# (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

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

Α	For th	e 2019 calendar year, or tax year beginning and end	ding		
В	Check if applicab	C Name of organization		D Employer identifie	cation number
	Addr	HI HOW ARE YOU FOUNDATION, INC.			
	Name chan			82-41566	99
	Initial return		om/suite	E Telephone number	
	Final	P.O. BOX 49845		917-853-	0568
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	363,829.
	Amer	AUSIIN, IX 70705		H(a) Is this a group re	
	Appli tion pend			for subordinates	? Yes X No
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( )	527	•	list. (see instructions)
		te: WWW.HIHOWAREYOU.ORG	1. 1/	H(c) Group exemption	
	ert I		<b>L</b> Year c	of formation: ZUIO N	State of legal domicile: <b>TX</b>
			ווחשטי	T.E. O	
Se	1	Briefly describe the organization's mission or most significant activities: SEE SCI	.111100	пв О	
Governance	2	Check this box  if the organization discontinued its operations or disposed	l of more	than 25% of its not as	eate
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		1 1	4
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
တို	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
)İtie	6	Total number of volunteers (estimate if necessary)			25
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		23,446.	190,657.
Revenue	9	Program service revenue (Part VIII, line 2g)		7,292.	123,208.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	35,663.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,738.	349,528.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots\dots}$		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25)   16,803		12 000	261 015
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,000. 12,000.	261,915. 261,915.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,738.	87,613.
_ 0	19	Revenue less expenses. Subtract line 18 from line 12	Box		
Net Assets or Find Balances	200	Total accets (Part V. line 16)		ginning of Current Year 18,738.	End of Year 121,046.
ASSE	20	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)		0.	14,695.
Net/	22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		18,738.	106,351.
P	art II			2077001	200,0021
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	nd stateme	ents, and to the best of m	/ knowledge and belief, it is
true	e, corre	ct, and c <del>om</del> plete. Declaration of preparer (other than officer) is based on all information of which i	preparer	has any knowledge.	
		Thomas Cimbal (May 12, 2020 11:00 CST)	<u> </u>	Nov 13, 20	20
Sig	ın	Thomas Gimbel (Nov.13, 2020.11:00 CST) Signature of officer		Date	
He		THOMAS GIMBEL, CO-EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	T D	lov 12, 2020 if	PTIN
Pai	d	MARLA KOOSED, CPA, PLLC Warla Koosed, CPA, PLLC		self-employe	D01491852
	parer	Firm's name MARLA KOOSED, CPA, PLLC		Firm's EIN	81-0806576
Use	Only	Firm's address 410 MISSION TRAIL		, =	40) === 46==
		WIMBERLEY, TX 78676		Phone no. (5	12)577-1059
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Charlett Ocharlete Ocharlete a war assessments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  THE HI HOW ARE YOU PROJECT INSPIRES NEW CONVERSATIONS AROUND MENTAL
	HEALTH ISSUES BY FUNDING AND CREATING THOUGHTFUL MEDIA CONTENT,
	PROJECTS, AND EVENTS
	TROUBCIS, AND EVENIS
2	Did the organization undertake any significant program services during the year which were not listed on the
2	TT
	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
3	3, 3, 3, 3, 1, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
	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.  (Code: ) (Expenses \$ 115,290 • including grants of \$ ) (Revenue \$ 98,208 • )
4a	(Code: ) (Expenses \$ 115,290. including grants of \$ ) (Revenue \$ 98,208.)  LIVE EVENTS - FULLY PRODUCED CONCERTS AND PROGRAMS INCLUDING THE ANNUAL
	HI, HOW ARE YOU DAY ON JANUARY 22ND AND WORLD MENTAL HEALTH DAY ON
	OCTOBER 10TH, FEATURING TOP TIER AND RENOWNED NATIONAL AND REGIONAL
	TALENT.
4b	(Code: ) (Expenses \$ 97,144. including grants of \$ ) (Revenue \$ 51,425.)
	AWARENESS EFFORTS - PROVIDE SOCIAL MEDIA, PUBLIC RELATIONS CAMPAIGNS,
	AND ADVOCACY RESOURCES THAT HELP REMOVE THE STIGMA AND SHAME AROUND
	MENTAL HEALTH ISSUES, WITH IMPRESSIONS REACHING OVER ONE MILLION PEOPLE
	ANNUALLY.
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 212,434.
	Form <b>990</b> (2019

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	۱		
	Part VI	11a		X
р	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		122
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>.                                  </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<sub>V</sub>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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	Checklist of Required Schedules (continue	1
Parity	Checklist of Beduired Schedules (continue	חנ

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			x
04 -	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		<del></del>
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- V
07	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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
30		38	x	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

## HI HOW ARE YOU FOUNDATION, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3а		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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	L	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	· ·			37
5a	, , , , , , , , , , , , , , , , , , , ,		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		60		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		6a		
D	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided	to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		Х
d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo	rm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
a b	Initiation fees and capital contributions included on Part VIII, line 12				
11	Section 501(c)(12) organizations. Enter:				
'' a	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand				37
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		<u>,</u>		v
	excess parachute payment(s) during the year?		15		Х
16	If "Yes," see instructions and file Form 4720, Schedule N.		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		- 71
	If "Yes," complete Form 4720, Schedule O.		Гания	990	(0040)

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			X
Sec	tion A. Governing Body and Management			
000	tion A. doverning body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 1	1	163	NO
ıa	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 0.			
b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Ť		
_		2		х
3	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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	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
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	-		<del></del>
ra		7a		x
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
b		7b		x
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		21
8		0.0	Х	
	The governing body?  Each committee with authority to act on behalf of the governing body?	8a 8b	- 25	Х
ь 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	90		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sac</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
000	tion b. I oncies (mis Section B requests information about policies not required by the internal nevenue code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		<del></del>
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- i ia		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16-2	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
<u>Sac</u>	exempt status with respect to such arrangements? tion C. Disclosure	100		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(	3)6 001	/\ ava:	ablo
18		راا ان حرد	ı, avall	auie
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website  Another's website  X Upon request  Other (explain on Schedule O)			
10		nd fin-	noiel	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nu iiria	ıcıdı	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records   DAVID LOBEL - 512-785-3783			
	5301 BROOKDALE LANE, AUSTIN, TX 78723			

932006 01-20-20

Form **990** (2019)

31604008

# 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.

<b>(A)</b> Name and title	(B) Average hours per	box	not c , unle	ss pe	itior more rson	than is bot	h an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer pp	Key employee	Highest compensated highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) THOMAS GIMBEL	10.00	.,		<b>.</b> ,				24 000	0	0
CO-EXECUTIVE DIRECTOR (2) COURTNEY BLANTON	10.00	Х		Х				24,000.	0.	0
CO-EXECUTIVE DIRECTOR	10.00	X		х				24,000.	0.	0
(3) RICHARD JOHNSTON	1.00								2.3	
BOARD MEMBER		Х						0.	0.	0
(4) JANET ZARETSKY	1.00	l							•	
BOARD MEMBER		Х						0.	0.	
		1								
		1								
		_								
		_								
		1								

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ral	1 VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C			<del></del> 1		<b></b>	
	(A)	(B)			Pos	C) sition	1		(D)	(E)		_	(F)	
	Name and title	Average hours per week (list any	box	not c , unle	heck ss pe	more erson	than is bot or/trus	th an	Reportable compensation from the	Reportable compensation from related organization	on d	am	timate nount o other pensa	of
		hours for related organizations	Individual trustee or director	al trustee		yee	mpensated		organization	(W-2/1099-MIS		fro orga	om the anizati d relate	e ion
		below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensate employee	Former					nizatio	
			<u> </u>											
			<u> </u>											
			_											
	Subtotal								48,000.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								0. 48,000.		0.			0.
2	Total number of individuals (including but recompensation from the organization								received more than \$100	0,000 of reportab	le			C
3	Did the organization list any <b>former</b> officer	,	,	,		,	,	_	, , ,	,	ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s											3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services		4		Х
	rendered to the organization? If "Yes," con					-					<u></u>	5		Х
1	Complete this table for your five highest co	=	-								npens	ation f	rom	
	the organization. Report compensation for (A)	the calendar y	ear	endi	ing v	vith	or w	/ithi	(B)			(C		
	Name and business	address	NO	INC	E				Description of s	services	C	omper	nsation	<u> </u>
2	Total number of independent contractors ( \$100,000 of compensation from the organ		iot lii	mite	d to		se li:	stec	d above) who received n	nore than				
												Form 9	9 <b>90</b> (2	2019)

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
ıts ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
اغ ۾		Fundraising events 1c					
ifts ar A		Related organizations 1d					
3,G		Government grants (contributions) 1e					
Sis		All other contributions, gifts, grants, and					
her	•		190,657.				
호텔	_	· · · · · · · · · · · · · · · · · · ·	230,0376				
N P	_	<del></del>		190,657.			
<del>- "</del>		Total. Add lines 1a-1f	Business Code	100,007.			
	_	EVENT TICKETS	813319	98,208.	98,208.		
je	2 a	DDAGDAM GEDIITGEG	813319	25,000.	25,000.		
Program Service Revenue	b	PROGRAM SERVICES	013319	25,000.	25,000.		
n S	С	·					
gra Re	d						
, rog	е						
۱ ۵	f	All other program service revenue		100 000			
$\rightarrow$	g			123,208.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond p	roceeds <b>&gt;</b>				
	5	Royalties	<b></b>	9,238.			9,238.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
e le		and sales expenses 7b					
ther Revenue		Gain or (loss) 7c					
3e		Net gain or (loss)					
e		Gross income from fundraising events (not					
된	0 4						
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	L						
		` ' '					
	<b>9</b> а	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	······ <b>P</b>				
	10 a	Gross sales of inventory, less returns	10 726				
			40,726.				
			14,301.	26 425	06 405		
$\rightarrow$	С	Net income or (loss) from sales of inventory		26,425.	26,425.		
<u>s</u>			Business Code				
Miscellaneous Revenue	11 a						
lan ent	b						
es	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<b></b>	349,528.	149,633.	0.	9,238.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·	Ţ .	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	72,500.	36,719.	22,250.	13,531
b	Legal	972.		972.	
С	Accounting	524.		524.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	7,500.	6,000.	1,000.	500
12	Advertising and promotion	1,065.	1,065.		
13	Office expenses	6,312.	814.	4,457.	1,041
14	Information technology				
15	Royalties	2,117.	2,117.		
16	Occupancy				
17	Travel	10,283.	8,921.	1,054.	308
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,511.		881.	630
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,354.	1,354.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TALENT & PRODUCTION FEE	150,959.	150,959.		
b	BANK & MERCHANT FEES	3,069.	2,002.	274.	793
c	PRINTING	2,483.	2,483.		
d	DUES & SUBSCRIPTIONS	1,266.	,	1,266.	
-	All other expenses	,		,	
25	Total functional expenses. Add lines 1 through 24e	261,915.	212,434.	32,678.	16,803
26	<b>Joint costs.</b> Complete this line only if the organization	,	,	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	n n1-20-20				Form <b>990</b> (2019

Form **990** (2019)

Га	ILΛ	Check if Schedule O contains a response or	note to any line in this Part Y			
		Oncok ii Gonedale O contains a response of	Total to any line in this rait X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		14,202.	1	64,332.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4	2,000.	
	5	Loans and other receivables from any currer				
		trustee, key employee, creator or founder, si				
		controlled entity or family member of any of			5	
	6	Loans and other receivables from other disq				
		under section 4958(f)(1)), and persons descri			6	
S	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		4,536.	8	5,680.
As	9	Prepaid expenses and deferred charges		, , , , ,	9	49,034.
	1	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	h	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, li		12		
	13	Investments - other securities, see Fart IV, I		13		
	14			14		
	15	Intangible assets Other coats, See Bart IV line 11		15		
	16	Other assets. See Part IV, line 11		18,738.		121,046.
	17	Total assets. Add lines 1 through 15 (must of Accounts payable and accrued expenses		2077301	17	121,010.
	18				18	
	19	Grants payable				13,125.
	20	Deferred revenue		-	20	15,125.
	21	Tax-exempt bond liabilities			21	
		Escrow or custodial account liability. Comple			21	
Liabilities	22	Loans and other payables to any current or				
i≣		trustee, key employee, creator or founder, si				
Lia	00	controlled entity or family member of any of			22	
	23	Secured mortgages and notes payable to ur			23	
	24	Unsecured notes and loans payable to unre			24	
	25	Other liabilities (including federal income tax				
		parties, and other liabilities not included on I	ines 17-24). Complete Part X	0.		1,570.
		of Schedule D		0.		14,695.
	26	Total liabilities. Add lines 17 through 25		0.	26	14,093.
Se		Organizations that follow FASB ASC 958,	check here			
Š		and complete lines 27, 28, 32, and 33.		18,738.		351.
ala	27	Net assets without donor restrictions		10,730.	27	106,000.
В	28	Net assets with donor restrictions			28	100,000.
ם		Organizations that do not follow FASB AS	C 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.				
)ts	29	Capital stock or trust principal, or current fur			29	
SSE	30	Paid-in or capital surplus, or land, building, or			30	
λA	31	Retained earnings, endowment, accumulate		10 730	31	100 251
ž	32	Total net assets or fund balances		18,738.	32	106,351.
	33	Total liabilities and net assets/fund balances		18,738.	33	121,046.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	·····				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		87,613		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	8,7	38.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		10	6,3	<u>51.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	0.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number HI HOW ARE YOU FOUNDATION, 82-4156699 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

# Schedule A (Form 990 or 990-EZ) 2019 HI HOW ARE YOU FOUNDATION, INC. 82-41566 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4		`,	, ,	, ,	` ,	.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	_
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2019. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	າ			
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization quali	ifies as a publicly s	upported organiz	ation			▶□
17a	10% -facts-and-circumstances test						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•	-	•	•	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	•				•	
	organization meets the "facts-and-circ						▶□
18	<b>Private foundation.</b> If the organizatio		-	•			s
						dula A /Earm 000	

#### 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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , ,	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				23,445.	190,657.	214,102.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				7 292.	163,934.	171 226.
2	Gross receipts from activities that				, , 2320	103/3310	17172201
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				30,737.	354,591.	385,328.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ł	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						0.
(	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						385,328.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6				30,737.	354,591.	385,328.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					9,238.	9,238.
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						_
(	Add lines 10a and 10b					9,238.	9,238.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				20 525	262 000	204 566
	Total support. (Add lines 9, 10c, 11, and 12.)				-	363,829.	_
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	
_							<u>▶</u> X
	ction C. Computation of Publ						
	Public support percentage for 2019 (					15	<u>%</u>
	Public support percentage from 2018					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2019. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
ŀ	more than 33 1/3%, check this box a 33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						<b>N</b>

### 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.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
		(=		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
С	A 35%	controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations		.,	<u>.                                    </u>
	D: -I H-			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
3	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		rted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions)</b>			
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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activit	ies Test. Answer (a) and (b) below.		Yes	No
а	Did su	obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e 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			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activit	ies but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b		e 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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in 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	Illy integra	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		nts paid to acquire exempt-use assets			
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in <b>Part VI</b> ). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive	e	
		de details in <b>Part VI</b> ). See instructions.	3		
9		outable amount for 2019 from Section C, line 6			
10		B amount divided by line 9 amount			
		announced by mice announced	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s 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	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in <b>Part VI.</b> See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3			
	and 4				
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
		on from 2010			

Schedule A (Form 990 or 990-EZ) 2019

## 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)

2019

	HI HOW ARE YOU FOUNDATION, INC.	82-4156699					
Organization type (chec	ck one):						
Filers of:	Section:						
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						
Note: Only a section 50 General Rule  X For an organization	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, at one filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor.	ng \$5,000 or more (in money or					
Special Rules							
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amo EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from					
year, total cont	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contributi is checked, ent purpose. Don't	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \rightarrow \$						
but it <b>must</b> answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its let the filing requirements of Schedule B (Form 990, 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

### HI HOW ARE YOU FOUNDATION, INC.

82-4156699

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	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		\$8,000.	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
3		\$ <u>8,000.</u>	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
4		\$5,000.	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
5		\$ <u>10,000.</u>	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
6		\$ 98,000.	Person X Payroll

Name of organization

Employer identification number

### HI HOW ARE YOU FOUNDATION, INC.

82-4156699

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

Employer identification number

	W ARE YOU FOUNDATION, I			82-4156699			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	through (a) and the following line ent	ry For organizations				
	completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. on				
(-) NI -	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-		(e) Transfer of gift	:				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
				_			
-	(e) Transfer of gift						
		:					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Parti	-	-					
  -							
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-	(e) Transfer of gift						
_	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HI HOW ARE YOU FOUNDATION, INC.

**Employer identification number** 82-4156699

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds	or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.			
		(a) Donor advise	ed funds	(b) Funds ar	nd other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	-			
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$				L Yes  No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose o	conferring	
Day	impermissible private benefit?				Yes No
Pai		-		art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	` ' <u></u>	7		
	Preservation of land for public use (for example, recrea	ation or education)	☐ Preservation of a	• •	
	Protection of natural habitat		☐ Preservation of a	a certified historic	structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contri	oution in the form o		
	day of the tax year.				at the End of the Tax Year
a	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired				
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization dur	ng the tax
	year •				
4	Number of states where property subject to conservation ea	_			
5	Does the organization have a written policy regarding the per				□ Vaa □ Na
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	and enforcing cons	ervation easemei	its during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcing concentrat	ion occomente d	ring the year
7	S	uling of violations, and e	inorcing conservat	ion easements u	uring trie year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(	h)(//)(R)(i)	
Ü	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati				165 140
5	balance sheet, and include, if applicable, the text of the footi		· ·		es the
	organization's accounting for conservation easements.	note to the organization	3 ililariolai staterrie	ins that describe	3 110
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tr	easures, or Ot	her Similar A	ssets.
	Complete if the organization answered "Yes" on Form	-	,		
	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sheet	works
	of art, historical treasures, or other similar assets held for pul	•			
	service, provide in Part XIII the text of the footnote to its final	•	•	•	
b	If the organization elected, as permitted under FASB ASC 95				rks of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	, ,		•	,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$	
					_
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A			J /1	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
	Assets included in Form 990, Part X				

932051 10-02-19

Schedule D (Form 990) 2019

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

	t III Organizations Maintaining C	Collections of A				or Oth	er Simi	lar Asse	ts/conti		age Z
3	Using the organization's acquisition, accessi									raca)	
Ū	collection items (check all that apply):	on, and other record	, cricci	Carry Or the	Tollowing the	at manc	Sigrimoari	1 430 01 113			
_	Public exhibition	d	. 🗀	oon or ove	hange progra	om					
a		_			mange progra	alli					
b	Scholarly research	е	• '	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit of							_	7	_	7
_	to be sold to raise funds rather than to be m								Yes		<b>No</b>
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	- :	ete if the	organizatio	on answered	"Yes" oı	n Form 99	00, Part IV,	line 9, oı		
	Is the organization an agent, trustee, custod	<u> </u>	diary for	contribution	ns or other as	sets no	t included	<u> </u>			
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							······			
	Troo, explain the arrangement in rate xiii	and complete the re	mowning t	abio.					Amoun	+	
_	Paginning balance						10		Amount		
	Beginning balance 1c Additions during the year 1d										
	Distributions during the year										
f	Ending balance								1,,		٦
	Did the organization include an amount on F						•		Yes	$\vdash$	∐ No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i		nswered	"Yes" on F							
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three	years back	<b>(e)</b> Four	years	back
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1	a. column (	a)) held as:						
	Board designated or quasi-endowment		%	9, 00.0	۵,, ۱۱۵۱۵ ۵۵۱						
	Permanent endowment	%									
·	The percentages on lines 2a, 2b, and 2c sho	ř =									
2-	, ,	•	-4:4	ماما ميما				:+:			
за	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are neid a	and administe	erea for	the organ	ization	1	V	NI.
	by:								0 (1)	Yes	No
	(i) Unrelated organizations										
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization				·				3b		
4	Describe in Part XIII the intended uses of the		owment :	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990	), Part X	, line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccumulat	ted	(d) Boo	k value	е
		basis (investr	ment)	basis	(other)	de	preciatio	n			
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line	10c.)			. •			0.

Schedule D (Form 990) 2019

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.		•	
	Farma 000 David IV/ Iina		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" o	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) [		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [ (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) C (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description	<b>&gt;</b>	
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of	Description	<b>&gt;</b>	
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description	<b>&gt;</b>	
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description	<b>&gt;</b>	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SALES TAX PAYABLE	Description	<b>&gt;</b>	
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) SALES TAX PAYABLE (3)	Description	<b>&gt;</b>	(b) Book value
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) SALES TAX PAYABLE (3) (4)	Description	<b>&gt;</b>	(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SALES TAX PAYABLE (3) (4) (5)	Description	<b>&gt;</b>	(b) Book value
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) SALES TAX PAYABLE (3) (4) (5) (6)	Description	<b>&gt;</b>	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SALES TAX PAYABLE (3) (4) (5) (6) (7)	Description	<b>&gt;</b>	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SALES TAX PAYABLE (3) (4) (5) (6) (7) (8)	Description	<b>&gt;</b>	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SALES TAX PAYABLE (3) (4) (5) (6) (7)	15.)on Form 990, Part IV, line		(b) Book value

Pa	t XI F	Reconciliation of Revenue per Audited Financial Sta	atements With Reven	ue per Return.	
	C	omplete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total rev	enue, gains, and other support per audited financial statements		1	
2	Amounts	s included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unre	alized gains (losses) on investments	2a		
b	Donated	services and use of facilities	2b		
С	Recover	ies of prior year grants	2c		
d	Other (D	escribe in Part XIII.)	2d		
е		s 2a through 2d		2e	
3	Subtract	line 2e from line 1		3	
4	Amounts	s included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investme	ent expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (D	escribe in Part XIII.)	4b		
С	Add line	s <b>4a</b> and <b>4b</b>		4c	
5		enue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.			
Pa		Reconciliation of Expenses per Audited Financial St	<del>-</del>	nses per Return.	
		omplete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total exp	penses and losses per audited financial statements		1	
2	Amounts	s included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated	services and use of facilities	2a		
b	Prior year	ır adjustments	2b		
С	Other los	sses	2c		
d	Other (D	escribe in Part XIII.)	2d		
е	Add line	s <b>2a</b> through <b>2d</b>		2e	
3	Subtract	line <b>2e</b> from line <b>1</b>		3	
_	<b>Amounts</b>	singleded on Form 000. Dort IV line 05 but not on line 1:			
4		s included on Form 990, Part IX, line 25, but not on line 1:			
4 a		ent expenses not included on Form 990, Part VIII, line 7b	4a		
_	Investme		1		
a b	Investme Other (D	ent expenses not included on Form 990, Part VIII, line 7b	4b	4c	
a b c 5	Other (D Add lines Total exp	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s <b>4a</b> and <b>4b</b> penses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1	4b		
a b c 5	Other (D Add line: Total exp rt XIII S	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) is <b>4a</b> and <b>4b</b> penses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1 supplemental Information.	4b 8.)	5	
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) is <b>4a</b> and <b>4b</b> penses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1 supplemental Information.	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
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a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,

932054 10-02-19 Schedule D (Form 990) 2019

### **SCHEDULE 0**

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization

HI HOW ARE YOU FOUNDATION, INC.

**Employer identification number** 82-4156699

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUR MISSION IS TO INSPIRE NEW CONVERSATIONS AROUND MENTAL HEALTH ISSUES
BY FUNDING AND CREATING THOUGHTFUL MEDIA CONTENT, PROJECTS AND EVENTS.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES AUTHORIZED TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE CO-EXECUTIVE DIRECTOR, THOMAS GIMBEL, WILL REVIEW THE 990 BEFORE IT IS
FILED.
FORM 990, PART VI, SECTION C, LINE 18:
ORGANIZATION MAKES ITS 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND
ON ITS WEBSITE
FORM 990, PART VI, SECTION C, LINE 19:
ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE UPON REQUEST