efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public. Open to Public Department of the ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Inspection Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number Check if applicable: Dietrich Bonhoeffer Institute Address change 30-0938979 Name change Initial return Doing business as Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Amended return 1875 Connecticut Ave Application pending City or town, state or province, country, and ZIP or foreign postal code Washington, DC 20009 G Gross receipts \$ 422,612 Name and address of principal officer: H(a) Is this a group return for Rev Dr Robert Schenck subordinates? H(b) Are all subordinates included? If "No," attach a list. (see instructions) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 **H(c)** Group exemption number ▶ Website: K Form of organization: Corporation Trust Association Other L Year of formation: 2016 M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: To form, support, and encourage ethical and morally courageous leaders to address the social crises of their time Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . 6 Total unrelated business revenue from Part VIII, column (C), line 12 . 7a Net unrelated business taxable income from Form 990-T, line 39 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,328,684 422,521 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9 1 422,612 1,328,684 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 164,312 164,855 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) 118,627 261,529 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 285,593 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 449,905 426,384 Revenue less expenses. Subtract line 18 from line 12 . 878,779 -3,772 Assets or d Balances **Beginning of Current End of Year** 984,796 1,027,934 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 4.574 74,279 22 Net assets or fund balances. Subtract line 21 from line 20 . 980,222 953,655 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2020-09-04 Signature of officer Sign Rev Dr Robert Schenck President Here Type or print name and title Print/Type preparer's name Preparer's signature Check [if 2020-09-04 P01429307 **Paid** Firm's name Mullins PC Firm's EIN > 47-4306215 **Preparer** Use Only Firm's address > 7625 Wisconsin Avenue Phone no. (202) 770-6371 Bethesda, MD 20814 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Form	990 (2019)			Page 3
Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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)?	11f	Yes	
12a	មីប៉េ ^{ក្} មិន ទទ្ធិនាស្ទ្រ ប្រជាពល ប្រាក ប្រជាពល ប្រជាពល ប្រជាពល ប្រជាពល ប្រជាពល ប្រជាពល ប្រជាពល ប្រជា		103	
	Schedule D, Parts XI and XII 🐿	12a	Yes	<u> </u>
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		N o
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		Form 99	0 (2019)

Part IV Checklist of Required Schedules (continued)

			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No		
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		No		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
С	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				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No		
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		No		
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?	26		No		
27	មីត្រីវិទីទេ សម្បារាខែមិនត្រឹក្សាមិន និទ្ធិទៅ។ 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," completeSchedule L,Part III	27		No		
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No		
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		N o		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		Νο		
31	ਓਂਗਿੱੱ ਜਿੰਦੇ 'ਨਾਉੱਕਮੀਟਿੱਕ ਰਿੱਧੀਰਿਕੀਦ, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		N o		
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		No		
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?	33		Νο		
34	### "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Νο		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N o		
	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? If "Yes," complete Schedule R, Part V, line 2	36		N o		
37	37		No			
38						
Pa	Note. All Form 990 filers are required to complete Schedule O	38	Yes			
	Check if Schedule O contains a response or note to any line in this Part V	•				
_	E. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Yes	No		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 6 Enter the number of Forms W 30 included in line 1s. Fotor 0, if not applicable					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1				

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			-			
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			_			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a		No			
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account, because of the foreign country:						
Ea	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N o			
		5b					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c 6a		N o			
	organization solicit any contributions that were not tax deductible as charitable contributions?	0a					
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	_		NI -			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No			
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		No			
a	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 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	a Did the sponsoring organization make any taxable distributions under section 4966?						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
	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					
b	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					
b	Note. See the instructions for additional information the organization must report on Schedule O. 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						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		14.0			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		N o			
16	If these research to reduce the restance of the section 4968 excise tax on net investment income?	16		N.o.			
-	If "Yes," complete Form 4720, Schedule O.	16	- ONE OC	No			
		ŀ	orm 99	0 (2019)			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Se	ction A. Governing Body and Management						
		_		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax 1a	7					
	Yfthere 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 in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	7					
2	Did any officer, director, trustee, or key employee have a family relationship or a business other officer, director, trustee, or key employee?		2		Νo		
3	Did the organization delegate control over management duties customarily performed by o supervision of officers, directors or trustees, or key employees to a management company		3		No		
4	Did the organization make any significant changes to its governing documents since the p	rior Form 990 was	4		Νo		
5	bladthe organization become aware during the year of a significant diversion of the organization	ration's assets? .	5		Νo		
6	Did the organization have members or stockholders?						
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						
8	3 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?		8a	Yes			
b	Each committee with authority to act on behalf of the governing body?		8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Νo		
Se	ction B. Policies (This Section B requests information about policies not requi	red by the Internal R	even	ie Code	e.)		
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		Νo		
b	If "Yes," did the organization have written policies and procedures governing the activities affiliates, and branches to ensure their operations are consistent with the organization's e		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its gove the form?	erning body before filing	11a		Νo		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 9	90					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 \cdot .		12a	Yes			
		ľ					

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Νo
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website 🔲 Another's website 🕡 Upon request 🔃 Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶The Organization 1875 Connecticut Ave Washington, D C 20019 (202) 546-8329

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

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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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related o	organiz	ation	cor	npe	nsate	d an	y current officer,	director, or truste	e.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not bo: h ar or/ti	check, unling officerustee Highest compensated	ess er	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Rev Dr Robert Schenck	20.00	Х		Х				147,000	0	(
President	0.00									
(2) Dr Abigail Disney Chairperson	1.00	Х		Х				0	0	C
(3) Rev Steve Martin	1.00									
Secretary	0.00	Х		Х				0	0	
(4) Rev Dr Suzan D Johnson Cook	1.00							0	0	(
Member	0.00									
(5) Dr Mary McQueen	1.00	Х						0	0	
Member	0.00									
(6) Ms Connie Rice	1.00	х						0	0	
Member	0.00									
(7) Dr Paul Budde Treasurer	0.00	Х		х				0	0	(

(A) Name and title	(B) Average hours per week (list any hours for	erage Position (do not check rs per more than one box, unless ek (list person is both an officer and a director/trustee) Reportable compensation from relate organization (W- organization)						do not check Reportable Report compensation compensor from the ctor/trustee) Reportable Report compensation (W- organization				(F) Estima amount o compens from	ited f other sation
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-	MISC)	(W-2/1099- MISC)		rganizati relat organiza	ed
											+		
											+		
1b Sub-Total	•					* * *		14	17,000		0		0
2 Total number of individuals (includ	ing but not limit	ed to th	nose l		d at	pove)	who	received r	nore tha	n			
\$100,000 of reportable compensat	ion from the org	yanızatı	011	1								Yes	No
3 Did the organization list any forme on line 1a? <i>If "Yes," complete Sched</i>				-	en.	nploye	ee, o	r highest o	ompens	ated employee	3		No
4 For any individual listed on line 1a organization and related organizat													
individual										•	4		No
5 Did any person listed on line 1a re services rendered to the organizat						•		_	zation o	r individual for	5		No
Section B. Independent Contr	actors												110
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's									tax vear.				
-	(A) and business addr					,				(B) cription of services		((c) nsation
					_	_	· <u> </u>				Ī		_

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

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

	990 (2019)							Page 9
Part		t of Revenue			linn in this Daw	.		
	Check if Schi	edule O contain	s a res	ponse or note to a	any line in this Pari (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	1a Federated cam	paigns	1a					
at the	b Membership du	es	1b					
3ra	c Fundraising eve	ents	1c					
S, (d Related organiz	zations	1d					
iii.	e Government grants	(contributions)	1e					
Contributions, Giffs, Grants and Other Similar Amounts								
	f All other contribution and similar amount		1f	422,521				
	above g Noncash contribution	ons included in		122,321				
	lines 1a - 1f:\$		1 g					
	h Total. Add lines	1a-1f			422,521			
				Business Code				
	2a							
une				-				
e ve	b							
9								
rvic	С			-				
J Se	d							
Program Service Revenue								
Pro	e							
	f All other progran	n service reven	ue.					
	9 Total. Add lines	2a-2f						
	3 Investment incom	e (including div	idends	, interest, and				
	other 49imilareafrounitale:	stment of tay-e	vemnt	hond proceeds				
	5 Royalties	stillett of tax e						
	Direction 1	(i) Re	al	(ii) Personal				
				(,	-			
	6a Gross rents	6a			_			
	b Less: rental expenses	6b						
	c Rental	60						
	income or d (Nets) rental incom	e or (loss)		1				
	- Net rental incom	(i) Secu		(ii) Other				
	7a Gross amount			(,	_			
	from sales of assets other	7a						
	than inventory				_			
	b Less: cost or other basis and	7b						
	sales expenses				_			
	c Gain or (loss)	7c						
	d Net gain or (loss	-		•				
	8a Gross income from for (not including \$	undraising events of						
ne	contributions reporte	ed on line 1c).						
/en	See Part IV, line 18		8a		_			
Re	b Less: direct exp		8b					
e	c Net income or (Id	oss) rrom fundra	aising 6	events				
Other Revenue								
0	9a Gross income fro activities.	m gaming						
	See Part IV, line b Less: direct exp	19	9a 9b		_			
	c Net income or (lo			l				
	2 Oi (IC	, om gumin	5 4500	· •				

10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10a					
c Net income or (loss) from sales of	inve	ntory				
		▶				
Miscellaneous Revenue		Business Code				
11a Other		900099	91	91		
b						
C						
d All other revenue						
e Total. Add lines 11a-11d			91			
12 Total revenue. See instructions .		•	422 612	01	0	0

0 Form **990** (2019)

Pa	Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must	•	-		` '
_	Check if Schedule O contains a response or note to	1	(B)	(c)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			,	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	147,000	88,199	29,307	29,494
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	15,250	9,150	3,040	3,060
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	525	315	105	105
_	Other employee henefits	578	347	115	116
	Other employee benefits	1,502	901	300	301
	Payroll taxes	1,302	901	300	301
	Fees for services (non-employees):				
	Management				
t	Legal				
C	Accounting	20,552	10,708	1,999	7,845
C	Lobbying				
•	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 Schedule O)	140,205	73,051	13,632	53,522
12	Advertising and promotion	51,613	27,371	4,921	19,321
13	Office expenses	13,131	9,693	3,127	311
	Information technology				
	Royalties				
	Occupancy	10,018	6,011	2,004	2,003
	Travel	25,490	22,941	_,	2,549
	Payments of travel or entertainment expenses for any federal, state, or local public officials .	25,130	22,311		2,3 13
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	State Registration Costs	60		60	
	-				
	b Other	460	230	230	
	с				
	d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	426,384	248,917	58,840	118,627
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				

		(2019)				Page 11
Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part IX .	(A)		(B)
				Beginning of year		End of year
	1	Cash-non-interest-bearing	108,248	1	294,584	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	_		3	
	4	Accounts receivable, net	876,548	4	710,485	
	5	Loans and other payables to any current or fo				
		key employee, creator or founder, substantia controlled entity or family member of any of			5	
	6	Loans and other receivables from other disqu				
		under section $4958(f)(1)$), and persons desc	ribed in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net	[7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges .			9	20,750
	10a	Land, buildings, and equipment: cost or	10a			
		other basis. Complete Part VI of Schedule D	10b			
	b	Less: accumulated depreciation		10c		
	11	Investments—publicly traded securities .		11		
	12	Investments—other securities. See Part IV, I		12		
	13	Investments—program-related. See Part IV,		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	2,115
	16	Total assets: Add lines 1 through 15 (must e	equal line 34)	984,796	16	1,027,934
	17	Accounts payable and accrued expenses .		4,574	17	3,094
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
SS	21	Escrow or custodial account liability. Comple	te Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or fo				
2		key employee, creator or founder, substantia controlled entity or family member of any of			22	
- 2	22		· –		22	
	23	Secured mortgages and notes payable to unr	· -		23	
	24	Unsecured notes and loans payable to unrela	· —		24	71.105
	25	Other liabilities (including federal income tax parties, and other liabilities not included on I			25	71,185
		Complete Part X of Schedule D	,			
	26	Total liabilities. Add lines 17 through 25 .		4,574	26	74,279
Balances		Organizations that follow FASB ASC 958, che	eck here 🕨 📝 and complete			
anc	27	lines 27, 28, 32, and 33. Net assets without donor restrictions		180,222	27	243,170
Sali	21		L	100,222	21	243,170
d E	28	Net assets with donor restrictions		800,000	28	710,485
Fund		Organizations that do not follow FASB ASC 9	58, check here			
r F		complete lines 29 through 33.				
SO	29	Capital stock or trust principal, or current fur		29		
set	30	Paid-in or capital surplus, or land, building or	equipment fund		30	
As	31	Retained earnings, endowment, accumulated		31		
Net Assets or	32	Total net assets or fund balances		980,222	32	953,655
	33	Total liabilities and het assets/fund balances		984,796	33	1,027,934
						Form 990 (2019)

Form 990 (2019)

Form 990 (2019)		
Additional Data		Return to Form
	Software ID:	
	Software 1D.	
	Software Version:	
Form 990, Special Condition	n Description:	
	Special Condition Description	

000 (2010)

етп	file Public Visual Render ObjectId: 001 - Submission: 2015-01-16		1.	IN: 20-5478191					
SC	HED	ULE A		Public	Charity Statu	s and Publ	ic Supp	ort	MB No. 1545-004
	m 990		Con		organization is a sect 4947(a)(1) nonexe	ion 501(c)(3) org	janization or ust.		2019
Depart	tment of	the Treasury	▶ G	o to <u>www.i</u>	Attach to Form strs.gov/Form990 for i			ormation.	Open to Public Inspection
nterna Nam	al Rever e of th	nue Service ne organizati						Employer identifica	'
Jietric	n Bonn	oeffer Institute						30-0938979	
	rt I							oart.) See instruction	ons.
	organi		•		use it is: (For lines 1		•	,	
1		•		•	r association of churc		,		
2		A school d	escribed in se	ction 170(b)(1)(A)(ii). (Attach S	chedule E (Form	990 or 990-	EZ).)	
3		A hospital	or a cooperati	ve hospital	service organization o	lescribed in secti	on 170(b)(1)(A)(iii).	
4			research orgai name, city, an	•	rated in conjunction w	vith a hospital de	scribed in se	ction 170(b)(1)(A)(iii). Enter the
5		_	ation operated (A)(iv). (Comp		_	versity owned or	operated by	a governmental unit o	lescribed in section
6		A federal,	state, or local	government	or governmental unit	described in sec	ion 170(b)(1)(A)(v).	
7	1			,	es a substantial part o i). (Complete Part II.		a governme	ental unit or from the	general public
8					ion 170(b)(1)(A)(vi).		II.)		
9								ction with a land-gran city, and state of the c	
10		receipts fro from gross	om activities r investment ir	elated to its ncome and ι	exempt functions—su	ubject to certain (able income (les	exceptions, a s section 51	butions, membership (and (2) no more than 1 tax) from businesse	331/3% of its suppo
11		_			ted exclusively to test	•	-	n 509(a)(4).	
12		one or mor	e publicly sup	ported orga	nizations described in	section 509(a)(1) or section	ctions of, or to carry of 509(a)(2). See sectio complete lines 12e, 1	n 509(a)(3). Check
а		Type I. A supported	upporting organization(s	anization op) the power	erated, supervised, or	controlled by its r elect a majority	supported o	rganization(s), typica tors or trustees of the	lly by giving the
b		Type II. A manageme	supporting or	ganization sı orting orgar	upervised or controlled lization vested in the	d in connection w		rted organization(s), I manage the supported	
С		Type III fu	nctionally int	egrated. A s				, and functionally integrand E .	grated with, its
d		not functio	nally integrate	ed. The orga		st satisfy a distri	oution requir	with its supported orgeneet and an attentive	
е			-				IRS that it	is a Type I, Type II, T	ype III functionally
f	Ento				ally integrated support				
g	LIILE		7.7	_	out the supported orga			· · · · · · · · · <u> </u>	
		lame of support	orted	(ii) EIN	(iii) Type of organization (described on lines	(iv) Is the or listed in your docum	governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
					1- 10 above (see instructions))	Yes	No		
Γota	ı								

10

organization.

13

Schedule A (Form 990 or 990-EZ) 2019

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

	(Complete only if you on Part III. If the organization						
_	Section A. Public Support	ation failed to	quality under ti	ie tests listeu b	elow, please co	mpiete Fait II.	1.)
C	alendar year or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")		134,292	320,772	1,328,684	422,521	2,206,26
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		134,292	320,772	1,328,684	422,521	2,206,26
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,949,61
6	Public support. Subtract line 5 from line 4.						256,65
	Section B. Total Support						
	alendar year or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total

4	Total. Add lines 1 through 3		134,292	320,772	1,328,684	422,521	2,206,269
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						1,949,619
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from						256,650
	line 4.						230,030
:	Section B. Total Support						_
	ılendar year r fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		134,292	320,772	1,328,684	422,521	2,206,269
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
	Oth : D t : l d : -	1	1	1		1	

	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						256,650
	Section B. Total Support						
	alendar year or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		134,292	320,772	1,328,684	422,521	2,206,269
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	 Net income from unrelated business activities, whether or not the business is regularly carried on. 						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					91	91
11	Total support. Add lines 7 through						2,206,360

and **stop here.** The organization qualifies as a publicly supported organization 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Public support percentage for 2018 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

Section C. Computation of Public Support Percentage

17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	dule A (Form 990 or 990-EZ) 2019	ion Onconies	tions Dass	had in Castis	m F00/-1/21		Page 3
T Y	Support Schedule f (Complete only if you	checked the	box on line 1	0 of Part I or if	f the organizati		alify under Part
	II. If the organization	fails to qualif	y under the t	ests listed belo	ow, please com	plete Part II.)	
	ection A. Public Support		1				
	ndar year ïscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
•	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
	<u>.</u>		1				
5	The value of services or facilities						
	furnished by a governmental unit to						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year. Add lines 7a and 7b						
	Public support. (Subtract line 7c						
•	from line 6.)						
Se	ection B. Total Support		•	•	•	•	•
Cale	ndar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
(or f	iscal year beginning in) 🕨	(d) 2015	(6) 2010	(0) 2017	(4) 2010	(6) 2019	(i) rotar
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	and income from similar sources						
b	Unrelated business taxable income						
-	(less section 511 taxes) from						
	businesses acquired after June 30,	1					
	1975.						
	Add lines 10a and 10b.	-					
11	Net income from unrelated business activities not included in	1					
	line 10b, whether or not the						
	business is regularly carried on.						
12	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	ļ					
13	Total support. (Add lines 9, 10c,	1					
	11, and 12.) First five years. If the Form 990 is form	or the organizat	ion's first soca	nd third fourth	or fifth tay year	as a soction FO1	(c)(3) organization
14	-	-			•		
	check this box and stop here						
	ection C. Computation of Public support paragraphs for 2010			aa 12 aalii (C	\\\		
15	Public support percentage for 2019 (•	. ,		• •		
16	Public support percentage from 201					16	
	Investment income percentage for 2				umn (f))	17	

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

you checked 12a or 12b in Part I, answer (b) and (c) below.

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

amendment to the organizing document).

organization's organizing document?

6

or supervised by or in connection with its supported organizations.

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations

made the determination.

(Complete only if you checked a box on line 12 of 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

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

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

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

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

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

purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

12d of Part I, complete Sections A and D, and complete Part V.)

S	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization			

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.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization		
	was described in section 509(a)(1) or (2).	2	

	If "No," describe in Part v1 now the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization		
	was described in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b)		

	describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization		·	
	was described in section 509(a)(1) or (2).	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.			

Sche	edule A (Form 990 or 990-EZ) 2019		Р	age 5
Pa	rt IV Supporting Organizations (continued)			1
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c		11c		
	ection B. Type I Supporting Organizations			
	Gotton Dr. 17po I Supporting Gradinizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
	ection c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or	1		
	management of the supporting organization was vested in the same persons that controlled or managed the supported	-		
S	ection ^z ନି ^ମ ିନ୍ଦିମି Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice			
	in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):	
;	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.			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
2	Activities Test. Answer (a) and (b) below.		Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the			
I	organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2a 2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
;	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
I	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b		

7

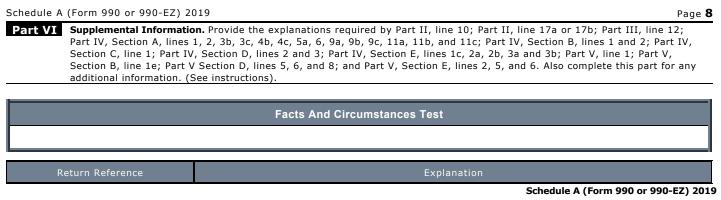
instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrate Section DOrganizations	ed 509(a)(3) Suppor	ting (continue	Current Year
			Current rear
1 Amounts paid to supported organizations to accompli	sh exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	s exempt purposes of suppo	orted organizations, in	
3 Administrative expenses paid to accomplish exempt p	ourposes of supported orga	nizations	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval requ	ired)		
6 Other distributions (describe in Part VI). See instruc	tions		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to details in Part VI). See instructions	which the organization is re	esponsive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount		(ii)	(iii)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI			
). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see			
instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI			
See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018 e Excess from 2019			
E LACESS HUIH ZUITA		Schedule A	 (Form 990 or 990-EZ) (2019
		Julicadie A	(55 0 0. 550 LL) (2013



efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16			TIN: 20-5478191					
Schedule B		Schedule of Contributors		OMB No. 1545-0047				
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information.		2019				
Name of the organization Dietrich Bonhoeffer Institute			Employer ide	entification number				
			30-093897	9				
Organization type (che	eck one)							
Filers of:	S	ection:						
Form 990 or 990-EZ		501(c)() (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	ı					
		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						
other property)		g Form 990, 990-EZ, or 990-PF that received, during the year, contributions to one contributor. Complete Parts I and II. See instructions for determining a	-					
Special Rules								
under sections 5 received from ar	09(a)(1) ny one co	ribed in section $501(c)(3)$ filing Form 990 or 990 -EZ that met the $33^1/3\%$ suppand $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990 -EZ), Part II ontributor, during the year, total contributions of the greater of (1) \$5,000 or (mm 990 -EZ, line 1. Complete Parts I and II.	I, line 13, 16a,	or 16b, and that				
during the year,	total con	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive tributions of more than \$1,000 exclusively for religious, charitable, scientific, ty to children or animals. Complete Parts I, II, and III.	-					
during the year, this box is check purpose. Don't c	contribut ced, ente omplete	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contribut r here the total contributions that were received during the year for an <i>exclu</i> any of the parts unless the General Rule applies to this organization because contributions totaling \$5,000 or more during the year	utions totaled usively religiou use it received	more than \$1,000. If is, charitable, etc.,				
990-EZ, or 990-PF), but i	t must a	n't covered by the General Rule and/or the Special Rules doesn't file Schedul answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of i 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 99)	its Form 990-E					

Name of organization Dietrich Bonhoeffer Institute Employer identification number 30-0938979

2.000			
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
		Cohodula D /Fa	000 000 E7 or 000 BE) (2010)

FMV (or estimate) No. from Description of noncash property given Date received Part I (See instructions)

(a) (c) (b) (d) FMV (or estimate) No. from Description of noncash property given Date received Part I (See instructions)

(c) (a) (b) (d) No. from FMV (or estimate) Description of noncash property given Date received

Part I (See instructions) \$

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	organization onhoeffer Institute			Employer identification number 30-0938979
Part III	Exclusively religious, charitable, etc., cont total more than \$1,000 for the year from a line entry. For organizations completing P of \$1,000 or less for the year. (Enter this is Use duplicate copies of Part III if additional space	ny one cont Part III, enter nformation	ributor. Complete colu the total of <i>exclusivel</i>	ped in section 501(c)(7), (8), or (10) that umns (a) through (e) and the following y religious, charitable, etc., contributions
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, and ZIP	•) Transfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, and ZIP) Transfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, and ZIP) Transfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, and ZIP) Transfer of gift Relatio	onship of transferor to transferee

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

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 **SCHEDULE D** (Form 990)

Department of the Treasury

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.

TIN: 20-5478191 OMB No. 1545-0047

Open to Public

пе	inal Revenue Service	101 mstructions and the latest mion	mation.				
	ame of the organization etrich Bonhoeffer Institute		Employer identification number				
			30-0938979				
P	art I Organizations Maintaining Donor A Complete if the organization answered "		nds or Accounts.				
	complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor adv the organization's property, subject to the organizati	<u> </u>					
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the don impermissible private benefit?	or or donor advisor, or for any other purpo	se conferring				
Pā	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the or	• • • • • • • • • • • • • • • • • • • •					
	Preservation of land for public use (e.g., recreation	on or education) Preservation of an	historically important land area				
	Protection of natural habitat	Preservation of a c	ertified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year.	d a qualified conservation contribution in the	ne form of a conservation Held at the End of the Year				
а	Total number of conservation easements		2a				
b	,	2b					
c		toric structure included in (a)	2c				
d		equired after 7/25/06, and not on a	2d				
3	Number of conservation easements modified, transfe tax year		I by the organization during the				
_	<u> </u>	ation accompating located					
4	Number of states where property subject to conserv						
5	Does the organization have a written policy regarding violations, and enforcement of the conservation ease		Yes No				
6	Staff and volunteer hours devoted to monitoring, ins year	pecting, handling of violations, and enforci	ng conservation easements during the				
7	Amount of expenses incurred in monitoring, inspecting \$	ng, handling of violations, and enforcing co	nservation easements during the year				
8	Does each conservation easement reported on line 2 (B)(i) and section $170(h)(4)(B)(ii)$?		tion 170(h)(4) .				
9	In Part XIII, describe how the organization reports or balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	·				
Pa	rt III Organizations Maintaining Collection	ons of Art, Historical Treasures, o	or Other Similar Assets.				
	Complete if the organization answered "						
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnot	sets held for public exhibition, education, o	or research in furtherance of public				
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1 .		▶\$				
	(ii) Assets included in Form 990, Part X · · · · · ·						

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Par	t III Organizations Maintaining C	ollection	ns of Art, H	istorical T	reasur	es, or (Other Sir	nilar Ass	ets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):								
а	Public exhibition d Loan or exchange programs								
b	Scholarly research		е	Other	·				
c	Preservation for future generations								
4	Provide a description of the organization's of Part XIII.	collections	and explain ho	w they furth	er the org	ganizatio	n's exempt	purpose in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				Yes	No No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization and Part X, line 21.			990, Part 1	[V, line !	9, or rep	oorted an	amount o	n Form 990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XI	III and con	nplete the follo	wing table:			-	Amount	
c	Beginning balance				Ī	1c			
d	Additions during the year					1d			
e	Distributions during the year				Ī	1e			
f	Ending balance					1f			
2a	Did the organization include an amount on	Form 990,	Part X, line 2:	l, for escrow	or custo	dial accou	unt liability	? Yes	No
b	If "Yes," explain the arrangement in Part X	III. Check	here if the exp	lanation has	been pro	vided in	Part XIII		
Pa	rt V Endowment Funds.								
	Complete if the organization and	wered "Y		990, Part 1) Prior year			(d) Three w	anna haak (a)	Four years back
1a	Beginning of year balance	(a) Curr	ent year (I) Prior year	(C) TWO	rears back	(u) Three ye	ears back (e)	Four years back
	Contributions								_
	Net investment earnings, gains, and losses								_
		l	i	1			<u> </u>	i	
d	Grants or scholarships								
	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								_
2	Provide the estimated percentage of the cur	rent year	end balance (I	ne 1g, colum	ın (a)) he	ld as:			
а	Board designated or quasi-endowment								
b	Permanent endowment								
С	Temporarily restricted endowment		1 1000/						
За	The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the posse organization by:	-		that are hel	d and adı	ministere	d for the		Yes No
	(i) unrelated organizations							3a(i)	165 160
	(ii) related organizations							3a(ii)	
b	If "Yes" on 3a(ii), are the related organizat	ions listed	as required or	Schedule R	?			3b	
4	Describe in Part XIII the intended uses of t	he organiz	ation's endow	ment funds.					
	rt VI Land, Buildings, and Equipm								
	Complete if the organization and			990, Part 1 er basis (other)			Form 99		line 10. Book value
	Description of property (a) Cost or oth (investme		(b) cost of our	ci basis (utilet)	(C) ACC	umuiateu U	срі есіаціон	(u) E	ook value
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment								

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

I dit VII	Complete if the organization answered "Yes" on Form 99	0, Part IV	/, line	11b.See Form 9	90, Part X, line 12.
_	(a) Description of security or category (including name of security)	(b) Book value			d of valuation: -year market value
	al derivatives				
	nerd equity interests				
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 99	0. Part I\	/ line	11c. See Form 9	990. Part X. line 13
VIII	(a) Description of investment	o, raic iv	,	(b) Book value	(c) Method of valuation: Cost or end-of-year market
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colun	nn (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990) Dart IV		<u> </u>	Doub V line 15
	(a) Description	o, raiciv	, iiiic	TIG. See Form 590	(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colu	mm (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.				b
PaitA	Complete if the organization answered 'Yes' on Form 990 See Form 990, Part X, line 25.	O, Part IV,	, line :	11e or 11f.	
1.	(a) Description of liability				(b) Book value
(1) Federal (2)	income taxes				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	nn (b) must equal Form 990, Part X, col.(B) line 25.)				
2. Liability	for uncertain tax positions. In Part XIII, provide the text of the fo				
organizatio XIII	n's liability for uncertain tax positions under FIN 48 (ASC 740). Cl	neck here i	r the t	ext of the footnote	nas been provided in Part

а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
				•
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	426,384
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
		<u> </u>		•

4b

Part XIII

Supplemental Information

Other (Describe in Part XIII.)

Add lines 4a and 4b . .

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .

Return Reference	Explanation
under FIN 48 (Part X)	TDBI follows the Financial Accounting Standards Board Accounting Standards Codification (FASB ASC), which provides guidance on accounting for uncertainty in income taxes recognized in TDBIs financial statements, if any. As of year end, TDBI had no unrecognized tax benefits related to uncertain tax positions in its information return that would qualify for either recognition or disclosure in its financial statements. TDBIs policy would be to recognize interest and penalties on tax positions related to its unrecognized tax benefits in income tax expense in the financial statements. Through year end, there have been no matters that would have resulted in an accrual for interest and/or penalties. Generally, the three prior tax years are subject to examination by federal, state, or local taxing authorities.

426,384

4c

efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

TIN: 20-5478191

Open to Public Inspection

SCHEDULE O (Form 990 or 990-

Department of the Treasury Namel Brythmecolograinezation

fees for services expenses Part IX line 11g Part VII

response or

note to any

other line in

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.

Employer identification number

Dietrich Bonhoeffer		Employer identification number		
Dictron 2011116 2.1.2.		30-0938979		
Return Reference	Explanation			
Form 990 governing body review Part VI line 11	The Organization circulates the Draft 990 to all members of the board for their inspection and comments; the President reviews and discusses the Draft with the Treasurer, Chairperson and Administrator before returning it with any comments and corrections to be incorporated into the Final document that is then signed and filed. The Final document is then presented to the Board by the Treasurer for inspection and comment during the next scheduled meeting of the Board.			
Conflict of interest policy compliance Part VI line 12c	Board members are required to complete a disclosure form indicating any conflicts of integers are reviewed by the officers.	erest or business relationships. The		
CEO executive director top management comp Part VI line 15a	The Chairperson consults with a designated board member who is an attorney to undert Presidents compensation using comparative data analysis based on comparable organiz area.			
Governing documents etc available to public Part VI line 19	These documents are made available upon request.			
Explanation of other changes in net assets or fund balances Part XI line 9	Change represents proposed adjusting journal entries on the 2018 audited financial state 2018 Form 990, since the 990 was prepared before the FS.	ements that were not reported on the		
List of other	Writing Services \$75,000Fundraising / Development \$64,955Speaking Honorarium \$250			

the staffs time.

Some of the staff of the Institute are employees of another Organization and do not receive compensation from the Institute. The

salary amounts reflected include wages, payroll taxes, health insurance and other benefits that are allocated to the Institute for