteleteletel
more than 33 1/3%, check this box and						.5 1.52
b 33 1/3% support tests - 2018. If the c	•	*	. ,			nd
line 18 is not more than 33 1/3%, chec	-					F
20 Private foundation. If the organization		-	· ·		=	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

			www.commono
		Yes	No
	4		
	1		***************************************
	2		
	3a		

	3b		***************************************
	3с		
	4-		
	4a		
	4b		

	4c		***************************************
	5a		
	5b		
	5c		
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	9c		annonen en
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LPa	rt IV Supporting Organizations _(continued)	0101640164016401640164016	ynaanaanaany	onerenenenenen
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
**********			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	***************************************	·	
Hans	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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	onen en	L	roseseses sostes
~~~	tion of type it dupper ting organizations		IV	B.L.
	Where a majority of the assessmentiants discretely as twinters divide the tayly as also a majority of the discrete		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	_		
Coo	the supported organization(s).	1	ll	or sources and
360 	tion D. All Type III Supporting Organizations		r	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		***************************************	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			
SEE SEE SEE SEE SEE	supported organizations played in this regard.	3		es en es en es en es en es
Sec	tion E. Type III Functionally Integrated Supporting Organizations		***************	**************
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
а	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 insti	ructions)	pennanany	pueresereser
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI 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		
3	Parent of Supported Organizations. Answer (a) and (b) below.		/	
3	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? Provide details in Part VI.	За		
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 Part VI the role played by the organization in this regard.	3b		
-consesses				

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction			
***************************************	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
***************************************	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
**************	instructions for short tax year or assets held for part of year):			
3	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		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	d Type III supporting orga	nization (see
	instructions).	**		

Schedule A (Form 990 or 990-EZ) 2019

Par	[₹]	a)(3) Supporting Orga	nizations _(continued)	<i>y</i>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
3ecti	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 (reason-			
	able cause required- explain in Part VI). 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			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
3	Applied to underdistributions of prior years			
eneronenenen	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
eneronenenen	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
analahanahanah	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j	raissensisensisensisensisensisensisensise		
-	and 4c.			
8	Breakdown of line 7:			
en e	Excess from 2015			
	Excess from 2016			
and a second	Excess from 2017			
	Excess from 2018			
andanananana	Expass from 2010			

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE A. PART II. LINE 10. EXPLANATION FOR OTHER INCOME:

SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
INVESTMENT IN SUB	SIDIARY
2015 AMOUNT: \$	-686,542.
2016 AMOUNT: \$	31,301.
2017 AMOUNT: \$	-503,407.
2018 AMOUNT: \$	-249,654.
2019 AMOUNT: \$	-169,578.
SPECTRUM AUCTION	
2016 AMOUNT: \$	25,054,617.
MISCELLANEOUS	
2015 AMOUNT: \$	455.
2016 AMOUNT: \$	5,921.
2017 AMOUNT: \$	26,301.
2018 AMOUNT: \$	63,737.
2019 AMOUNT: \$	33,222.

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	WITF,	INC.	23-1629016
Organization type (che	eck one):		
Filers of:	Sect	ion:	
Form 990 or 990-EZ	X	501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 990-PF		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
, ,		red by the <b>General Rule</b> or a <b>Special Rule.</b> or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
General Rule			
	-	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ontributor. Complete Parts I and II. See instructions for determining a contributor's	• • •
Special Rules			
sections 509( any one contr	a)(1) and 17 ibutor, durir	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 0(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amound Complete Parts I and II.	or 16b, and that received from
year, total cor	ntributions c	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a form than \$1,000 exclusively for religious, charitable, scientific, literary, or educability or animals. Complete Parts I, II, and III.	
year, contribu is checked, ei purpose. Don	tions <i>exclus</i> nter here the 't complete	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sively for religious, charitable, etc., purposes, but no such contributions totaled me total contributions that were received during the year for an exclusively religious any of the parts unless the <b>General Rule</b> applies to this organization because it contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
but it <b>must</b> answer "No	o" on Part I\	covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-EZ or on its Form 990-EZ, or 990-PF).	•

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

Name of organization

Employer identification number

23-1629016

pace is needed.
ра

************			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,460,440.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 209,138.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

WITF, INC.

23-1629016

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
***************************************		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	manufacture and the state of th
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	waaaaaaaaaaaaaaaaaaaaaaaa
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
***************************************			
MANAGEM AND			
23453 11-06-	10	Sahadula P (Farm	990, 990-EZ, or 990-PF) (201:

Name of or	rganization		Employer identification number				
WITF,			23-1629016				
Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less for	501(c)(7), (8), or (10) that total more than \$1,000 for the year organizations the year. (Enterthis info. once.) \$				
(a) No. from Part I	Use duplicate copies of Part III if additional  (b) Purpose of gift	space is needed. (c) Use of gift	(d) Description of how gift is held				
anna ann an Aireann an Aireann an A		***************************************					
100000000000000000000000000000000000000							
•		(e) Transfer of gift					
سر	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		***************************************					
	(e) Transfer of gift						
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
10004004040404040404040404							
	(e) Transfer of gift						
*	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
***************************************							
	(e) Transfer of gift						
906	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

#### SCHEDULE C

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.
- Section 527 organizations: Complete Part I-A only.

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 35c (Proxy Tax) (see separate instructions), then

a carej	toco ocharaco mon acciono,, arcii				
<b>9</b> S	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nam	e of organization			Emp	loyer identification number
	WITF, I	NC.			23-1629016
Pai	rt I-A Complete if the org	anization is exempt under	section 501(c) o	r is a section 527 or	ganization.
	Provide a description of the organiz				
2	Political campaign activity expendit	ures		\$	
3	Volunteer hours for political campai	gn activities			
Pai	rt I-B   Complete if the org	anization is exempt under	section 501(c)(3)	n	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955	<b>&gt;</b> \$	energia en
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
	Was a correction made?				
	If "Yes," describe in Part IV.				
	rt I-C  Complete if the org	anization is exempt under	section 501(c), e	xcept section 501(c	)(3).
1	Enter the amount directly expended	by the filing organization for secti	on 527 exempt functio	n activities 🕨 🕽	!
	Enter the amount of the filing organ				
	exempt function activities		*	\$	
	Total exempt function expenditures				
	line 17b		,	\$	
	Did the filing organization file Form				
	Enter the names, addresses and em				
	made payments. For each organiza	' '		~	~ ~
	contributions received that were pro-	omptly and directly delivered to a s	eparate political organ	ization, such as a separat	e segregated fund or a
	political action committee (PAC). If	additional space is needed, provid	e information in Part IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
NANTON NOTON					
anananananan					nt _{per} angunan menangkan kemangkan menangkan kemangkan kemangkan kemangkan kemangkan kemangkan kemangkan kemangkan
esensanenesen					
SECULORIS NO PORTO					
en release release		per constructivo de la constructivo			

Sche	edule C (Form 990 or 990-EZ) 2019	WITF,	INC.			23-1	629016 Page 2
groommenoomeno	rt II-A Complete if the org	anizatio	on is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ction under
vannennen	section 501(h)).		HOLOROVO KOROVO KOROVO KOROVO KOROVO				
A CI			-		Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and shar						
B C	heck 🕨 📗 if the filing organiza	tion check	ked box A ar	nd "limited control" pro	ovisions apply.	_	-
			bying Expe neans amou	nditures ınts paid or incurred.)	)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influ	uence pub	lic opinion (	grassroots lobbying)	04.74.64.64.64.64.64.64.64.64.64.64.64.64.64	parasanananananananananananananananananan	
b	Total lobbying expenditures to influ	uence a le	gislative boo	dy (direct lobbying)			
C	Total lobbying expenditures (add li	nes 1a an	d 1b)				
	Other exempt purpose expenditure		-				
е	Total exempt purpose expenditure						
f	Lobbying nontaxable amount. Ente					4	
اً	If the amount on line 1e, column (a) o	nekonen en	_	bying nontaxable am			
	Not over \$500,000	indiantainii in a		the amount on line 1e.			
	Over \$500,000 but not over \$1,000	1 000	len an anna an anna an an an an an an an a	00 plus 15% of the exc	ess over \$500 000		
	Over \$1,000,000 but not over \$1.5	HARAGIANAN KANDAN K	~~~~~	00 plus 10% of the exc			
	Over \$1,500,000 but not over \$17,	normaninamentormaniamentor	Harris and the second s	00 plus 5% of the exce	and the state of t		
	Over \$17,000,000	000,000	\$1,000.	karakan karaka	33 OVER WI. JOOU JOOU.		
ı	CV91 317,000,000		\$1,000				
enonemental esta	Grassroots nontaxable amount (en	tor 2504 o	f lina 1f	***************************************			museum manananananananananananananananananana
**	Subtract line 1g from line 1a. If zer						
	9						
	Subtract line 1f from line 1c. If zero						
J	If there is an amount other than ze		er iii ie i i i or	iirie 11, did trie organiza	ation lie Folli 4/20	[	
*******	reporting section 4911 tax for this	year?	4 3/ 8		O		Yes No.
	(Some organizations the		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all c	of the five columns b	elow.
		Lob	bying Expe	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a)	2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total
22	Lobbying nontaxable amount	***************************************					
*************	Lobbying ceiling amount						
	(150% of line 2a, column(e))						
C	Total lobbying expenditures		ransanakarakakakakakakakakakakakak		, marina mari	***************************************	
d	Grassroots nontaxable amount						
	Grassroots ceiling amount						
	(150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

## Schedule C (Form 990 or 990-EZ) 2019 WITF, INC. Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	d)	)
	o lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а		440000000000000000000000000000000000000	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		***********************	***************************************
С	Media advertisements?	***************************************	X		
d	Mailings to members, legislators, or the public?	440000000000000000000000000000000000000	X	*********************	TO KARO KO KO KARO KARO KO
е	Publications, or published or broadcast statements?	W. M.	X		
f	Grants to other organizations for lobbying purposes?	X	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	48	3,462.
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	***************************************	X X		ASSESSED ASSESSED ASSESSED ASSESSED
n	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			5,412.
	Other activities?	- 27			8,874.
J	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		,0/20
	If "Yes," enter the amount of any tax incurred under section 4912			*****************	CARROLONIO INCIDENTA INCID
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			*****************	<b>CARROLINA DE PORTO D</b>
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	MODELE PORTO DE PORTO	CHARLES AND		
	t III-A Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(	5), or sec	tion	
heesesses	501(c)(6).		•		
SISTEMATICAL PROPERTY.		**************************************	******************************	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	? 3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1	***************************************	401010101010101010101010101010
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		****	******************	\$0.000.000.000.000.000.000.000.000.000.
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year				
C	Total				
3			1	HOLOGORIO POR PORTO POR PORTO PO	10001010101010101010101010101010101010
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of th	olitical			
	expenditure next year?		4	neconnectoron	YOLONGO OO O
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
lucconnon	t IV Supplemental Information		***************************************	SIGNAL PROPERTY OF THE PROPERT	renovement en
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
L'AT	RT II-B, LINE 1, LOBBYING ACTIVITIES:		HATAINENNINININININININININININ	***************************************	KANTOKO KANTOKO KANTOKO KANTOKO KA
AP'	S IS AN ORGANIZATION LOBBYING FOR THE CONTINUED FEL	DERAL I	INANC	IAL	************************************
SUI	PPORT FOR PUBLIC BROADCASTING. WITF SUPPORTS APTS AN	D ITS	CAUSE	•	
WA(	SES OF EMPLOYEES FOR TIME SPENT ON GAINING STATE FUN	DING.	nerediski kilokoli k	ngang Tabak Pakak Pa	
· constantina		annon anno anno anno anno anno anno ann	40000000000000000000000000000000000000		

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WITF, INC. Employer identification number 23-1629016

Pa	our our our of the state of the		or Accounts. Complete if the
**************	organization answered "Yes" on Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(A)	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	•	parameters, parameters,
6	Did the organization inform all grantees, donors, and donor ad		
~	for charitable purposes and not for the benefit of the donor or		-
	impermissible private benefit?	, , , , , ,	
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreati		f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic structure	oture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax
	year > vanamumumumumum		
4	Number of states where property subject to conservation ease	ment is located 🕨	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it $\boldsymbol{I}$	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	servation easements during the year
	www.commonous.commonous.commonous.com		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	tion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		parameter parame
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	**	ents that describes the
IDai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art Historical Traccures or Of	thar Cimilar Annata
Lrai	Complete if the organization answered "Yes" on Form 9		ulei Silillai Assets.
18	If the organization elected, as permitted under FASB ASC 958	·	
	of art, historical treasures, or other similar assets held for publications are residue in Flort VIII the text of the footnote to its finance		•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtr	nerance of public service,
	provide the following amounts relating to these items:		Δ.
	(i) Revenue included on Form 990, Part VIII, line 1		h .
^	• • • • • • • • • • • • • • • • • • • •	over a stranger aimiter agents for financia	
2	If the organization received or held works of art, historical treat		ıı gairi, provide
•	the following amounts required to be reported under FASB AS	**	<b>I</b> • • • • • • • • • • • • • • • • • • •
a	Revenue included on Form 990, Part VIII, line 1		
E.)	Assets included in Form 990, Part X		p

### Part VI | Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Complete if the organization answered Tes Ort Orth 300, Fart IV, line Tra. Geet Orth 300, Fart X, line To.									
Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value					
	basis (investment)	basis (other)	depreciation						
1a Land		1,542,360.		1,542,360.					
<b>b</b> Buildings		16,800,596.	7,559,857.	9,240,739.					
c Leasehold improvements		547,940.	306,339.	241,601.					
d Equipment		13,922,056.	10,651,829.	3,270,227.					
e Other		1,039,892.	973,611.	66,281.					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)									

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 WITF, INC.		23-	-1629016 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	*************************************	enguere en	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	**************************************		
(A)	**************************************		
(B)			**************************************
(C)			**************************************
(D)	**************************************		
(E)			**************************************
(F)	36746164616164646464646464646464646464646		30010141010141414161616161414161616161616
(G)	36746164616164646464646464646464646464646		korensennin on oktober oli
	***************************************		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			anni mananananananananananananananananananan
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	ot-year market value
(1)			
(2)	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$		
(3)	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$		
(4)	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$		900101010101010101010101010101010101010
(5)	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$		900101010101010101010101010101010101010
(6)	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$		
(7)	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$		900101010101010101010101010101010101010
(8)	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$		900101010101010101010101010101010101010
(9)	***************************************		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		1	
Income and the second s		44-1 0 5 000 5 / 5 45	
Complete if the organization answered "Yes" o	on Form 990, Part IV, line Description	TTG. See Form 990, Part X, line 15.	(b) Book value
	263011PtiOi1		(b) DOOK Value
	28/4010461046104616461646164616461646164616		***************************************
(2)	0.000.000.000.000.000.000.000.000.000.		***************************************
(3)	9141014110141014101410141014101410141014		***************************************
(4)	\$160016161616161616161616161616161616161		***************************************
(5)	9141014110141014101410141014101410141014		***************************************
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(7)	\$160016161616161616161616161616161616161		***************************************
(8)	28/4010461046104616461646164616461646164616		***************************************
(9)			***************************************
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15idaminia		
In the second contract of the second contract	on Form OOO Port IV line	110 or 11f Son Form 000 Dort V line 05	
Complete if the organization answered "Yes" of a Description of liability	ni roini 990, Pari IV, IIN9	THE OF THE GET POINT 990, Part A, IINE 25.	(b) Book value
	***************************************		INT FOOL ACTION
(1) Federal income taxes			

(2) CHARITABLE GIFT ANNUITY OBLIGATION 89,873 INTEREST SWAP LIABILITY 885,869. (3) INVESTMENT IN AFFILIATES 2,284,542. (4) BROADCAST RIGHTS 5,826. (5) (6)(7) (8)3,266,110. Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

23-1629016 Page 4 WITF, Schedule D (Form 990) 2019 INC. Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 11,067,600. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 838.847 108,228 Donated services and use of facilities c Recoveries of prior year grants 2c 078,900. Other (Describe in Part XIII.) -131,825. Add lines 2a through 2d 11,199,425. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 48,011 a Investment expenses not included on Form 990, Part VIII, line 7b 48 Other (Describe in Part XIII.) 48,011. c Add lines 4a and 4b 247,436. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 12,014,276. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c 100,695 d Other (Describe in Part XIII.) 2d100,695. Add lines 2a through 2d 11,913,581. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 48.011. a Investment expenses not included on Form 990, Part VIII, line 7b 42 **b** Other (Describe in Part XIII.) 48,011. c Add lines 4a and 4b 4c 961,592. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE ENDOWMENT FUNDS HAVE BEEN ESTABLISHED TO ENSURE THE CONTINUALITY OF THE ORGANIZATION. DISBURSEMENT OF FUNDS IS RECOMMENDED BY THE INVESTMENT AND FINANCE COMMITTEE TO THE BOARD OF DIRECTORS AND IS BASED ON THE CURRENT SIZE, GROWTH AND PERFORMANCE OF THE FUNDS AND THE NEEDS OF THE OPERATING BUDGET. PART X, LINE 2: ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY WITF, INCLUDING

MANAGEMENT EVALUATED THE

WHETHER THE ENTITY IS EXEMPT FROM INCOME TAXES.

TAX POSITIONS TAKEN AND CONCLUDED THAT WITF HAD TAKEN NO UNCERTAIN TAX

Part XIII Supplemental Information (continued)
POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED
FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME
TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. WITH
FEW EXCEPTIONS, WITF IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY
THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE JUNE
30, 2017.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN NET ASSETS OF COMMUNITY FOUNDATION -7,442.
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -750,122.
CHANGE IN CHARITABLE GIFT ANNUITY OBLIGATION -6,493.
NET PERIODIC PENSION COST -202,530.
BOOK/TAX DIFFERENCE ON SALE OF INVESTMENTS -213,008.
SUBSIDIARY INCOME 81,660.
FUNDRAISING EXPENSES 19,035.
TOTAL TO SCHEDULE D, PART XI, LINE 2D -1,078,900.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SUBSIDIARY EXPENSES 81,660.
FUNDRAISING EXPENSES 19,035.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 100,695.

## SCHEDULE F (Form 990)

Department of the Treasury

## Statement of Activities Outside the United States

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

Attach to Form 990.

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

Open to Public

Inspection

Internal Revenue Service Name of the organization Employer identification number WITF INC. 23-1629016 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (a) Region (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN ANTIGUA & BARBUDA, ARUBA, BAHAMAS, 0 INVESTMENT 1,444,694. 3 a Subtotal 0 0 1,444,694.

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

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Schedule F (Form 990) 2019

1,444,694.

and 3b)

b Total from continuation

sheets to Part I c Totals (add lines 3a

Part II 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.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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					· · · · · · · · · · · · · · · · · · ·	quarinina		an punisarian de la companya del companya de la companya del companya de la compa
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						quisienenenenenenenenenenenen	mananananananananananananananananananan	
							mana anta anta anta anta anta anta anta	
		parameteria de la compania de la co				and the second s		
			ecognized as charities by the t					
by the IRS, or for which <b>3</b> Enter total number of	ch the grantee or cou other organizations o	nsel has provided a sect or entities	tion 501(c)(3) equivalency lettel			<b>&gt;</b>		

Page 2

Schedule F (Form 990) 2019

WITF, INC. Part III 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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash noncash assistance assistance

23-1629016 Page 4

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	X 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	X 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)	X Yes	No 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	X 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	X 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	X No

Schedule F (Form 990) 2019

# **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer ide	ntification number
WITF, I	NC.					23-1629	016
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais     X Mail solicitations     X Internet and email solicitations     X Phone solicitations     X In-person solicitations     X In-person solicitations	sed funds through any of the followin  e X Solicita  f X Solicita  g X Special  or oral agreement with any individual eart VII) or entity in connection with providuals or entities (fundraisers) pursu-	tion of tion of fundra (incluc	non-g gover aising ding of onal fo	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
CONTRIBUTOR DEVELOPMENT		Yes	No		nenononon	947 O LO KORO (O TOLO KORO) (O	
PARTNERSHIP - 10 GUEST	DIRECT MAIL	Juennen	Х	1,364,491.		240,000.	1,124,491.
ACD DIRECT, INC 520 N MARKETPLACE DRIVE. SUITE 200,	ON-AIR PLEDGE PHONE ANSWERING		х	816,646.		25,404.	791,242.
		***************************************			***************************************		***************************************
		e quescresconos es	energia de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición de la composición dela composición dela compo		4640401040401		<i></i>
					nennanana		***************************************
		dueseessesses					
			enantanananan	prominentalista de la companya del companya de la companya del companya de la comp		AND	menonen en
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ana kana kana kana kana kana kana kana	guaren son acesto esta acesto esta esta esta esta esta esta esta esta
Total  3 List all states in which the organization	n is registered or licensed to solicit o	and the second section of the second	L L	2,181,137. or has been notified	it is e	265,404.	1,915,733.
or licensing.						management (10)	
PA		enches este societados este	unannananan		olonolok kolon		
		OKOKOKOKOKOKOKOKOK	lekelekelekelekelek		OLOROLOROLORO		
			HOTOLOGICA OLORO	respondentes esta esta esta esta esta esta esta e	OLOFOLO KOROLO KO	***************************************	
					okoronononon		

LFC		of fundraising event contributions and gro	•	· · · · · · · · · · · · · · · · · · ·		· ·
***************************************	peteresea		(a) Event #1 TRAVEL CLUB TRIPS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
nue			(event type)	(event type)	(total number)	COI. ( <b>C</b> ))
Revenue	1	Gross receipts	19,435.			19,435.
	2	Less: Contributions	19,053.	<del></del>		19,053.
ouereneren.	3	Gross income (line 1 minus line 2)	382.	<b>A</b>		382.
	4	Cash prizes			***************************************	
so.	5	Noncash prizes			***************************************	
Direct Expenses	6	Rent/facility costs		***************************************		***************************************
rect Ey	7	Food and beverages	382.			382.
Ö	8	Entertainment				
	9	Other direct expenses			<u> </u>	200
	10	Direct expense summary. Add lines 4 through			bo.	382. 0.
Dε	<u>III</u> irt l	Net income summary. Subtract line 10 from li  Gaming. Complete if the organization a		990 Part IV line 19 or		V •
L		\$15,000 on Form 990-EZ, line 6a.	anowered res orround	1000, 1 art 14, iii 10 10, 01	roportou more than	
*********	processor.			(b) Pull tabs/instant		(d) Total gaming (add
nge			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
LI.	1	Gross revenue				***************************************
Ses	2	Cash prizes		manacana ma		mannen an ann an a
Expenses	3	Noncash prizes		mananananananananananananananananananan		and the second s
Direct	4	Rent/facility costs				
SECTE AS A	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes % No	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
-	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b></b>	
0	En:	ter the state(a) in which the organization condu	oto garning activities:			
9		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	6.00000			Yes No
		No," explain:		amanananananananananananananananananana		
	********					
		ere any of the organization's gaming licenses re Yes," explain:	·	rminated during the tax	year?	Yes No
	NOT THE REAL PROPERTY.	-				

Sch	nedule G (Form 990 or 990-EZ) 2019 WITF, INC.	23-16	29	016	Page 3
	Does the organization conduct gaming activities with nonmembers?			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming activity conducted in:			,	
	a The organization's facility		13a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	b An outside facility		13b	************	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	,			
	Name ►	THE REPORT OF THE PERSON OF TH	***************************************	2161018161616161616	
	Address	HARRESTON STONES (STONE)	TO TO TO TO TO TO TO TO	010101010101010101010	THE STATE OF THE S
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[		Yes	No
	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	nt			
	of gaming revenue retained by the third party ▶\$				
	c If "Yes," enter name and address of the third party:				
	Name Name	necesetetetetetetetete		0101010101010101010	24.2.4.2.4.2.4.2.4.2.4.2.4.2.4.2.4.2.4.
	Address -	TOTOLOGICA DE LO PORTO DE PORTO.	CANADA AN	and	
16	Gaming manager information:				
	Name >				
		UNIONE POR PROPERTO POR POR POR POR POR POR POR POR POR PO			010101010101010101010101010101010
	Gaming manager compensation > \$				
	Description of services provided				
		statutarista tatuta tatuta tata			010761016761016161616161616161616
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	[		Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in				
************	organization's own exempt activities during the tax year 🕨 💲				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	.nd Part I	II, lin	es 9, 9	9b, 10b,
*********	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	TO CONTRACTOR OF THE POSITION			040404040404040404040404040
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	SERS:			
NAME OF THE OWNER, WHEN		valorioloxioloxioloxioloxio	*****************	3161616161616161616	000000000000000000000000000000000000000
NAME OF TAXABLE PARTY.		VAIDEN OLONIO DEN OLONIO DE S	CHOLOROL HO	erekerekerekerekere	010101010101010101010101010101010
(I	) NAME OF FUNDRAISER: CONTRIBUTOR DEVELOPMENT PARTNERSHIP				
***************************************		401010101010101010101010101		0101010101010101010	
<u>(</u> I	) ADDRESS OF FUNDRAISER: 10 GUEST STREET, 5TH FLOOR, BOSTON	, MA	0	213	5
SECTION AND		***********************		0101015101010101010	912161216161616161616161616161616
/ T	NAME OF FUNDDATCED. ACD DIDECE THO				
<u>(</u> I	NAME OF FUNDRAISER: ACD DIRECT, INC.	HALOHAKOKOKOKOKOKOKOKO			
( I	) ADDRESS OF FUNDRAISER:				
eninene.		VARATRICATARIA			0107610167610761076107610761076
52	O N MARKETPLACE DRIVE. SUITE 200, CENTERVILLE, UT 84014				

# SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

**Compensation Information** 

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

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

➤ Attach to Form 990.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WITF, INC.

**Questions Regarding Compensation** 

Employer identification number 23-1629016

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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	The organization?	5а	nenezenezen	X
b		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
a	The organization?	6а	X	
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	,	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	( <b>F)</b> Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(1)	reported as deferred on prior Form 990
(1) RONALD HETRICK III	(i)	248,239.	27,525.	0.	14,894.	6,747.	297,405.	0.
PRESIDENT AND CEO	(iii)	0.	0.	0.	0.	0.	0.	0.
(2) RONALD KAIN, JR.	(i)	157,729.	14,449.	0.	9,464.	6,584.	188,226.	0.
VICE PRESIDENT (NON-VOTING)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CARA FRY	(i)	160,401.	21,861.	0.	9,624.	11,187.	203,073.	0.
SVP/CHIEF CONTENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
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	(ii)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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	J(ii)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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	(ii)		***************************************	***************************************	***************************************	***************************************	quement de la constant de la constan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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	<u>(ii)</u>						<u> </u>	

chedule J (Form 990) 2019 WITF, INC.	23-1629016	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also con	nplete this part for any additional informat	ion.
PART I, LINE 6:		
PART OF THE EXECUTIVE BONUSES ARE BASED ON EXCEEDING BUDGETED NET REVENUE	•	
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# SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

INC.

WITF

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

Employer identification number 23-1629016

Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods 133,405. SALE PRICE/FMV Cars and other vehicles 223 6 X Boats and planes 7 Intellectual property 8 X 13 98,068.FMV Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other ... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. X 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

LHA

# **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WITF, INC.

Employer identification number 23-1629016

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
WORKFORCE TRAINING AND TELECOMMUNICATION SERVICES TO BUSINESSES AND
AGENCIES
EXPENSES \$ 274,958. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,980.
FORM 990, PART V, LINE 1C:
THE ORGANIZATION DID NOT HAVE ANY INSTANCES WHERE BACKUP WITHHOLDING
WAS REQUIRED; HOWEVER, IF THE SITUATION WOULD ARISE, THE ORGANIZATION
IS AWARE OF THE REPORTING REQUIREMENTS AND WOULD HANDLE THAT
ACCORDINGLY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WILL BE REVIEWED BY THE AUDIT COMMITTEE AND THE FULL BOARD OF
DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY COVERS ALL EMPLOYEES AND THE BOARD OF
DIRECTORS. ANNUALLY, A QUESTIONAIRE IS SENT OUT TO ALL OFFICERS, KEY
EMPLOYEES, AND DIRECTORS WHICH ASKS THEM TO DISCLOSE ANY RELATIONSHIPS,
BUSINESS OR PERSONAL, THAT HAD A POTENTIAL TO RAISE A CONFLICT OF INTEREST.
CONFLICTS ARE REVIEWED AT THE EXECUTIVE LEVEL WHERE THEY DETERMINE IF THOSE
CONFLICTS ARE ACTUAL CONFLICTS. IF CONFLICTS ARE FOUND, SAFEGUARDS ARE
ESTABLISHED TO PROTECT ALL PARTIES.

Name of the organization Employer identification number WITF, INC. 23-1629016 IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT/CEO, HUMAN RESOURCES CONDUCTED A SURVEY OF COMPARABLE MARKET DATA THAT WAS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE SALARY AND BONUS FOR THE PRESIDENT WAS RECOMMENDED BY THE EXECUTIVE COMMITTEE, AND APPROVED BY THE BOARD OF DIRECTORS, AND AN EMPLOYMENT CONTRACT STATING THE SALARY AND BONUS WAS SUBMITTED BY THE CHAIRMAN TO HUMAN RESOURCES. THE DELIBERATION AND DECISION PROCESS WAS CONTEMPORANEOUSLY DOCUMENTED. THE PROCESS FOR DETERMINING COMPENSATION OF THE REMAINING OFFICERS IS AS FOLLOWS: BASE SALARIES ARE ADJUSTED BASED ON COMPARABLE MARKET DATA WHICH IS REVIEWED BY THE PRESIDENT. THE PRESIDENT PREPARES A WRITTEN EMPLOYEE EVALUATION TO DETERMINE IF THE GOALS HAVE BEEN MET AND INDICATES ON THE EVALUATION THE BONUS THAT SHOULD BE RECEIVED. THE EVALUATIONS ARE FORWARDED TO HUMAN RESOURCES. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND THE AUDITED FINANCIAL STATEMENTS ARE POSTED ON WITF.ORG. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN NET ASSETS OF COMMUNITY FOUNDATION -7,442. CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -750,122. CHANGE IN CHARITABLE GIFT ANNUITY OBLIGATION -6,493. LOSS ON ITEMS OF COMPONENT OF NET PERIODIC PENSION COST -202,530. BOOK/TAX DIFFERENCE ON SALE OF INVESTMENTS -213,008. TOTAL TO FORM 990, PART XI, LINE 9 -1,179,595. FORM 990, PART XII, LINE 2C: THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization WITF, INC.	Employer identification number 23-1629016
THE SELECTION OF THE INDEPENDENT ACCOUNTANT. THE PROCESS	HAS NOT
CHANGED SINCE THE PRIOR YEAR.	
	***************************************

### SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

WITF, INC.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-1629016

	(a)	(b)	(c)	12,1	(e)		(f)	
	(a) Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	(d) r Total inco	1	assets Direct	controlling	g 
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, I	oecause it had one	or more related tax-ex	empt	
	<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
					501(c)(3))		Yes	No
MAKANIKANIKANIKANIKANIKANIKANIKANIKANIKAN								
						I		) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	[ (I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Olling Predominant income Share of total Share of crelated, unrelated, income end-of-year excluded from tax under exclusions?		General o managing partner?	Percentage ownership				
		country)		580110115 3 12-3 14)	***************************************	*************************************	Yes	<u>No</u>	K-1 (Form 1065)	YesiNo	SHILLIAN SANTAN
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West 1000000000000000000000000000000000000											
						***************************************					
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		i) etion b)(13) rolled iity?
WITF ENTERPRISES, INC 25-1865441					***************************************				
4801 LINDLE ROAD									
HARRISBURG, PA 17111	RADIO BROADCASTING	PA	WITF, INC.	C CORP	-81,659.	806,985.	100%	X	
				***************************************	***************************************	( <u>                                     </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				***************************************		***************************************			***************************************
					<u> </u>		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	general services
			28 000 000 000 000 000 000 000 000 000 0						

# Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 Du	ring the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	in Parts II-IV?			
a Rec	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>/</i>			1a		X
	t, grant, or capital contribution to related organization(s)						X
	t, grant, or capital contribution from related organization(s)						X
	ans or loan guarantees to or for related organization(s)					X	
	ans or loan guarantees by related organization(s)						X
# Div	idende from related organization(s)				16		x
n Sal	ridends from related organization(s)				1g		X
	e of assets to related organization(s) rchase of assets from related organization(s)				8		ΙX
					··· managanan	ļ	X
I EX	change of assets with related organization(s)				···		ГX
J L.O	ase of facilities, equipment, or other assets to related organization(s)						7.7
k Lea	ase of facilities, equipment, or other assets from related organization(s)				1k		х
I Pei	rformance of services or membership or fundraising solicitations for related organ	nization(s)			11	X	*************
	rformance of services or membership or fundraising solicitations by related organ						X
	aring of facilities, equipment, mailing lists, or other assets with related organization						X
	aring of paid employees with related organization(s)					X	************
	<b>V</b> , ,					***************************************	/
p Rei	imbursement paid to related organization(s) for expenses				1p		Х
q Rei	imbursement paid by related organization(s) for expenses				1q		X
r Oth	ner transfer of cash or property to related organization(s)				1r		Х
					8		X
2 If th	ne answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	elationships and transaction thresholds.			
	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	t involved	40104010101010101010	101010110101010101010
1) WIT	F ENTERPRISES, INC	D	3,091,527.	FMV		SASTANSASTANSASTANSAS	TO SO FOR SO FOR SO FOR SO
2)							
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3)							
41							
4)		gunnamen meneramen m			94.000.000.000.000.000.000.000.000.000.0	AND TO AND	NOTO DE PORTO DE POR
5)							
6)		<u> </u>				***************************************	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile		Are all partners sec	Share of	Share of	Dispropor- tionate		General or	Percentage
of entity	, ,	(state or foreign	(related, unrelated,	partners sec. 501(c)(3) orgs.?	total	end-of-year	tionate allocations?	amount in box 20	managing	ownership
•		country)	excluded from tax under sections 512-514)	Yes No	income	assets	Yes No	of Schedule K-1 (Form 1065)	Van No	
	peroxenencenencesconesconesconesconesconescon	<i>นนาดจะเกลาการคลากการคลากการคลากการคลาก</i>		162 140	(1117-1010-1010-1010-1010-1010-1010-1010	UUTETOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTO	162 140	(1 01111 1000)	resinu	
	110701010101010101010101010101010101010	***************************************	unanamanamanamanamanamanamanaman		QUA GA O O O O O O O O O O O O O O O O O O	MITATOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************
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				JJJ					II	

Exempt Organization Business Income Tax Return Eorm 990-T OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020 Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service D Employer identification numbe Name of organization ( Check box if name changed and see instructions.) Check hox if (Employees' trust, see address changed **B** Exempt under section WITF, INC. 23-1629016 Print E Unrelated business activity code or X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions.) Type 4801 LINDLE ROAD 408(e) 220(e) 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) HARRISBURG, PA 17111 515100 G Book value of all assets F Group exemption number (See instructions.) at end of year 50, 277, 731. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here **SEE STATEMENT** 1 . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of GLENDA MOYER, DIRECTOR OF FINANCE 704-3000 Telephone number Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales c Balance **b** Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 2 3 Gross profit, Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h Capital loss deduction for trusts C 4c Income (loss) from a partnership or an S corporation (attach statement) 5 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 Total. Combine lines 3 through 12 Part II **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 Salaries and wages 15 15 Repairs and maintenance 16 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 20 Depreciation (attach Form 4562) 20 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 22 Contributions to deferred compensation plans 23 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) 25 Excess readership costs (Schedule J) 26 26 Other deductions (attach schedule) 27 27 Total deductions. Add lines 14 through 27 28 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 0. (see instructions) 30 Unrelated business taxable income. Subtract line 30 from line 29 31

EXTENDED TO MAY 17, 2021

Part		<u> [otal Unrelated Business Tax</u>	kable Income						
32	Total of	unrelated business taxable income compu	ited from all unrelated trades	or businesses (	see instructions)		32	4,2	86.
33	Amount	s paid for disallowed fringes					33		
34	Charitab	le contributions (see instructions for limit					34		0.
35		related business taxable income before pro					35	4,2	86.
36		on for net operating loss arising in tax yea					36		*************
37		unrelated business taxable income before					37	4,2	86.
38		deduction (Generally \$1,000, but see line					38	1,0	
39	•	ed business taxable income. Subtract lin	•	,				onerna romani antoni di maroni di	nemental entre
		n / n n		· ·	,		39	3,2	86.
Part	īV 🗀	ax Computation	et et elektriste til koloniste et elektriste elektriste til koloniste elektriste elektriste elektriste til koloniste elektriste elek				-duning and a succession		***************************************
40	Organiz	ations Taxable as Corporations. Multiply	line 39 bv 21% (0,21)		101011-1010-1010-1010-1010-1010-1010-1		40	6	90.
41		axable at Trust Rates. See instructions for						ourenerenerenereneren ine	NOVORONO POR O PORTORONO
• •	·····		orm 1041)				41		
42		x. See instructions					42	************************	***************************************
43		ive minimum tax (trusts only)					43		VOLUMBURENOS
44	Tayon	Noncompliant Facility Income. See instru	ıctions				44		****************
45	Total A	dd lines 42, 43, and 44 to line 40 or 41, w	hichever annlies				45	6	90.
Part	V	Tax and Payments	monovor appnos				1.77.1		
llenonementenen	nununuknun	tax credit (corporations attach Form 1118	· truete attach Form 1116)		46a				gonegonyongonyong
					8	*********************************	-		
					8 1	***************************************	-		
C			004 ar 0007\				-		
		or prior year minimum tax (attach Form 88					4		
		edits. Add lines 46a through 46d					46e		90.
47		t line 46e from line 45		0007 [ ] r	0000 [ ] 011		47		<u> </u>
48			Form 8611 Form			(attach schedule)	48		~~
49	Total ta	x. Add lines 47 and 48 (see instructions)					49		<u>90.</u>
50		t 965 tax liability paid from Form 965-A or			8 8		50		0.
		ts: A 2018 overpayment credited to 2019				517.			
		timated tax payments				1,183.			
C	Tax dep	osited with Form 8868			51c				
d	Foreign	organizations; Tax paid or withheld at sou	rce (see instructions)		<u>51d</u>	******************************			
6	Backup	withholding (see instructions)			51e	401010101010101010101010101010101010101			
		or small employer health insurance premiu			51f				
g	Other cr	edits, adjustments, and payments:	Form 2439	and the same of th					
		rm 4136	Other		***************************************				
52	Total pa	yments. Add lines 51a through 51g					52	1,7	<u>00.</u>
53		ed tax penalty (see instructions). Check if I					53		onement onemens
54		. If line 52 is less than the total of lines 49					54		samonano manonano m
55		ment. If line 52 is larger than the total of		mount overpaid			55	1,0	<u> 10.</u>
56		e amount of line 55 you want: <b>Credited to</b>				efunded 🔛	56		0.
Part	<u>VIII.</u>	Statements Regarding Certa	in Activities and Ot	her Informa	<b>ition</b> (see instr	uctions)		nerenenen en	nguenenenenenene
57	At any t	ime during the 2019 calendar year, did the	organization have an interes	st in or a signatu	re or other authority	1		Yes	No
	over a fi	nancial account (bank, securities, or other	) in a foreign country? If "Ye	s," the organizati	on may have to file				
	FinCEN	Form 114, Report of Foreign Bank and Fin	ancial Accounts. If "Yes," ent	er the name of th	ne foreign country				
	here				**************************************		#10101010101010101010101010101010101		<u> </u>
58	During 1	he tax year, did the organization receive a	distribution from, or was it t	the grantor of, or	transferor to, a fore	eign trust?			<u> X</u>
	If "Yes,"	see instructions for other forms the organ	ization may have to file.						
59		e amount of tax-exempt interest received (		anna a fana a a a a a a a a a a a a a a					J
Δ:	Un co	der penalties of perjury, I declare that I have exam rect, and complete. Declaration of preparer (other	ined this return, including accomp than taxpaver) is based on all info	anying schedules ar rmation of which pre	nd statements, and to the eparer has anv knowled	ne best of my knowle ae.	dge and belief,	it is true,	
Sign			a			- Walter	lav the IRS disc	uss this return v	with
Here		<b>,</b>		PRESI	DENT AND		ne preparer show		
***************		Signature of officer	Date	Title	equino monte monte a contrata de manero monte de manero de manero de manero de manero de manero de manero de m	ìr	nstructions)?	X Yes	No
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Paid		DOUGLAS L. BERMAN,	DOUGLAS L.	BERMAN,		self- employed	8		
	arer	CPA	CPA	40000000000000000000000000000000000000	01/29/21		reneral de la constante de la c	269555	40101010101010101010101
	Only	Firm's name ▶ RKL LLP		01010101010101010101010101010101010101	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Firm's EIN 🕨	23-	210817	3
			CORD ROAD, PO	BOX 21	439				
		Firm's address > YORK, PA	17402			Phone no.	717-84	3-3804	

Schedule A - Cost of Goods	<b>s Sold.</b> Enter	method of inver	itory v	aluation ⊳ N/A		enterorium de senterorium enterorium enteror			
1 Inventory at beginning of year	renenanarynanaranaranynaranara			Inventory at end of year	·····		6		***************************************
2 Purchases			7	Cost of goods sold. Su					***************************************
3 Cost of labor				from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section				Yes	No
<b>b</b> Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income	(From Real	Property and	Per	sonal Property L	ease	d With Real Prope	erty)		
(see instructions)	***************************************								***************
1. Description of property									
(1)		***************************************							<u> </u>
(2)			MOTOLOGICA (MATOLOGICA)						YOROKO KOKO KOKO KOK
(3)			MOTOLOGICA (MATOLOGICA)						VOTOKO KATOKO KOKO KOKO
(4)			*******		SASA 1818A 1818A 188				**************
		ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	` of rent for p	personal	onal property (if the percentac property exceeds 50% or if ed on profit or income)	ge	<b>3(a)</b> Deductions directly of columns 2(a) and	connected d 2(b) (atta	I with the income in ach schedule)	I
(1)	***************************************		01010101010101010101010101010101010101				40101010101010101010101	***************************************	uraurauraurau
(2)		),		***************************************				\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	green and a section of
(3)		),		***************************************				\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	green and a section of
(4)	***************************************								STORESTORES
Total	0.	Total			0.		menementenenen		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instru	ctions)					
			2	. Gross income from		<ol><li>Deductions directly conne to debt-finance</li></ol>			
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(	b) Other deduction (attach schedule)	IS
(1)	***************************************								voterotenotenotes
(2)	VII TOKO KOLO KIRA KATO KATO KATO KATO KATO KATO KATO KAT	04000000000000000000000000000000000000		***************************************	***********	1916 1616 1616 1616 1616 1616 1616 1616	enturen errena	CHEROLOGICAL REPORT OF THE PROPERTY OF THE PRO	*****************
(3)	***************************************	04.000.000.000.000.000.000.000.000.000.							serenenenenenen
(4)	***************************************	***************************************	wdp						SOLIOKISKISKISIS
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		, Allocable deduct lumn 6 x total of co 3(a) and 3(b))	
(1)		34.47.01.01.01.01.01.01.01.01.01.01.01.01.01.	nd pennenna	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		karenakarakarenakarakarenakarenakarenakarenakarenakarenakarenakarenakaren			***************************************
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(3)				%					***************************************
(4)				%	humanananan			10101010101010101010101010101010101010	***************************************
			ni li enerene en			nter here and on page 1, Part I, line 7, column (A).		er here and on pag rt I, line 7, column	
Totals						0.	. [		0.
Total dividends-received deductions in						<b>b</b>			Ö.

Schedule F - Interest,	Annuiue	s, Royai I	ues, an	nyuurrararararararara	Controlled O	noteresenenes en escreteres en		ILIOIIS	s (see ins	struction	(S)
1. Name of controlled organiz	ation	<b>2.</b> Em identifi num	cation	3. Net uni	related income e instructions)	4. Tot	al of specified nents made	includ	rt of column 4 led in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
(1)	***********************************					aurenementenemen	**************************************				
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations										
7. Taxable Income		inrelated incon see instruction		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 tha ng orgar s income	nization's	<b>11</b> . De with	ductions directly connected nincome in column 10
(1)		*****************************		al unancernance and a second	016101610101616161616161616161616161616		440101010101010101010101010101010101010	ransanan anakar		nenenenenenen	
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(4)	ours) processor and a second construction	********************	101. HOLOHOL HOLOHOL HOLO				114001400141014014014014014014014014014	A AORENO DE AOREN		AUGUSTON TONORON TON	0.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.0
- Andrews	and the second			editaeranorenen en			Add colun Enter here and line 8, c		e 1, Part I,	Enter h	dd columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals						🔊			0.		0 .
Schedule G - Investme	ent Incor	ne of a S	Section	501(c)(7	7), (9), or (	17) Org	janization				
(SOO INS	structions)	***************************************		164616161616161616161616161616161616161	The second se		3. Deduction	ns		ionaleste teste test	5. Total deductions
1. Des	scription of inco	me			2. Amount of	income	directly conne (attach sched	cted	4. Set- (attach s	asides schedule)	and set-asides
					-	***************************************	(attach sched	iute)	La companya di santa		(col. 3 plus col. 4)
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(4)	40101610161616161616161616161616161616	rantorokokatakokokokokokokokok									anan garasaranan ananan an
					Enter here and o Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B).
Totals				<b>&gt;</b>		0.					0.
Schedule I - Exploited	l Exempt	Activity	Incom		A		g Income				
(see inst	ructions)	************	qerosonosonosonosonosonos		representation de la constantina de la	eneral and a second and a second		natarakan kataran	upunan manan m		
Description of exploited activity	unrelated incom	Gross business e from business	directly with pr of un	openses connected oduction irelated ss income	4. Net incom from unrelated business (co minus colum gain, comput through	I trade or lumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								·			
(2) 	and processes and a second	101010101010101010101010101010101	***************************************	ion del constante del constante de l'acceptant de l			***************************************	KOLOKOKOKOKOKOK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lonelokerelonelokerelonel	
(3)	ound processors as a second constant				D presentation and a service a		4440704076404070407640704076407640764076	********			react) penseraloreas en
(4)			***************************************								
	page 1 line 10,	re and on , Part I, col. (A).	page '	ere and on 1, Part I, , col. (B).		necescos con consciences con consciences con consciences con con consciences con conscience		***************************************			Enter here and on page 1, Part II, line 25.
Schedule J - Advertis			nstructio		L	***************************************					
Part I Income From				,	solidated	Basis	***************************************	enemanum enema			
	an and a superior and	TOTO SECULO TOTO SECULO TOTO SECULO TOTO SE	annanan ang pananananan	V-1010111111111111111111111111111111111	anany amananananananana	10.10.10.10.10.10.10.10.10.10.10.10.10.1	oneny mananana ana ana ana ana ana ana ana	***********	egresseratores estatores e	reneranskeresterester	***************************************
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c	ising gain ol. 2 minus ain, comput irough 7.	5. Circulat e income		6. Read cost		Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											401840X000000000000000000000000000000000
(2)											
(3)		en e		***************************************			***************************************	u distribution distrib			
(4)		***************************************	1	1010101010101010101010101010101				901-0101010101010101	<i>Q</i>		
						1010101010101010101010101010101	***	967.816161616161616161		***************************************	paranaranaranaranaranaranaranaranaranara
Totals (carry to Part II, line (5))	<b>»</b>		0.	0	•	***************************************		************	<u> </u>		0.

Part II	Income	From	Periodical	s Reported	on a	Separate Ba	asis	(For each periodical listed	l in Part I	l, fill in
	columns 2	throug	h 7 on a line-b	y-line basis.)						

			·····			
1. Name of periodical	<b>2.</b> Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.
Cahadula V Campanatia	n of Officers I	livantara and	Temptoon (:	4 4 ! \		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	<b>2.</b> Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2019)

WITF, INC. 23-1629016

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

# FACILITIES RENTALS AND TELECOMMUNICATIONS

TO FORM 990-T, PAGE 1

### 1

# SCHEDULE M (Form 990-T)

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020 ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Employer identification number Name of the organization 23-1629016

WITF, INC. 515100 Unrelated Business Activity Code (see instructions) ▶ WITF - FOR PROFIT Describe the unrelated trade or business **Unrelated Trade or Business Income** (B) Expenses (A) Income (C) Net 1a Gross receipts or sales Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 12 0. 13 Total. Combine lines 3 through 12 directly connected with the unrelated business income.)

Part | Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	0.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Employer identification number

23-1629016

# 2

SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No. 1545-0047

2019

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

WITF, INC.

Unrelated Business Activity Code (see instructions) ▶ 515100

	Inrelated Business Activity Code (see instructions)   51510 Describe the unrelated trade or business  MEDIA SOL		ONS		
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance >	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
C	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6	191,950.		191,950.
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	Total, Combine lines 3 through 12	13	191,950.		191,950.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

************		***************************************	
14	Compensation of officers, directors, and trustees (Schedule K)	14	6,309.
15	Salaries and wages	15	59,770.
16	Repairs and maintenance	16	4,865.
17	Bad debts	17	3,220.
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562) 20 15,039.		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	15,039.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	4,691.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 2	27	75,680.
28	Total deductions. Add lines 14 through 27	28	169,574.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	22,376.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) STMT 3	30	18,090.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	4,286.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

WITF, INC. 23-1629016

DESCRIPTION  UTILITIES TELEPHONE RENT SUPPLIES GAS AND OIL - VEHICLES FREELANCE SERVICE PROFESSIONAL FEES PENSION FEES BROKERAGE FEES CREDIT CARD FEES DATA PROCESSING SERVICES TRAVEL RECRUITMENT EXPENSE ADVERTISING		7,151. 600. 25,434. 399. 208. 853. 2,055. 2,758. 1,864. 392. 130. 485. 152. 164. 286.
TELEPHONE RENT SUPPLIES GAS AND OIL - VEHICLES FREELANCE SERVICE PROFESSIONAL FEES PENSION FEES BROKERAGE FEES CREDIT CARD FEES DATA PROCESSING SERVICES TRAVEL RECRUITMENT EXPENSE		600. 25,434. 399. 208. 853. 2,055. 2,758. 1,864. 392. 130. 485. 152. 164.
RENT SUPPLIES GAS AND OIL - VEHICLES FREELANCE SERVICE PROFESSIONAL FEES PENSION FEES BROKERAGE FEES CREDIT CARD FEES DATA PROCESSING SERVICES TRAVEL RECRUITMENT EXPENSE		600. 25,434. 399. 208. 853. 2,055. 2,758. 1,864. 392. 130. 485. 152. 164.
SUPPLIES GAS AND OIL - VEHICLES FREELANCE SERVICE PROFESSIONAL FEES PENSION FEES BROKERAGE FEES CREDIT CARD FEES DATA PROCESSING SERVICES TRAVEL RECRUITMENT EXPENSE		399. 208. 853. 2,055. 2,758. 1,864. 392. 130. 485. 152.
GAS AND OIL - VEHICLES FREELANCE SERVICE PROFESSIONAL FEES PENSION FEES BROKERAGE FEES CREDIT CARD FEES DATA PROCESSING SERVICES TRAVEL RECRUITMENT EXPENSE		208. 853. 2,055. 2,758. 1,864. 392. 130. 485. 152.
FREELANCE SERVICE PROFESSIONAL FEES PENSION FEES BROKERAGE FEES CREDIT CARD FEES DATA PROCESSING SERVICES TRAVEL RECRUITMENT EXPENSE		853. 2,055. 2,758. 1,864. 392. 130. 485. 152.
PROFESSIONAL FEES PENSION FEES BROKERAGE FEES CREDIT CARD FEES DATA PROCESSING SERVICES TRAVEL RECRUITMENT EXPENSE		2,055. 2,758. 1,864. 392. 130. 485. 152.
PENSION FEES BROKERAGE FEES CREDIT CARD FEES DATA PROCESSING SERVICES TRAVEL RECRUITMENT EXPENSE		2,758. 1,864. 392. 130. 485. 152. 164.
BROKERAGE FEES CREDIT CARD FEES DATA PROCESSING SERVICES TRAVEL RECRUITMENT EXPENSE		1,864. 392. 130. 485. 152. 164.
CREDIT CARD FEES DATA PROCESSING SERVICES TRAVEL RECRUITMENT EXPENSE		392. 130. 485. 152. 164.
DATA PROCESSING SERVICES TRAVEL RECRUITMENT EXPENSE		130. 485. 152. 164.
TRAVEL RECRUITMENT EXPENSE		485. 152. 164.
RECRUITMENT EXPENSE		152. 164.
ADVERTISING		
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POSTAGE		
OUTSIDE PRINTING		14.
AFFILIATE DUES AND FEES		380.
PREMIUMS AND PROMOTIONAL ITEMS		7.
BOARD MEETING EXPENSE INSURANCE EXPENSE		1.
INTEREST EXPENSE		3,493. 11,573.
TAXES AND LICENSES		99.
MISCELLANEOUS EXPENSE		174.
INTERNET DEVELOPMENT		1,791.
DUES AND SUBSCRIPTIONS		7,516.
BARTER EXPENSE		2,801.
PROGRAM PRODUCTION		4,900.
TOTAL TO SCHEDULE M, PART II, LINE 27		75,680.
SCHEDULE M NET OPERATING LOSS DE	DUCTION	STATEMENT 3
LOSS PREVIOUSLY TAX YEAR LOSS SUSTAINED APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19 18,090.	18,090.	18,090.
NOL CARRYOVER AVAILABLE THIS YEAR	18,090.	18,090.

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Common (Coro) same as a manage a		San viete	
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)			
1. Name	<b>2.</b> Title	<ol><li>Percent of time devoted to business</li></ol>	Compensation attributable to unrelated business
(1)	SVP/CHIEF	%	
(2) RONALD KAIN	TECHNOLOGY OFFICER	4.00%	6,309.
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			6,309.

Form **990-T** (2019)