efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 990

For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury

TIN: 20-5478191

OMB No. 1545-

Open to Public

Return of Organization Exempt From Income Tax

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

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.

Form **990** (2019)

Cat. No. 11282Y

Internal	Reveni	ue Service						Inspection
A Fo	or the	e 2019 ca	lendar year, or tax year begin	ning 01-01-2019 , and ending 12-31-20	19			
		applicable:	C Name of organization NAMATI INC			D Employ	er identi	fication number
		change hange	NAMATI INC			45-279	96201	
	tial re	-	Doing business as					
Fin		ninated	,					
		ed return		f mail is not delivered to street address) Room/s	uite	E Telephon	e number	
Ар	plicati	ion pending	1616 P STREET NW NO 101			(202)	888-10	86
				ountry, and ZIP or foreign postal code				
			WASHINGTON, DC 20036		1	G Gross red	ceipts \$ 8,	.344,206
			F Name and address of prin VIVEK H MARU	cipal officer:		this a group re	turn for	
			1616 P STREET NW NO 10)1		ubordinates? re all subordina	ites	Yes No
			WASHINGTON, DC 20036			ncluded?		Yes No
I Tax	x-exe	mpt status:	501(c)(3) 501(c)()	(insert no.) 4947(a)(1) or 527		"No," attach a	•	,
J W	ebsit	te: > WW	/W.NAMATI.ORG		H(c) G	roup exemption	numbei	r >
K Forr	n of o	organization	: Corporation Trust Assoc	ciation Other	L Year of	formation: 2011	M State	of legal domicile: DE
De	and I	Sum						
Pa	art I		mary scribe the organization's miss	sion or most significant activities:				
		•	_	ROOTS ADVOCATES WHO EMPOWER	PEOPLE T	O KNOW, USE	, AND S	SHAPE THE LAW.
)Ce		-				•		
<u>na</u>								
Activities & Governance	_	Chack th	is how T if the organization	n discontinued its operations or disposed	of more +	han 25% of ito	net acco	ate
ŝ	_			erning body (Part VI, line 1a)			3	6
8				rs of the governing body (Part VI, line 1b)			4	5
ies			,	in calendar year 2019 (Part V, line 2a)			5	3 5
			• •	if necessary)			6	11
Ac			•	Part VIII, column (C), line 12			7a	0
				e from Form 990-T, line 39			7b	0
	Ť	net unit	nacea basiness taxable meem	- Hom Form 550 1, mie 55 1 1 1		Prior Year	122	Current Year
	R	Contribut	tions and grants (Part VIII, line	e 1h)		4,964,9	55	8,344,206
Revenue			service revenue (Part VIII, lin	•		4,504,5	0	0,544,200
9.6		_	·	(A), lines 3, 4, and 7d)		15,0		0
ď			•	ines 5, 6d, 8c, 9c, 10c, and 11e)		13,0	0	0
				(must equal Part VIII, column (A), line 1	2)	4,979,9		8,344,206
				IX, column (A), lines 1–3)	-,	1,306,8	96	1,572,803
			paid to or for members (Part I	, , , , , ,			0	0
50				ee benefits (Part IX, column (A), lines 5-	10)	2,685,2	26	3,009,243
Exp enses		•		column (A), line 11e)		2/000/2	0	0
per			raising expenses (Part IX, column (-
页	17			lines 11a-11d, 11f-24e)		1,447,6	63	1,670,540
	18			st equal Part IX, column (A), line 25)		5,439,7	_	6,252,586
	19		•	18 from line 12		-459,8		2,091,620
or			•		Beg	inning of Curren	t	End of Year
Net Assets or Fund Balances					<u> </u>	Year		
Ass Ba			sets (Part X, line 16)			2,186,9	_	4,268,035
and and			oilities (Part X, line 26)			276,5		266,023
			ts or fund balances. Subtract	line 21 from line 20		1,910,3	92	4,002,012
	rt II		ature Block					
				examined this return, including accompa complete. Declaration of preparer (other t				
		has any kr						
		Signati	ure of officer			2020-06-09 Date		
Sign		7						
Here	е		r print name and title					
		7	· 					
	_	P	rint/Type preparer's name		Date 2020-06-09		PTIN P00639053	3
Paid		-	irm's name MARCHMILD			self-employed Firm's EIN ► 11-		
Pre	-	er	irm's name MARCUM LLP		THITIS ELIN F 11-	1200323		
Use	Or	nly 🕝	ïrm's address ▶ 1899 L STREET NW	SUITE 850		Phone no. (202)	227-4000	
			WASHINGTON, DC	20036				
May t	he II	RS discus		r shown above? (see instructions)			.	✓ Yes No

orn	1 990 (2019)					Page 2
Pa	ort III Statement of	Program Service	Accompl	ishments		
	Check if Schedule	e O contains a respons	se or note to	any line in this Part III $$		🔽
1	Briefly describe the orga	anization's mission:				_
VHI RFI RO PRO PRA	CH EVERY ONE OF US O ECT OUR LIVES. NAMAT TECT AND PROMOTE TH VIDING AND TRAINING	CAN TAKE PART IN T I'S WORK ENABLES HEIR SOCIAL, CULTU OTHERS TO PROVII TATE THE SHARING	THE DECISION POOR AND INTERPORT INTO THE POOR AND INTERPORT INTERPORT INTO THE POOR IN	ONS AND DEMAND AC UNDERPRIVILEGED P ECONOMIC LIVELIHO ID SERVICES. NAMAT	OS. WE STRIVE TO BUILD A CCOUNTABILITY FROM THE EOPLE TO EXERCISE THEIR ODS. OUR ACTIVITIES PRI I INTENDS TO BUILD A GL STER DIALOGUE, AND ULTI	INSTITUTIONS THAT LEGAL RIGHTS TO MARILY CONSIST OF OBAL NETWORK OF
2	Did the organization und the prior Form 990 or 9	, -		• ,	which were not listed on	Yes V No
	If "Yes," describe these	new services on Sche	edule O.			
3	Did the organization cea	ise conducting, or mal	ke significant	changes in how it cond	ducts, any program	
	services?					Yes V No
	If "Yes," describe these	changes on Schedule	· O.			
4	_	c)(3) and 501(c)(4) or	ganizations a	are required to report t	e largest program services, a he amount of grants and alloc	•
4a	INCLUDING ALL OF THE CO COMMUNITIES. IN PARTNE GOVERNMENT OFFICIALS A DISPUTES, 13 LAND TITLE ' THEIR LAND BUT ALSO INV	MMUNITIES THAT BEGAN (RSHIP WITH ANOTHER OR: ND MEMBERS OF TWO COUL CASES, AND 10 LAND GRAE OLVING THEM IN DEMAND! MUNITIES AFFECTED BY M	COMMUNITY LAN GANIZATION, W JNTY ASSEMBLII 3 CASES. WE AL ING THEIR RIGH INING AND AGR	ID PROTECTION EFFORTS IN E CARRIED OUT WORKSHOF ES. MYANMAR: IN MYANMAR SO CONTINUED TO PROMOT ITS. SIERRA LEONE: IN SIER	795,825) (Revenue \$ BMIT THEIR REGISTRATION PAPERW 2018, SIGNIFICANTLY EXCEEDING (25 FOCUSED ON THE COMMUNITY LAI 7, WE RESOLVED A TOTAL OF 67 CAI 8 THE ROLE OF WOMEN NOT ONLY IN RA LEONE, WE ACHIEVED 11 REMEDIALSO CONTRIBUTED SIGNIFICANTLY	DUR ORIGINAL TARGET OF 5 NND ACT FOR COUNTRY ES, INCLUDING 16 LOCAL LAND N APPLYING FOR TITLES TO IES THAT INCREASED
4b	(Code:) (Expenses \$	970,891	including grants of \$	5,850) (Revenue \$)
	EMPOWERMENT AMONG PR IMPACT, AND 11 FEATURIN DEVOTE SIGNIFICANT TIME PRIORITY LEARNING AREAS STRUCTURE TO THE NETWO EVIDENCE ON LEGAL EMPO ADDITION, NAMATI PROGR DEEPENING OUR OWN IMP, ALL CAMPAIGN A FORUM PROTECTION FOR GRASSRO NAMATI HOSTED AND SPOO OF ADVOCACY EFFORTS, TI	ACTITIONERS, DONORS, A G THE WORK, IDEAS AND, E TO DEVELOPING A SHARE S. THE EFFORT HAS MAJOR DRK'S SUPPORT TO ORGAN WERMENT ACROSS 4 KEY I AM TEAMS ENGAGED IN CO ACT AND SHARING KNOWL FOR COLLABORATION ACR DOTS JUSTICE DEFENDERS (KE ON 3 PANELS ON ACRIE HE INTER-AGENCY AND EX ATED FOR INCREASED AND	ND GOVERNMEI OR REFLECTION D LEARNING AG POTENTIAL TO IZATIONAL LEA SSUES: IMPACT MPARATIVE LEA EDGE WITH THE OSS DIVERSE S LEADING TO PERT GROUP (IA INNOVATIVE FII	NTS. THESE INCLUDED 14 PUNS OF THE NETWORK AND NUSERDA AMONG LEGAL EMPOW SUPPORT OR CATALYZE NEV RNING. IN 2019 WE CONVEN, PROGRAM METHODS, RELA ARNING ON EMPOWERMENT E BROADER FIELD.ADVOCAC'. TAKEHOLDERS TO GALVANIZ INCREASED NATIONAL GOVOR ALL AT THE SD16+ FORLAGG) ADOPTED A NEW CIVIL NANCING TO GRASSROOTS LEND AND MENTED TO GRASSROOTS LEND A MEW CIVIL NANCING TO GRASSROOTS LEND A MEM CIVIL NANCING TO G	5 PUBLICATIONS AMPLIFYING THE V UBLICATIONS DOCUMENTING OUR P ETWORK MEMBERS.LEARNING: IN 2 VERMENT PRACTITIONERS THAT IDET V OPPORTUNITIES FOR ADVOCACY, A WED WORKING GROUPS TO SYNTHES TIONSHIP TO THE STATE, AND SCAL AND LAND AND ENVIRONMENTAL JUY: 2019 ALSO SAW INCREASED MOM ZE POLICY ADVOCACY TOWARDS INC VERNMENT COMMITMENTS IN SUPPO JM, ALONGSIDE 4 GOVERNMENTS. IN JUSTICE INDICATOR FOR GLOBAL M.EGAL EMPOWERMENT EFFORTS AND	ROGRAMS' EFFORTS AND 019, NAMATI CONTINUED TO NTIFIES EVIDENCE GAPS AND AND DEEPEN AND PROVIDE LIZE EXISTING RESEARCH AND E AND SUSTAINABILITY. IN STICE WITH AN EYE TO LIENTUM IN THE JUSTICE FOR REASED FINANCING AND RTING THE CAMPAIGN GOALS. I ADDITION, AFTER 5 YEARS LEASUREMENT OF SDG16.3.
4 c	MEMBER ORGANIZATIONS MEMBERS AND 401 NEW OF (1) COMMUNITY BUILDING	AND NEARLY 8,000 INDIVII RGANIZATIONS. NETWORK , (2) LEARNING, AND (3) C	DUAL MEMBERS ACTIVITIES ST OLLECTIVE ADV	FROM 170 COUNTRIES. IN 2 RENGTHEN THE BROADER FI OCACY. EACH YEAR WE BRIN	130,296) (Revenue \$ EMPOWERMENT NETWORK. THE NET 1019, THE NETWORK GREW BY ADDIF 16LD OF LEGAL EMPOWERMENT BY FI 10G TOGETHER HUNDREDS OF ORGAT PATE IN GLOBAL FORUMS WHERE TH	NG 1,570 NEW INDIVIDUAL OCUSING ON THREE AREAS: NIZATIONS AT IN-PERSON
	RESOURCE LIBRARY THAT I ORGANIZATIONS PARTICIPA	INCLUDES THOUSANDS OF ATED IN INTENSIVE, LEARN	PRACTICE GUIL IING EVENTS, IN	DES WITH PRACTICAL TIPS T	CUSSION FORUM TO FOSTER WIDER O IMPROVE PROGRAMS. IN 2019, 92 PERSHIP COURSE IN MOLDOVA, A LEA OURSE IN HUNGARY.	2 GRASSROOTS
	(Code: ENVIRONMENTAL JUSTICE) (Expenses \$	712,696	including grants of \$	424,250) (Revenue \$)
	(Code: CITIZENSHIP) (Expenses \$	466,438	including grants of \$	136,582) (Revenue \$)
	(Code: HEALTH ACCOUNTABILITY) (Expenses \$	253,812	including grants of \$	80,000) (Revenue \$)
٧,	Other program service	as (Describe in School	سام ۱۰۰			
4d	(Expenses \$	•	uie O.) ding grants o	f\$ 640 8	332) (Revenue \$)
4e	Total program service		4,903,206	, 0.070	, , , , , , , , , , , , , , , , , , ,	,
		<u> </u>				

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 $\textcircled{5}$	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? If "Yes," complete Schedule C, Part II	4	Yes	
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 9	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? If "Yes," complete Schedule D, Part IV	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		N o
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		N o
е	Sold the organization report an amount for other habilities in Part X, line 25? If Tes, complete Schedule D, Part X	11e		Νo
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	អ្វីម៉េន្ត ទីស្វាម្ចាស់ មាន ប្រជាព្រះ ប្រជាព្រ ប្រជាព្រះ ប្រជាព្យ ប្រជាព្រះ ប្រជាព្រះ ប្រជាព្រះ ប្រជាព្រះ ប្រជាព្រះ ប្រជាព្រះ ប្រះ ប្រជាព្រះ ប្រជ		100	
	Schedule D, Parts XI and XII 🐿	12a		No
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part In 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	Yes	
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? <i>If "Yes," complete Schedule G, Part I</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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	. (5.5.:
		ı	-orm 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		Νo
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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		
c	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		Νο
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		Νο
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		Νο
27	មើរប៉ើកម្មាន "សាម្មាន នៅ នៃក្រុម នៅ នៅ ស្រាស់ នៅ	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? If "Yes," complete Schedule L, Part IV	28a		N.o.
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		N o
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		No
31	fbid ^y the" 67gan/ខ្លង់ទៅកម្លើយថ្ងៃងីe, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
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		Νo
34	Wasten Grades Schedulated Part hy tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νο
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? <i>If "Yes," complete Schedule R, Part V, line</i> 2	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part V	•		. L
1=	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 17		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

Yes

1c

Form **990** (2019)

orm	990 (2019)			Page 5
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			
b	by this return	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial $\Re^{COPB}(t)$) enter the name of the foreign country: \blacktriangleright KE	4a	Yes	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (YFBSAKI): organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	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).			
	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
	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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		No
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. 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 an Schodule O	-54		
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			
c	Enter the amount of reserves on hand			
	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	14b		
	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		No
16	IS These hose it is the section 4968 excise tax on net investment income?	16		No
	If "Yes," complete Form 4720, Schedule O.			0 (2010

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 10b below, describe the circumstances, processes, or changes in Schedule 0. See instructions. Check if Schedule 0 contains a response or note to any line in this Part VI	sponse	to lines	. 🔽
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 YEATHER 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 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was bild the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		N o
6	Did the organization become aware during the year of a significant diversion of the organization's assets:	6		N o
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or			IN U
	more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N o
8	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 cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
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	Yes	
	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		No
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?	165		
Se	ection C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed			
	<u>C A , D E</u>			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	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 record LEE BOYCE 1616 P STREET NW NO 101 WASHINGTON, D C 20036 (202) 888-1083	5:		

Part VII

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 to Check this box if neither the organization n	•		ation	cor	npe	nsate	d an	ny current officer,	director, or truste	e.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Pos more pers	ition than on is	(C) (do one bot	not bo: h ar or/ti	t chec	k 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) CHI A MGBAKO	2.00		200-201			be				
CHAIR		Х		Х				0	0	0
(2) CHETAN GULATI TREASURER	1.00	х		х				0	0	0
(3) SHARON JOHNSON SECRETARY	1.00	х		х				0	0	0
(4) MATTHEW A BROWN DIRECTOR	1.00	х						0	0	0
(5) PRATAP BHANU MEHTA DIRECTOR	1.00	х						0	0	0
(6) RICKEN PATEL DIRECTOR	1.00	х						0	0	0
(7) VIVEK H MARU PRESIDENT & CEO	40.00	х		х				146,780	0	32,117
(8) LEE BOYCE CHIEF FINANCIAL OFFICER	40.00			х				112,540	0	19,008
(9) INDIRA SARMA	40.00			х				102,171	0	26,874
(10) ELLIE FEINGLASS CO-DIR, NAMATI MOZAMBIQUE	40.00					х		107,815	0	20,837
	1		1	1	1	1	1	1		

	(A) Name and title	(B) Average hours per week (list any hours for	more pers	than on is	one bot	not bo: h ar	t chec x, unle n office rustee	ess er	Repo compe fron organiza	rtable nsation n the ation (W-	(E) Reportable compensation from related organization	S	(F) Estima amount o compens	ated If other sation the
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099	O-MISC)	(W-2/1099- MISC)	C	rganizati relat organiza	ed
								-						
	Sub-Total			•	•		4 4							
	Total (add lines 1b and 1c)	•			<u>. </u>		•			469,306		0		98,836
2	Total number of individuals (includ \$100,000 of reportable compensations)					d al	bove)	who	received	more tha	n			
	. ,												Yes	No
3	Did the organization list any forme on line 1a? <i>If "Yes," complete Sche</i>				, ke	y er	nploye	ee, o	r highest	compens	ated employee			NI.
4	For any individual listed on line 1a	, is the sum of r	eportab	le co								3		No
	organization and related organization individual	tions greater tha	an \$150	,000	? <i>If</i>	"Yes	s," con	nplet	te Schedui	le J for sud	ch	4	Yes	
5	Did any person listed on line 1a re										· · r individual for			
	services rendered to the organizat		nplete S	chedi	ule J	l for	such ,	pers	on			5		No
1	ction B. Independent Control Complete this table for your five h	nighest compens												
	compensation from the organization	(A)		for t	he d	cale	ndar y	/ear	ending wi		(B)	ion's	. (0	C)
	Name	e and business addr	ess							Des	cription of services		Compe	nsation

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 \triangleright 0

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

roriii s	990 (2019)							Page 9
Part		t of Revenue						_
			s a res	sponse or note to	any line in this Part (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	 fa Federated cam Membership du Fundraising ev Related organi Government grant 	ents zations	1a 1b 1c 1d 1e	1,053,971				
5 E	f All other contributi and similar amoun above g Noncash contributi lines 1a - 1f:\$ h Total. Add lines	its not included	1f 1g	7,290,235				
	ii rotan Add iiiic		• •	Business Code	8,344,206	I	T	1
Program Service Revenue	2a			Business Code				
Rev	b			_				
rvice	С			_				
m Se	d			_				
ogra	e							
Δ	f All other program	m service reven	IIe.	-				
	9 Total. Add lines							
	3 Investment incom	ne (including div	idends	, interest, and				
	49imilareamounitale	stment of tax-e	xempt	bond proceeds	:			
	5 Royalties	() P.		<u>•</u>				
		(i) Re	eai	(ii) Personal	-			
	6a Gross rents b Less: rental	6a						
	expenses	6b						
	c Rental income or	6c						
	d (Nets)ental incor	me or (loss).		_				
	7a Gross amount from sales of assets other	(i) Secu	rities	(ii) Other	_			
	than inventoryLess: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c						
	d Net gain or (los				<u> </u>			
Other Revenue	8a Gross income from from from including \$ contributions reports See Part IV, line 18	of ed on line 1c).	8a					
Re	b Less: direct exp c Net income or (I		8b aising	events				
her	(.	,	_	•				
ō	9a Gross income fro activities. See Part IV, line b Less: direct exp		9a 9b					
	c Net income or (I	oss) from gamir	ng acti	vities 🕨				
				[

10a Gross sales of inventory, less returns and allowances						
returns and anowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of	inve	ntory				
		•				
Miscellaneous Revenue		Business Code				
11a						
b		-				
С						
d All other revenue						
e Total. Add lines 11a-11d	•					
12 Total revenue. See instructions .			8 344 206	0	0	0

Form **990** (2019)

Forr	n 990 (2019)				Page 10
Pa	ort IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a response or note to				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	86,250	86,250		
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.	1,486,553	1,486,553		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	439,490	160,154	139,952	139,384
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	2,054,209	1,446,577	516,650	90,982
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	133,429	98,163	32,469	2,797
٩	Other employee benefits	205,342	145,827	47,006	12,509
	Payroll taxes	176,773	115,503	45,938	15,332
	Fees for services (non-employees):				
	Management				
	Legal	8,315		8,315	
	Accounting	23,916		23,916	
	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)	775,862	718,681	49,931	7,250
12	Advertising and promotion	7,953	921	6,533	499
13	Office expenses	111,373	79,645	30,172	1,556
14	Information technology	19,685	7,575	12,110	
15	Royalties				
16	Occupancy	155,502	97,663	55,442	2,397
17	Travel	456,079	413,166	27,656	15,257
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
	Conferences, conventions, and meetings	16,399	10,205	3,150	3,044
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,081	13,081		
23	Insurance	13,672	4,136	9,536	
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.)				
	DUES & SUBSCRIPTIONS	68,261	19,106	45,707	3,448
ı	b OTHER	442		442	
	_				
	<u> </u>				
	d All other conserve				
	e All other expenses	6 252 500	4 002 206	1.054.025	204 455
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	6,252,586	4,903,206	1,054,925	294,455

Forr	n 990	(2019)					Page 11
Р	art X	Balance Sheet					_
		Check if Schedule O contains a response or	note to	o any line in this Part IX .			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,185,359	1	3,765,730
	2	Savings and temporary cash investments		Г		2	
	3	Pledges and grants receivable, net			817,102	3	379,581
	4	Accounts receivable, net				4	
	5	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t	ibutor, or 35%		5		
	6	Loans and other receivables from other disquunder section $4958(f)(1)$), and persons desc	alified	persons (as defined		6	
S	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
ASS	9	Prepaid expenses and deferred charges .			59,161	9	63,911
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	205,382			
	b	Less: accumulated depreciation	10b	192,301	26,162	10 c	13,081
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, li			12		
	13	Investments—program-related. See Part IV, I			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		99,189	15	45,732	
	16	Total assets: Add lines 1 through 15 (must e	2,186,973	16	4,268,035		
	17	Accounts payable and accrued expenses .			276,581	17	266,023
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	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 key employee, creator or founder, substantial controlled entity or family member of any of t	contr	ibutor, or 35%		22	
	23	Secured mortgages and notes payable to unre	elated	third parties		23	
	24	Unsecured notes and loans payable to unrela	ted thi	ird parties		24	
	25	Other liabilities (including federal income tax parties, and other liabilities not included on I Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25 .			276,581	26	266,023
98		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔽 and complete			
Fund Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions		1,339,785	27	2,847,305	
nd Ba	28	Net assets with donor restrictions			570,607	28	1,154,707
Fur		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🗌 and			
or	29	complete lines 29 through 33. Capital stock or trust principal, or current fun	ıds .			29	

30 31

32

33

4,002,012

4,268,035 Form **990** (2019)

1,910,392

2,186,973

Paid-in or capital surplus, or land, building or equipment fund

Total net assets or fund balances

Total liabilities and het assets/fund balances

33

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2019)			ľ	Page 12
Pai	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. Г
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,3	344,206
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,2	252,586
3	Revenue less expenses. Subtract line 2 from line 1	3		2,0	091,620
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,9	910,392
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column	10		4,0	002,012
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
1 2a	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ved on	2a		No
	We also a set of the Constitution of the Real board of the Constitution of the Constit		-		
D	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate or the year were audited.	rate	2b	Yes	
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2019)

Form 990 (2019)		
Additional Data		Return to Form
	Coffman ID.	
	Software ID:	
	Software Version:	
Form 990, Special Co	ondition Description:	
	Special Condition Description	

efile Public Visual Render		l Render	ObjectI	T	TIN: 20-547819						
		OULE A or 990EZ)	Com		Charity Statu				OMB No. 1545-004		
Department of the Treasury Internal Revenue Service				•	4947(a)(1) nonexe Attach to Form rs.gov/Form990 for i	mpt charitable 990 or Form 99	trust. 0-EZ.		Open to Public Inspection		
	e of th	ne organizati	on					Employer identific			
								45-2796201			
	rt I				tatus (All organiza use it is: (For lines 1				ons.		
1	organi 		•		r association of churc	<i>,</i>	,	,			
2)(1)(A)(ii). (Attach S		-				
3				- '	service organization of	•					
4		A medical	•	ization ope	rated in conjunction w				ii). Enter the		
5		_	ation operated (A)(iv). (Comp		efit of a college or uni .)	versity owned o	or operated by	a governmental unit	described in section		
6		A federal,	state, or local	government	or governmental unit	described in se	ection 170(b)(1	L)(A)(v).			
7	굣	_		•	es a substantial part o i). (Complete Part II.		om a governme	ntal unit or from the	general public		
8					ion 170(b)(1)(A)(vi).		t II.)				
9					n described in 170(b) e of agriculture. See in						
10		receipts fro from gross	om activities re investment in	elated to its come and u	es: (1) more than 331 exempt functions—sunrelated business tax e section 509(a)(2).	ubject to certain cable income (le	n exceptions, a ess section 511	nd (2) no more than	331/3% of its support		
11		An organiz	ation organize	d and opera	ted exclusively to test	for public safe	ty. See section	509(a)(4).			
12		one or mor	e publicly sup	orted orga	ed exclusively for the nizations described in t describes the type o	section 509(a)	(1) or section 5	509(a)(2). See section	on 509(a)(3). Check		
а		Type I. A supported	upporting orga organization(s)	nization op the power	erated, supervised, or to regularly appoint o t IV, Sections A and I	controlled by i r elect a majori	ts supported o	rganization(s), typica	ally by giving the		
b		Type II. A manageme	supporting org	anization su orting organ	upervised or controlled lization vested in the	d in connection					
С		Type III fu	nctionally inte	egrated. A s	upporting organizatio uctions). You must co				egrated with, its		
d		not functio	nally integrate	d. The orga	. A supporting organization generally mu te Part IV, Sections A	st satisfy a dist	ribution require		• ' '		
e			_		ceived a written deter			s a Type I, Type II,	Type III functionally		
f	Ente				ılly integrated support ns						
g	20			_	out the supported orga			· · · · · · · <u> </u>			
		lame of supportion		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see			(v) Amount of monetary support (see instructions)			
					instructions))	Yes	No				
T								-			
Tota					structions for	Cat. No. 11285	_	Schedule A (Form			

123,815

26,644,638

49.880 %

47.730 %

12,250

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

sed the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

(Comple	te only	y if you	cneck
Part III.	If the	organiz	zation

Gross income from interest, dividends, payments received on

Net income from unrelated business activities, whether or not the business is regularly carried

on. .

organization .

securities loans, rents, royalties and income from similar sources

Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through

Part III. If the organiz	ation failed to (quality under tr	ie tests listea b	elow, please co	implete Part II.	ι.)
Section A. Public Support						
Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
(or fiscal year beginning in)	(a) 2013	(3) 2010	(6) 2017	(u) 2010	(0) 2013	(i) rotar

(or fiscal year beginning in) 🕨 Gifts, grants, contributions, and 2.799.251 6.187.919 4,224,492 4.964.955 8.344,206 26,520,823 membership fees received. (Do not

include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either

paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to

the organization without charge.. 2,799,251 6,187,919 4,224,492 4,964,955 8,344,206 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a

26,520,823 governmental unit or publicly

supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column

13,230,070 (f). . **Public support.** Subtract line 5 from 13,290,753 line 4.

Section B. Total Support **(b)** 2016 (a) 2015 (c) 2017 (d) 2018 (e) 2019 (f) Total

Calendar vear (or fiscal year beginning in) 🕨 6.187.919 4,224,492 4.964.955 2,799,251 8,344,206 26,520,823 Amounts from line 4. .

39,326

22,608

15,009

15

Schedule A (Form 990 or 990-EZ) 2019

46,872

Public support percentage for 2018 Schedule A, Part II, line 14

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

Section C. Computation of Public Support Percentage

13 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)

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 h 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

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

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

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

che	dule A (Form 990 or 990-EZ) 2019						Page 3
P	art III Support Schedule f						
	(Complete only if you						alify under Part
-	II. If the organization	fails to qua	lify under the t	ests listed belo	ow, please com	iplete Part II.)	
	ection A. Public Support						
	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 grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support	1				1	
	ndar year fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
		1					
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated						
	business activities not included in						
	line 10b, whether or not the						
12	business is regularly carried on. Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12.) First five years. If the Form 990 is f	or the organize	ation's first seco	nd third fourth	or fifth tay year	as a section 501	(c)(3) organization
L4	check this box and stop here	-	•				
	and box and box fide in i		· · · · · · · · ·			<u> </u>	

Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) 15 15 Public support percentage from 2018 Schedule A, Part III, line 15 16

Section D. Computation of Investment Income Percentage

17

Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) 17

20

Investment income percentage from 2018 Schedule A, Part III, line 17 18 19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than $\overline{33}$ 1/3%, and line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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.	ments?		
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	

	ir "No," describe in Part vi 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)		

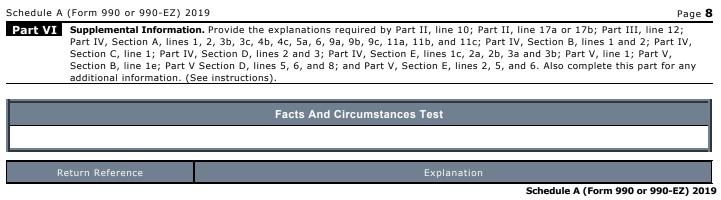
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization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

	Cauce A (101111 350 01 350 E2) 2015		Г	aye 🤳
Pa	rt IV Supporting Organizations (continued)			
			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	, , , , , , , , , , , , , , , , , , , ,	11b		
	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		
3	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's		163	140
	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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
•	ection D. Ali Type III Supporting Organizations			
	cetton D. An Type 111 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?	-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
-	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).			
3		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	ectron 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.	Ī	Yes	No
,	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities			
	constituted substantially all of its activities. 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		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3b		

Page **6**

1	Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organizations.	_	, , ,	,
	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		
7	Check here if the current year is the organization's first as a non-functiona instructions)	lly-inte	egrated Type III suppor	ting organization (se

Type III Non-Functionally Integrated 509(a)(3) Supporting (continue Section DOF BASHABURGAS 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations	Current Year
Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations	Current real
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide	
details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	1
Section E - Distribution Allocations (see instructions) (i) Excess Distributions 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:	
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	 (Form 990 or 990-EZ) (2019



efile Public Visual Re	nder ObjectId: 001 - Submission: 2015-01-16		TIN: 20-547819 ²				
Schedule B	Schedule of Contributors		OMB No. 1545-0047				
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		2019					
Name of the organization	1	Employer ide	entification number				
		45-279620	1				
Organization type (che	ck one):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n					
	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						
_	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions rom any one contributor. Complete Parts I and II. See instructions for determining a	-	· · · · · ·				
Special Rules							
under sections 50 received from any	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % supply(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part of one contributor, during the year, total contributions of the greater of (1) \$5,000 or (ii) Form 990-EZ, line 1. Complete Parts I and II.	II, line 13, 16a,	or 16b, and that				
during the year, to	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive otal contributions of more than \$1,000 exclusively for religious, charitable, scientific of cruelty to children or animals. Complete Parts I, II, and III.	•					
	more than \$1,000. If is, charitable, etc.,						
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedu must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of t I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 9	its Form 990-E					

Cat. No. 30613X

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

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

Page 2 **Employer identification number** Name of organization NAMATI INC 45-2796201 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person RESTRICTED **Payroll** \$ RESTRICTED Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash Part I

(a)

No. from

Part I

(a)

No. from

Part I

PERTY (see instructions). Use duplicate copies of Part II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)

(a) (b) No. from Description of noncash property given Part I

(b)

Description of noncash property given

No. from Part I

(b)

Description of noncash property given (b)

(a) No. from Part I

(a)

Description of noncash property given

(b)

Description of noncash property given

(c)

Employer identification number

\$

45-2796201

(c)

FMV (or estimate)

(See instructions)

(See instructions)

FMV (or estimate)

\$

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

(d)

Page 3

(d)

Date received

Date received

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
Name of o	organization INC			Employer identification number
Part III	Exclusively religious, charitable, etc., contrib total more than \$1,000 for the year from any line entry. For organizations completing Part of \$1,000 or less for the year. (Enter this info Use duplicate copies of Part III if additional space is	one con III, ente rmation	tributor. Complete column r the total of exclusively relonce. See instructions.)	s (a) through (e) and the following ligious, 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 4	(6	e) Transfer of gift Relationsh	ip 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 4	(6	e) Transfer of gift Relationsh	ip 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 4	(6	e) Transfer of gift Relationsh	ip 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 4	(6	e) Transfer of gift Relationsh	ip of transferor to transferee
			-	

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

efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

TIN: 20-5478191

OMB No. 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

	ame of the organization MATI INC			Employer identif	fication number
				45-2796201	
Pai	rt I-A Complete if th	ne organization is e	xempt under section 50	O1(c) or is a section 527 o	organization.
1	definition of "political ca	n activities in Part IV (see instruc	tions for		
2	, -		ructions)	·	
	<u> </u>		see instructions) xempt under section 50		
1		_	e organization under section		
2	<u>.</u>	•	ganization managers under se	·	
3	· ·	,	d it file Form 4720 for this ye	•	Yes No
4a					
					Yes No
b Pat	If "Yes," describe in Part	t IV. ne organization is e	xemnt under section 50	O1(c), except section 501((c)(3).
1	•		organization for section 527 ex		(0)(0).
2	<u> </u>		s contributed to other organiza	·	
-					
3	Total exempt function ex	xpenditures. Add lines 1 a	and 2. Enter here and on Form	1120-POL, line 17b	
4	Did the filing organizatio	n file Form 1120-POL for	this year?		Yes No
5	organization made paym amount of political contr	ents. For each organization	n listed, enter the amount paire promptly and directly delive	ction 527 political organizations to d from the filing organization's fu ered to a separate political organi ace is needed, provide informatio	nds. Also enter the zation, such as a
(a)	Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					
For	Paperwork Reduction Act No	tice, see the instructions for	or Form 990 or 990-EZ.	Cat No 500845 Schedule C (Eo	rm 000 or 000 E7\ 2010

under section 501(h)).

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots nontaxable amount

Lobbying ceiling amount

Page 2

A Check 🕨 🥅 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check $ightharpoonup \Gamma$ if the filing organization checked box A and "limited control" provisions apply.

	Limits on Lobbyii (The term "expenditures" meai		(a) Filing organization's totals	(b) Affiliated groute totals
1a	Total lobbying expenditures to influence public of	opinion (grass roots lobbying)	43,398	3
b	Total lobbying expenditures to influence a legisla	C)	
c	Total lobbying expenditures (add lines 1a and 1b	o)	43,398	3
d	Other exempt purpose expenditures		6,209,189)
е	Total exempt purpose expenditures (add lines 1	c and 1d)	6,252,587	7
f	Lobbying nontaxable amount. Enter the amount $\ensuremath{\text{f}}$ columns.	from the following table in both	462,629	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	115,657	,
h	Subtract line 1g from line 1a. If zero or less, ent	er -0	C)
i	Subtract line 1f from line 1c. If zero or less, enter		C)
j		ine 1h or line 1i, did the organization file Form 47	, ,	Yes No

columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

354,659

39,000

88,665

39,000

(b) 2017

405,617

42,321

101,404

42,321

(c) 2018

421,989

41,053

105,497

41,053

(d) 2019

462,629

43,398

115,657

43,398 Schedule C (Form 990 or 990-EZ) 2019

(e) Total

1,644,894

2,467,341

165,772

411,223

616,835

(a) 2016

Sche	edule C (Form 990 or 990-EZ) 2019				Pa	ge 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT				
or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)		
	res response on mes to amough it below, provide in rait in a detailed description of the lobbying rity.	Yes	No	Am	ount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section section 501(c)(6).	501(c))(5), or			
				Y	'es	No
1	Were substantially all (90% or more) dues received nondeductible by members?		_ 1	L		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_ 2	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."					

1 Dues, assessments and similar amounts from members

2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year

Carryover from last year

Total

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

5 Taxable amount of lobbying and political expenditures (see instructions) **Supplemental Information**

Part IV

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference

2b 2c

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

Department of the Treasury

Internal Revenue Service

▶ 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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

TIN: 20-5478191 OMB No. 1545-0047

Open to Public Inspection

	nme of the organization MATI INC		Emp	oloyer identification number
INA	PIATI INC		45-	2796201
P	art I Organizations Maintaining Donor A		•	
	Complete if the organization answered '		1	
		(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 organizat	_		
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dor impermissible private benefit?	or or donor advisor, or for any other purp	ose cor	nferring
Pa	Conservation Easements. Complete if the organization answered '			
1	Purpose(s) of conservation easements held by the o	rganization (check all that apply).		
	Preservation of land for public use (e.g., recreation	on or education) $lacksquare$ Preservation of a	n histor	ically important land area
	Protection of natural habitat	Preservation of a	certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization help	d a qualified concervation contribution in	the for	m of a consorvation
2	easement on the last day of the tax year.	u a quanneu conservation contribution in	the for	Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c		toric structure included in (a)	2c	
d	Number of conservation easements included in (c) achistoric structure listed in the National Register	•	2d	
3	Number of conservation easements modified, transfe tax year		ed by th	ne organization during the
4	Number of states where property subject to conserv	ation easement is located		
5	Does the organization have a written policy regarding violations, and enforcement of the conservation eas	g the periodic monitoring, inspection, har		f Yes No
6	Staff and volunteer hours devoted to monitoring, ins			
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conserv	ation easements during the year
8	Does each conservation easement reported on line 2 (B)(i) and section 170(h)(4)(B)(ii)?			70(h)(4)
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of			
.	the organization's accounting for conservation easer			has Circilas Assala
Рa	rt III Organizations Maintaining Collection Complete if the organization answered '		or Ot	ner Similar Assets.
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar as	5 116 (ASC 958), not to report in its reve sets held for public exhibition, education,	or rese	earch in furtherance of public
	service, provide, in Part XIII, the text of the footnot If the organization elected, as permitted under SFAS			
b	works of art, historical treasures, or other similar as service, provide the following amounts relating to the	sets held for public exhibition, education,		
	(i) Revenue included on Form 990, Part VIII, line 1 .			. 🕨\$
(ii) Assets included in Form 990, Part X			. > \$
2	If the organization received or held works of art, hist following amounts required to be reported under SF.	corical treasures, or other similar assets f	or finan	
а	Revenue included on Form 990, Part VIII, line 1 · ·	, , ,		• \$
				· · · · · · · · · · · · · · · · · · ·
b	Assets illitiated ill Fulli 330, Fall A · · · · · · ·			· - p

Cat. No. 52283D

Par	t III Organizations Maintaining C	ollection	s of Art	, Histori	cal T	reasur	es, or	Other Si	milar As	sets (cont	inued)
3	Using the organization's acquisition, access	ion, and oth	er record	s, check ar	y of t	he follov	ving tha	t are a signi	ficant use	of its	
_	collection items (check all that apply):			d \Box							
а	Public exhibition					or excha	•	_			
b	Scholarly research			e	Other						
С	Preservation for future generations										
4	Provide a description of the organization's c Part XIII.	ollections a	nd explair	n how they	furthe	r the or	ganizati	on's exempt	purpose i	n	
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	□ No	
Pa	Complete if the organization and Part X, line 21.			orm 990, I	Part I	V, line	9, or re	eported an	amount	on Form 9	990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?								Yes	□ No	
b	If "Yes," explain the arrangement in Part XI	III and comi	olete the	following ta	ıble:				Amount	,	
c	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year					ĺ	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on						dial acc	ount liability	.₂□ Yes	□ No	
2 a	· · ·	101111 990, 1	arc X, IIII	e 21, 101 es	SCI OW 1	or custo	ulai acci	June mabiney			
b	If "Yes," explain the arrangement in Part X	III. Check h	ere if the	explanatio	n has	been pr	ovided i	n Part XIII	□		
Pa	ert V Endowment Funds.	1 1154									
	Complete if the organization ans	(a) Currer		orm 990, F (b) Prior ye				k (d) Three y	ears hack (a) Four years	hack
1a	Beginning of year balance	(a) currer	ic year	(B) THOLY	- Lui	(c) Iwo	years bac	(u) mice y	cars back (ej rour yeurs	back
	Contributions										
	Net investment earnings, gains, and losses										
_	, g.,, g,										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	,										
2	Provide the estimated percentage of the cur	rent year er	nd balanc	e (line 1g,	columi	n (a)) he	eld as:				
a	Board designated or quasi-endowment										
b	Permanent endowment										
С	The percentages on lines 2s, 2h, and 2s sh		1000/								
3a	The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the posse			tion that a	re held	l and ad	minister	ed for the			
-	organization by:	.551011 01 1110	. organiza	cion chac ai	C IICIC	. una aa		cu for the		Yes	No
	(i) unrelated organizations								3a(i)	
b	(ii) related organizations			 d on Sched	ule R?				3a(i		
4	Describe in Part XIII the intended uses of t	he organizat	tion's end	owment fu	nds.						
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization ans	swered "Ye									
	Description of property (a) Cost or oth (investme		(b) Cost or	other basis (other)	(c) Acc	umulated	depreciation	(d)) Book value	
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other			2	05,382			192,301			13,081
	al. Add lines 1a through 1e. (Column (d) must	equal Form 9	90, Part X	, column (B), line	10(c).)		>			13,081

Complete if the organization answered fes on Form 99	u, Pail IV,	IIIIe	TID.See Form 9:	90, Part	. A, IIIIe 12.
(a) Description of security or category (including name of security)	(b) Book value		(c) Method Cost or end-of-	of valua	ition:
(1) Financial derivatives	74.40		0000 01 0114 01	, caa	. Not ruido
(2) Closely-held equity interests					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part Investments—Program Related.	•				
Complete if the organization answered 'Yes' on Form 99 (a) Description of investment	0, Part IV,	line	11c. See Form 9 (b) Book value	(c) Me	t X, line 13. ethod of valuation: end-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		٠			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990), Part IV,	line :	l 1d. See Form 990	, Part X,	
(a) Description					(b) Book value
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, See Form 990, Part X, line 25.	Part IV,	line		•	
1. (a) Description of liability	У				(b) Book value
(1) Federal income taxes					
(2)					

(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII V

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

Part XI

1

2

1 2 8,344,206

8,344,206

8,344,206

6,252,586

6,252,586

6,252,586

1

3

4c

2e

4c

econci	liation of	f Revenue p	er Audited	Financial	Statements	With Rev	enue per	-
eturn.		_					_	

Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	

Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e

2a

2b

2c

4a

4b

2b

2c

2d

4a

4b

RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-

Subtract line **2e** from line **1** 3

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Donated services and use of facilities

Recoveries of prior year grants

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total revenue, gains, and other support per audited financial statements . . .

- Investment expenses not included on Form 990, Part VIII, line 7b .
- Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)
- Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 - Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
 - Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25:
 - Donated services and use of facilities

 - Other losses . . . Other (Describe in Part XIII.)

EXEMPT STATUS.

- Add lines 2a through 2d 3 Subtract line **2e** from line **1**
 - Amounts included on Form 990, Part IX, line 25, but not on line 1:
- a Investment expenses not included on Form 990, Part VIII, line 7b
- Other (Describe in Part XIII.)
- c Add lines 4a and 4b
- Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
- Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.						
Return Reference	Explanation					
,	NAMATI EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED DECEMBER 31, 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE					

efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

TIN: 20-5478191

OMB No. 1545-0047

SCHEDULE F

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury

(Form 990)

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

Inspection

Name of the organization NAMATI INC				Employer ident	ification number
				45-2796201	
			the United States.	Complete if the organiz	ation answered
effer assistance, the grant to award the grants or assi	ees' eligibility stance?	for the grants 	or assistance, and the	e selection criteria used	Yes No
assistance outside the Unit	ed States.				is and other
Activites per Region. (The follo	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the	(d) Activities conducted in region (by type) (such as, fundraising, program services investments, grants to recipients located in the	(e) If activity listed in (d) is a program service, describe	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	PACIFIC EAST ASIA AND THE 0 PACIFIC		T .	COMMUNITY LAND PROTECTION (BURMA), ENVIRONMENTAL JUSTICE (INDONESIA), GLOBAL NETWORK & GLOBAL PROGRAMS (BURMA, PHILIPPINES	435,186
(2) EAST ASIA AND THE	Information on Activities Outside the United States. Complete Form 990, Part IV, line 14b. 75. Does the organization maintain records to substantiate the amount of the substantial of			(BOKIM) THIEFT THES	142,454
(3) SOUTH ASIA	0	0	PROGRAM SERVICES	ENVIRONMENTAL JUSTICE (INDIA), CITIZENSHIP (BANGLADESH), COMMUNITY LAND PROTECTION (NEPAL)	22,348
(4) SOUTH ASIA	0	0	GRANTMAKING		426,590
(5) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CITIZENSHIP (KENYA), COMMUNITY LAND PROTECTION (SIERRA LEONE, KENYA), GLOBAL NETWORK (KENYA, SIERRA LEONE, SOUTH AFRICA), GLOBAL PROGRAMS (KENYA, SIERRA LEONE), HEALTH ACCOUNTABILITY (MOZAMBIQUE)	746,663
(6) SUB-SAHARAN AFRICA	0	0	GRANTMAKING	,	857,089
(7) SOUTH AMERICA	0	0	PROGRAM SERVICES	GLOBAL NETWORK (ARGENTINA), GLOBAL PROGRAMS (CHILE)	1,748
(8) SOUTH AMERICA	0	0	GRANTMAKING	,	55,420
(9) RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTMAKING	GLOBAL NETWORK (MOLDOVA)	5,000
10)					
11)					
12)					
13)					
14)					
(15)					
(16)					
(17)					
3a Sub-total b Total from continuation sheets	1	7			2,687,498
to Part I c Totals (add lines 3a and 3b)	0	0 7			5,000 2,692,498
L TULAIS (aud IIIIES SA AIIU SD)	<u> </u>				2,092,498

Part II

16)

17)

.

AFRICA

AFRICA

SUB-SAHARAN

PROTECTION

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

ACCOUNTABILITY

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

HEALTH

17

Schedule F (Form 990) 2019

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

Ŧ (b) IRS code (d) Purpose of (e) Amount of (h) Description (i) Method of (a) Name of (c) Region (f) Manner of (a) Amount organization section grant cash grant cash of noncash of noncash valuation and EIN (if disbursement assistance assistance (book, FMV, applicable) appraisal, other) (1) EAST ASIA AND THECOMMUNITY LAND 70,658WIRE TRANSFER PACIFIC PROTECTION (2) 44,403 WIRE TRANSFER EAST ASIA AND THECOMMUNITY LAND PROTECTION PACIFIC (3) EAST ASIA AND THEGLOBAL NETWORK 25,426WIRE TRANSFER PACIFIC (4) 353,000 WIRE TRANSFER SOUTH ASIA ENVIRONMENTAL JUSTICE (5) 48,590 WIRE TRANSFER SOUTH ASIA CITIZENSHIP (6) SOUTH ASIA GLOBAL NETWORK 10,000 WIRE TRANSFER (7) SOUTH ASIA GLOBAL NETWORK 10,000 WIRE TRANSFER (8) SOUTH AMERICA GLOBAL NETWORK 20,520WIRE TRANSFER (9) 27,900 WIRE TRANSFER SOUTH AMERICA GLOBAL NETWORK 19,728 WIRE TRANSFER SUB-SAHARAN CITIZENSHIP 10) AFRICA SUB-SAHARAN CITIZENSHIP 34,421WIRE TRANSFER 11) AFRICA 9,000 WIRE TRANSFER SUB-SAHARAN CITIZENSHIP 12) AFRICA 30,143 WIRE TRANSFER SUB-SAHARAN CITIZENSHIP 13) AFRICA SUB-SAHARAN 11,669WIRE TRANSFER COMMUNITY LAND 14) AFRICA PROTECTION SUB-SAHARAN COMMUNITY LAND 6,667 WIRE TRANSFER 15) AFRICA PROTECTION SUB-SAHARAN COMMUNITY LAND 660,461 WIRE TRANSFER

80,000 WIRE TRANSFER

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(a) Type of grant or	(b) Region	(c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount of	(g) Description	(h) Method of
assistance		recipients	cash grant	disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1)					1		XFF:
(2)			-		1		
(3)							
(4)							
(5)					+		
(6)					+		
(7)					+		
(8)					+		
(9)					+		
(10)					+		
(11)					+		
(12)					+		
(13)					+		
(14)					+		
(15)		+			+		

(16) (17) 18)

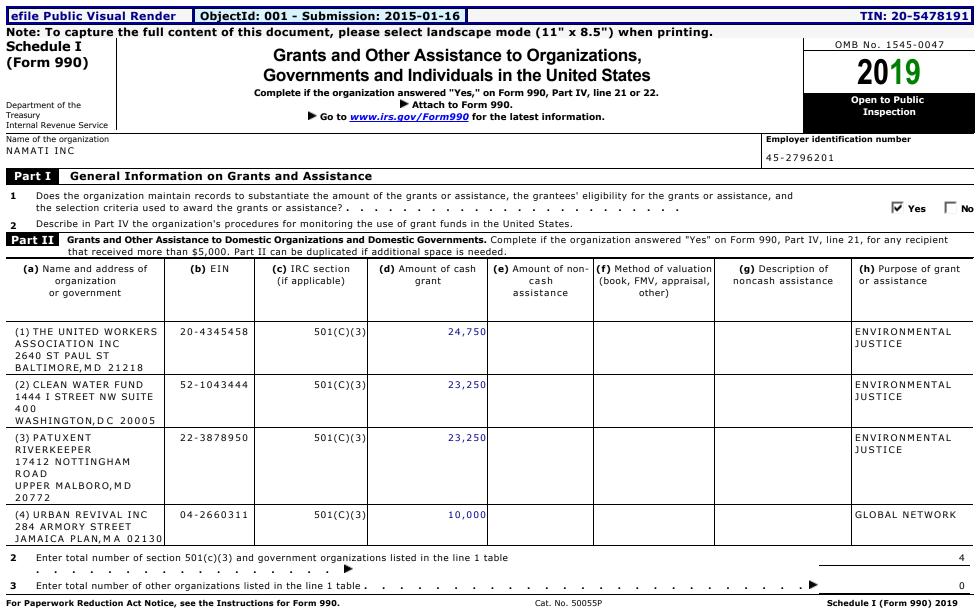
Part V Supplemental Information Provide the information require

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
	NAMATI HAS DEVELOPED A GRANTMAKING POLICIES MANUAL, APPROVED BY ITS BOARD OF DIRECTORS THAT PROVIDES GUIDANCE FOR NAMATI STAFF FOR ENTERING INTO, MANAGING AND CLOSING OUT GRANT AGREEMENTS WITH ITS COUNTRY-BASED IMPLEMENTING PARTNERS. NAMATI AWARDS GRANTS TO PARTNER ORGANIZATIONS ON AN INVITATION-ONLY BASIS. PARTNER ORGANIZATIONS ARE SELECTED FROM AMONG THE MANY ORGANIZATIONS FAMILIAR TO NAMATI THAT ARE WORKING ON LEGAL EMPOWERMENT ISSUES. OFTENTIMES, NAMATI STAFFS HAVE ALREADY VISITED THE PARTNER ORGANIZATIONS AND HAVE HELD PLANNING SESSIONS WITH LEADERSHIP FROM THOSE ORGANIZATIONS AND HAVE HELD PLANNING SESSIONS WITH LEADERSHIP FROM THOSE ORGANIZATIONS BEFORE THEY ARE INVITED TO SUBMIT A FUNDING PROPOSAL. NAMATI'S SELECTION PROCESS INCLUDES A VETTING OF THE ORGANIZATION AND THEIR KEY PERSONNEL IN COMPLIANCE WITH U.S. ANTITERRORIST LAW AS WELL AS AN ASSESSMENT OF THE ORGANIZATION'S CAPACITY TO IMPLEMENT THE PROPOSED PROGRAM AND MANAGE THE GRANT FUNDS. NAMATI'S GRANT AGREEMENTS WITH RECIPIENT ORGANIZATIONS IDENTIFY THE NAMATI STAFF PERSON RESPONSIBLE FOR TECHNICAL OVERSIGHT FOR THE GRANT, ESTABLISHING PROGRAM OBJECTIVES AND DELIVERABLES AND CREATING PROGRESS AND FINANCIAL REPORTING FRAMEWORKS WITH DUE DATES. THESE GRANT AGREEMENTS CLEARLY STATE THAT NO ADDITIONAL FUNDING WILL BE TRANSFERRED TO THE RECIPIENT ORGANIZATION IF THE TERMS AND CONDITIONS OF THE GRANT ARE NOT MET. WITH REGARD TO IMPLEMENTATION, IN SEVERAL CASES NAMATI STAFF IS WORKING ALONGSIDE THE STAFF OF ITS IMPLEMENTING PARTNERS AND WILL HAVE ONGOING ACCESS TO THE PARTNER ORGANIZATION'S FINANCIAL RECORDS. ON OTHER OCCASIONS NAMATI STAFF VISITS ITS PARTNERS ON A REGULAR BASIS AND REVIEWS FINANCIAL RECORDS DURING THOSE VISITS, PER THE TERMS OF THE SUB-AGREEMENT BETWEEN THE TWO ORGANIZATIONS. NAMATI ALSO RECEIVES FINANCIAL REPORTS WITH BUDGET COMPARISONS ON A QUARTERLY OR SEMI-ANNUAL AUDIT REPORTS FROM ITS PARTNER ORGANIZATIONS.
·	IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED IN PARTS I AND II OF SCHEDULE F ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING WHICH IS
	THE SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS.
ART III ACCOUNTING METHOD:	
	Schedule F (Form 990) 2019

Additional Data Software ID:

Software Version:



(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

(7)

Supplemental Information, Dravide the information required in Part I, line 2: Part III, column (b); and any other additional information

Part IV Supplement	plemental Information. Provide the information required in Part 1, line 2; Part III, column (b); and any other additional information.							
Return Reference	Explanation							
PART I, LINE 2:	NAMATI HAS DEVELOPED A GRANTMAKING POLICIES MANUAL, APPROVED BY ITS BOARD OF DIRECTORS THAT PROVIDES GUIDANCE FOR NAMATI STAFF FOR ENTERING INTO, MANAGING AND CLOSING OUT GRANT AGREEMENTS WITH ITS IMPLEMENTING PARTNERS. NAMATI AWARDS GRANTS TO PARTNER ORGANIZATIONS ON AN INVITATION-ONLY BASIS. PARTNER ORGANIZATIONS ARE SELECTED FROM AMONG THE MANY ORGANIZATIONS FAMILIAR TO NAMATI THAT ARE WORKING ON LEGAL EMPOWERMENT ISSUES. OFTENTIMES, NAMATI STAFFS HAVE ALREADY VISITED THE PARTNER ORGANIZATIONS AND HAVE HELD PLANNING SESSIONS WITH LEADERSHIP FROM THOSE ORGANIZATIONS BEFORE THEY ARE INVITED TO SUBMIT A FUNDING PROPOSAL. NAMATI'S SELECTION PROCESS INCLUDES A VETTING OF THE ORGANIZATION AND THEIR KEY PERSONNEL IN COMPLIANCE WITH U.S. ANTI-TERRORIST LAW AS WELL AS AN ASSESSMENT OF THE ORGANIZATION'S CAPACITY TO IMPLEMENT THE PROPOSED PROGRAM AND MANAGE THE GRANT FUNDS. NAMATI'S GRANT AGREEMENTS WITH RECIPIENT ORGANIZATIONS IDENTIFY THE NAMATI STAFF PERSON RESPONSIBLE FOR TECHNICAL OVERSIGHT FOR THE GRANT, ESTABLISHING PROGRAM OBJECTIVES AND DELIVERABLES AND CREATING PROGRESS AND FINANCIAL REPORTING FRAMEWORKS WITH DUE DATES. THESE GRANT AGREEMENTS CLEARLY STATE THAT NO ADDITIONAL FUNDING WILL BE TRANSFERRED TO THE RECIPIENT ORGANIZATION IF THE TERMS AND CONDITIONS OF THE GRANT ARE NOT MET. WITH REGARD TO IMPLEMENTATION, IN SEVERAL CASES NAMATI STAFF IS WORKING ALONGSIDE THE STAFF OF ITS IMPLEMENTING PARTNERS AND WILL HAVE ONGOING ACCESS TO THE PARTNER ORGANIZATION'S FINANCIAL RECORDS. ON OTHER OCCASIONS NAMATI STAFF VISITS ITS PARTNERS ON A REGULAR BASIS AND REVIEWS FINANCIAL RECORDS DURING THOSE VISITS, PER THE TERMS OF THE SUB-AGREEMENT BETWEEN THE TWO ORGANIZATIONS. NAMATI ALSO RECEIVES FINANCIAL REPORTS WITH BUDGET COMPARISONS ON A QUARTERLY OR SEMI-ANNUAL BASIS (ACCORDING TO THE TERMS OF INDIVIDUAL GRANT AGREEMENTS) AS WELL AS ANNUAL AUDIT REPORTS FROM ITS PARTNER ORGANIZATIONS.							
	Schedule I (Form 990) 2019							

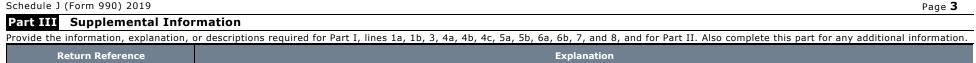
efil	le Public Visi	ual Render ObjectId: 00	1 - Subn	nission: 2015-01-16		TIN:	20-5	478:	191	
Schedule J		Con	npensa	tion Information		ОМВ	No. 1	545-0	0047	
(For	m 990)	For certain Officers,	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
		Complete if the organ		swered "Yes" on Form 990, th to Form 990.	Part IV, line 23.	4	2019			
Department of the Treasury • Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public			
	Revenue Service me of the organi	Tation			Employ	er identification	nspe		n	
	IATI INC	241011			Employ	ei identificatioi	ı ııuııı	Jei		
D.	T Ougst	ione Describes Commence			45-279	96201				
Pa	rt I Quest	ions Regarding Compensat	ion				Τ,	Yes	No	
1a		ropiate box(es) if the organization p Section A, line 1a. Complete Part 1						163	NO	
	First-class	s or charter travel		Housing allowance or resi	dence for persona	al use				
	_	companions		Payments for business us	e of personal res	idence				
	_	nification and gross-up payments	L	Health or social club dues						
	Discretion	ary spending account	ļ_	Personal services (e.g., m.	aid, chauffeur, ch	ef)				
b		oxes on Line 1a are checked, did th t or provision of all of the expense					1b ,	Yes		
2	-	 zation require substantiation prior t tees, officers, including the CEO/E			•	1a?	2	Yes	_	
3	Indicate which, organization's	, if any, of the following the filing o CEO/Executive Director. Check all ted organization to establish comp	rganizatior that apply	used to establish the comp . Do not check any boxes f	ensation of the or methods					
	Compensa	ation committee		Written employment conti	act					
	✓ Independe	ent compensation consultant	V	Compensation survey or s	study					
	Form 990	of other organizations	굣	Approval by the board or	compensation cor	nmittee				
4		r, did any person listed on Form 99 a related organization:	90, Part VI	I, Section A, line 1a, with r	espect to the filin	g				
а	Receive a seve	erance payment or change-of-cont	rol paymer	it?			4a		Νo	
b	Participate in,	or receive payment from, a supplei	mental non	qualified retirement plan?			4b		Νo	
c		or receive payment from, an equit					4c		No	
	If "Yes" to any	of lines 4a-c, list the persons and	provide th	e applicable amounts for e	ach item in Part I	11.				
	Only 501(c)(3)), 501(c)(4), and 501(c)(29) organ	izations m	ust complete lines 5-9.						
5	For persons lis	ted on Form 990, Part VII, Section contingent on the revenues of:			or accrue any					
а	The organization	on?					5a		No	
b	,	ganization? e 5a or 5b, describe in Part III.					5b		No	
6		ted on Form 990, Part VII, Section contingent on the net earnings of:	A, line 1a	, did the organization pay (or accrue any					
а		on?					6a		No	
b		ganization? e 6a or 6b, describe in Part III.				-	6b		No	
7		ted on Form 990, Part VII, Section described in lines 5 and 6? If "Yes					7		Νo	
8	subject to the	unts reported on Form 990, Part Vi initial contract exception describe 	d in Regul	ations section 53.4958-4(a)(3)? If "Yes," de	escribe	8		No	
9	If "Yes" on line	e 8, did the organization also follow	the rebut	table presumption procedur	e described in Re	gulations	-			
-		58-6(c)?					9			
For F	aperwork Redu	ction Act Notice, see the Instruction	ns for For	m 990.	Cat. No. 50053T	Schedule J	(Form	1 990	2019	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not list Note. The sum of columns (B)(i)-(iii) for each listed individual must	sted on F	orm 990, Part VII						that individual.
(A) Name and Title		own of W-2 and/o		(C) Retirement and other deferred compensation			(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation					(iii) Other reportable compensation
1VIVEK H MARU PRESIDENT & CEO	(i)	146,780	0	0	15,655	16,462	178,897	0
	(ii)	0	0	0		0	0	

Schedule J (Form 990) 2019





Schedule J (Form 990) 2019



efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

OMB No. 1545-0047

Employer identification number

TIN: 20-5478191

Open to Public Inspection

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.

Internal Revenue Service Name of the organization NAMATI INC

Department of the Treasury

SCHEDULE O

(Form 990 or 990-EZ)

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

45-2796201 Return Explanation Reference FORM 990. NAMATI'S CHIEF FINANCIAL OFFICER WILL REVIEW THE DRAFT FEDERAL FORM 990 BEFORE MEETING WITH NAMATI'S PRESIDENT & CEO TO DISCUSS THE DRAFT, ONCE THE PRESIDENT & CEO IS SATISFIED WITH THE DRAFT, HE WILL EMAIL IT TO PART VI. SECTION B. NAMATI'S BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. LINE 11B FORM 990. A CONFLICT OF INTEREST EXISTS WHENEVER THE INTERESTS OR CONCERNS OF ANY DIRECTOR OR OFFICER MAY BE SEEN PART VI. AS COMPETING WITH THE BEST INTERESTS OF THE ORGANIZATION. THE PROCEDURES INCLUDE THE DISCLOSURE OF ALL SECTION B. CONFLICTS AND POTENTIAL CONFLICTS BY ALL INCUMBENT AND INCOMING DIRECTORS AND OFFICERS. POLICIES AND LINF 12C FORMS ARE DISTRIBUTED ANNUALLY AND EACH DIRECTOR AND OFFICER MUST SIGN AND AFFIRM THAT THEY HAVE READ. UNDERSTOOD. AND ARE COMPLYING WITH THE POLICY. THE FORM MUST LIST ANY OUTSIDE EMPLOYMENT OR CONSULTING WORK THAT COULD CONSTITUTE A CONFLICT, AND ANY BOARD MEMBERSHIP OR AFFILIATION WITH OTHER ORGANIZATIONS THAT COULD CONSTITUTE A CONFLICT. EACH DIRECTOR OR OFFICER MUST ALSO LIST HIS OR HER INVESTMENTS IN ANY CORPORATION, PARTNERSHIP, TRUST, OR FUND IN WHICH HE OR SHE, TOGETHER WITH MEMBERS OF HIS OR HER FAMILY. HAS DIRECTLY OR INDIRECTLY A GREATER THAN 35% OWNERSHIP INTEREST. REGARDLESS OF WHETHER SUCH INVESTMENTS COULD CONSTITUTE A CONFLICT. NO DIRECTOR OR OFFICER MAY BE PRESENT FOR A VOTE BY THE BOARD OF DIRECTORS ON ANY DECISION OR ACTION BY NAMATI WHICH WOULD DIRECTLY OR INDIRECTLY BENEFIT SUCH DIRECTOR OR OFFICER. FORM 990. NAMATI'S PROCESS FOR RECOMMENDING COMPENSATION FOR NAMATI'S PRESIDENT & CEO AND DIRECTOR-LEVEL PART VI. POSITIONS CONSISTS OF CONDUCTING MARKET RESEARCH OF SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS THROUGH SECTION B. SEVERAL MEANS AS WELL AS DOCUMENTING THE SALARY HISTORY OF THE INDIVIDUAL PROPOSED FOR THE POSITION. LINF 15 NAMATI PARTICIPATES IN THIS SURVEY ANNUALLY. FOR THE DIRECTOR-LEVEL POSITIONS. THIS INFORMATION IS SUBMITTED TO NAMATI'S PRESIDENT & CEO AND COO WHO REVIEW THE INFORMATION AND DETERMINE THE APPROPRIATE SALARY. THIS IS THEN EXTENDED AS A SALARY OFFER TO THE CANDIDATE. THE SALARY SURVEY IS PRODUCED BY HUMENTUM AND THE SURVEY INCLUDES COMPENSATION INFORMATION FOR ALL LEVELS OF STAFFING. FORM 990. NAMATI MAKES THE ORGANIZING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. PART VI. SECTION C. I INF 19 FORM 990. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 718.681. MANAGEMENT AND GENERAL EXPENSES 49.931. PART IX. FUNDRAISING EXPENSES 7.250. TOTAL EXPENSES 775.862. LINE 11G FORM 990. NAMATI, INC. AND NAMATI KENYA'S OPERATIONS ARE COMBINED IN THIS ANNUAL RETURN, NAMATI KENYA IS A FOREIGN PART XII. OFFICE OF NAMATI. INC. IT WAS REQUIRED TO BE REGISTERED UNDER KENYA'S REGULATIONS AND IS DISCLOSED AS SUCH LINE 2B: IN NAMATI'S CONSOLIDATED FINANCIAL STATEMENTS. ALL OF ITS ACTIVITIES HAVE BEEN INCLUDED IN THIS ANNUAL RETURN WITH NAMATI, INC. AND REPORTED AS ONE COMBINED ENTITY. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 2019