## \*\*\*PUBLIC DISCLOSURE COPY\*\*\*

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

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

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

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

Open to Public Inspection

OMB No. 1545-0047

Α	For the 2	2019 calendar year, or tax year beginning $$ OCT $$ I , $$ $$ $$ $$ $$ 2019 $$ $$ and endir	າg ວ	EP 30, 2020		
В	Check if applicable:	C Name of organization		D Employer identifi	cation number	
	Address change	SCHOOL-BASED HEALTH ALLIANCE				
	Name change	Doing business as		54-17520	58	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room	n/suite	E Telephone numbe	r	
	Final return/	1010 VERMONT AVE, NW 600	)	202-638-		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,201,2	03.
	Amended return	WASHINGTON, DC 20005		H(a) Is this a group re	eturn	
	Applica- tion	F Name and address of principal officer:ROBERT BOYD		for subordinates		No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes	No
		npt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions	s)
		▶ WWW.SBH4ALL.ORG		H(c) Group exemptio		
K	Form of o	rganization: $oxed{X}$ Corporation Trust Association Other $lacktriangle$	_ Year o	of formation: $1995$ $ m  extsf{ iny}$	State of legal domicile	e: VA
P		Summary				
Ф	<b>1</b> Bi	riefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t IMPR}$	OVE	THE STATUS	OF YOUTH	
Activities & Governance	<u>B</u>	Y ADVANCING AND ADVOCATING FOR SCHOOL-BASE	D H	EALTH CARE.		
ř	<b>2</b> CI	heck this box if the organization discontinued its operations or disposed o	f more	than 25% of its net as	sets.	
ŏ	3 N	umber of voting members of the governing body (Part VI, line 1a)				12
ص ھ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)				11
es	<b>5</b> To	otal number of individuals employed in calendar year 2019 (Part V, line 2a)		5		25
Σ	<b>6</b> To	otal number of volunteers (estimate if necessary)		6		20
₽cti	<b>7 a</b> To	otal unrelated business revenue from Part VIII, column (C), line 12		7a		0.
_	b N	et unrelated business taxable income from Form 990-T, line 39		7b		0.
				Prior Year	Current Year	
Revenue	8 C	ontributions and grants (Part VIII, line 1h)		2,485,197.		
	9 Pi	rogram service revenue (Part VIII, line 2g)		896,064.	237,3	
žę	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		47,056.	28,5	
_	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0 004 0	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,428,317.		
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		373,568.	429,5	
		enefits paid to or for members (Part IX, column (A), line 4)		0.	1 007 0	0.
es	<b>15</b> Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,686,794.	1,997,8	
Expenses	<b>16a</b> Pi	rofessional fundraising fees (Part IX, column (A), line 11e)		0.		0.
χ	b To	otal fundraising expenses (Part IX, column (D), line 25) 4, 283.		1 110 441	7.41 7	71
	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,118,441.		
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	. —	3,178,803.		
_ 0		evenue less expenses. Subtract line 18 from line 12	-	249,514.	-967,98	09.
Net Assets or			Re	ginning of Current Year	End of Year	0 /
SSE	<b>20</b> To	otal assets (Part X, line 16)	·	3,068,282. 370,704.	2,604,98 951,6	
let /	21 To	otal liabilities (Part X, line 26)	. —	2,697,578.	1,653,3	
		et assets or fund balances. Subtract line 21 from line 20	.	2,031,310.	1,033,3	<u> </u>
		es of perjury, I deglare that have examined this return, including accompanying schedules and	stateme	ents, and to the hest of m	v knowledge and helief	it is
		and complete. Declaration of preparer (other than officer) is based on all information of which pr			y Knowledge and bellet,	, 11 15
- Li u	, 0011001,	1 9her 1	οραιοι	5/26/202	1	
Sig	<sub>ın</sub>	Signature of officer		Date	<u>I</u>	
He		ROBERT BOYD, PRESIDENT				
	.	Type or print name and title				
_	F	Print/Type preparer's name Preparer's signature/	D	Pate Check	PTIN	
Pai		LICIA N KIEFER		5/19/21 if self-employ	P0168253	1
Pre		irm's name BBD, LLP			23-2896692	
Us	<u> </u>	irm's address 1835 MARKET STREET, 3RD FLOOR				
		PHILADELPHIA, PA 19103		Phone no.21	5-567-7770	
Ма	y the IRS	6 discuss this return with the preparer shown above? (see instructions)			X Yes	No

Other program services (Describe on Schedule O.)

7,436. including grants of \$

2,227,826. Total program service expenses

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			177
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>V</sub>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
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	Х	
	domestic government on the transportation of the transportation of the transportation and the manufacture of the transportation of t			

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## Part IV Checklist of Required Schedules (continued)

			1	Γ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	Х	
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	24a		x
b	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	235		<del></del>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
•	instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\ <sub>V</sub>
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		- 25
OZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u>-</u> _
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?	330		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,,	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rdi	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Conducie O contains a response di note to any line in tris Fart v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15			.40
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Ester the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 12 2 2 5 5 1					Yes	No
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a ID if the organization have unrelated business goes income of \$1,000 or more during the year?  3b ID if Yes, Thas I filed a form 950°F for this year? If Yes' to line 3b, provide an explanation on Schedule O  3b ID if Yes, Thas I filed a form 950°F for this year? If Yes' to line 3b, provide an explanation on Schedule O  3c ID if Yes, Thas I filed a form 950°F for this year? If Yes' to line 3b, provide an explanation on Schedule O  3c ID if Yes, Thas I filed a form 950°F for this year?  3c If Yes' to line the name of the foreign country  3c If Yes' to line the name of the foreign country  3c If Yes' to line the name of the foreign country  3c If Yes' to line the name of the foreign country  3c If Yes' to line the name of the foreign country  3c If Yes' to line 5a or 5b, did the organization that If was or is a party to a prohibitot as whether transaction?  3c If Yes' to line 5a or 5b, did the organization that If was or is a party to a prohibitot as whether transaction?  3c If Yes' to line 5a or 5b, did the organization that If was or is a party to a prohibitot as whether transaction solicit any contributions that were not tax deductibles of exhibitations and services provided the organization solicit any contributions that were not tax deductibles of exhibitations and services provided to the payor?  3c If Yes' to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of exhibitations under section 170c).  3c If Yes' if the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  3c If Yes' if the organization receive a payment in excess of \$75 made party as a contribution of undersoly to payment the year and year payment the year and year pay	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return	2a 25			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has tifled a Form 9907 for this year of "Wo" to fine 3b, promotive an explanation on Schedule O  4a 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 account)?  5b If "Yes," either the name of the foreign country.  5c Was the organization in foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  5c Was the organization in foreign country (such as a bank account, securities account, or other financial account)?  5c Was the organization for foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  5c Was the organization the foreign country (such as a bank account, securities and financial account)?  5c Was the organization the foreign country (such as a bank account, securities and financial accounts (FBAF).  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was not tax deductible?  6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  8c Was the organization receive a payment in excess of \$75 made party as a contribution of any arty for gods and services provided to the payor?  7c Variation of the organization in only the donor of the value of the gods or services provided?  7c Was the organization and party for explain the services provided to the payor?  7c Was the organization receive any contribution of a was according to the country of	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х	
b If Yes, "has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? A  b If Yes, "enter the name of the foreign country [such as a bank account, securities account, or other financial accounts?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8886.77.  6c Did the she 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?  6c If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a Did the organization several payment in excess of \$15 made party as contribution any party for goods and services provided?  7 to Yes," did the organization notify the donor of the value of the goods or services provided?  7 to Yes," inclicate the number of Forms 8282? Tied during the year  6 Did the organization several any payment mexes of \$15 made party as a contribution of any payment any promises, directly or indirectly, on a personal benefit contract?  7 To Yes," inclicate the number of Forms 8282 filed during the year  6 Did the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file and year any promises, directly or indirectly, on a personal benefit contract?  7 To X  7 Did the organization received an contribution of prome year any payments, directly or indirectly, on a		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
4a A any time during the calendary year, dot 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 accounts (FBAR).  b If "Yes," enter the name of the foreign country ▶  5a Was the organization party to a prohibite dat was shelter transaction at any time during the tax year?  5b Was the organization to a prohibite dat was shelter transaction at any time during the tax year?  5c I if "Yes" to line Saor 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c C Doses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that where not tax deductible?  5c C Doses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  a Did the organization start any receive deductible contributions under section 170(c).  a Did the organization start any receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c C X Was the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8822?  6d If "Yes," indicate the number of Forms 8822 filed during the year  6 Did the organization received a contribution of qualified intellectual property, did the organization flavor young funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e X Y  f Did the organization received a contribution of qualified intellectual property, did the organization flavor and profit property, did the organization flavor and profit profit profit property, did the organization flavor and profit profit profit profit property, and the organization flavor profit profit profit profit profit profit	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
the interval of the contributions of the financial account, or other financial account)?  b if 1'Yes, 'return the name of the foreign country	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6	O	3b		
b If "Yes," enter the name of the foreign country ▶  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year?  5b IV and any taxable party notify the organization file Form 8868-77.  5c If "Yes" to line Sar of Sb, of the organization file Form 8868-77.  5c If "Yes" to line Sar of Sb, of the organization file Form 8868-77.  5c Dese 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?  6c July "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization norify the donor of the value of the goods or services provided?  9d If "Yes," include the organization norify the donor of the value of the goods or services provided?  1b If "Yes," include the organization norify the donor of the value of the goods or services provided?  1c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  1c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  1c Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07.  1d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07.  1d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07.  1d If the organization received and contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07.  1d Did the organization	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  9 If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  9 See an annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  9 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  10 Organizations that may receive deductible contributions under section 170(c).  10 If the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  10 If "Yes," did the organization notify the donor of the value of the goods or services provided?  10 If "Yes," indicate the number of Forms 8282 filed during the year  11 If yes," did the organization received an contribution of undersective, to pay premiums on a personal benefit contract?  12 If Did the organization received an contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 108e-C7  13 Sponsoring organization have excess business holdings at any time during the year?  14 If the organization received an contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 108e-C7  15 Section 501(c)(7) organizations Enter:  16 In the sponsoring organization make any taxable distributions under section 4966?  17 Sponsoring organization have excess business holdings at any time during the year?  18 Section 501(c)(7) organizations. Enter:  19 If the organization have excess business holdings at any time during the year?  19 Section 501(c)(29) qualified organizations and the form 108e-C7  19 Section 501(c)(29) qualified for the lectual property, did the organization the p		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  56	b	If "Yes," enter the name of the foreign country				
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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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11	_	•			
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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	Gross income from members or shareholders N/A	11a			
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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources against				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N./A. 12b			11b			
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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organization is licensed to issue qualified health plans 13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 16 "Yes," complete Form 4720, Schedule O.		<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
c Enter the amount of reserves on hand 13c	b					
Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 If "Yes," complete Form 4720, Schedule O.		organization is licensed to issue qualified health plans	13b			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	С		13c			
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excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	b			14b		
If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	15					37
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.				15		X
If "Yes," complete Form 4720, Schedule O.						v
	16		income?	16		Λ
		It "Yes," complete Form 4720, Schedule O.		Eorn	000	(2010)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la   12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	X	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA, DC, FL, IL, MD, MA, MI, NY, OR	,WA		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ADMINISTRATIVE MANAGER - 202-638-5872			
	1010 VERMONT AVENUE SUITE 600, WASHINGTON, DC 20055			

932006 01-20-20

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

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per		x, unless person is b ficer and a director/tr					compensation	compensation	amount of
	week (list any	$\vdash$					Ĺ	from the	from related organizations	other compensation
	hours for	r direc				pa:		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CASSANDRA L. JOUBERT	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) ROBERT BOYD	40.00									
PRESIDENT		Х		Х				47,692.	0.	12,277.
(2) JESSE WHITE-FRESE	2.00									_
CHAIR-ELECT		Х		Х				0.	0.	0.
(3) LELIN CHAO	2.00			l					•	•
TREASURER	0.00	Х		Х				0.	0.	0.
(4) SAUN-TOY TROTTER	2.00								0	0
SECRETARY	2 00	Х		Х				0.	0.	0.
(5) ANNA CASALME	2.00	٠,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(6) TAMMY GREENWELL	2.00	X						0.	0.	0.
(7) ALLISON KILCOYNE	2.00	^						0.	0.	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
(8) ANNA STRONG	2.00							0.	0.	<u></u>
DIRECTOR	2.00	x						0.	0.	0.
(9) MARTIN TAYLOR	2.00	<del> </del>								
DIRECTOR		Х						0.	0.	0.
(10) KARYL PATTEN	2.00								-	
DIRECTOR		Х						0.	0.	0.
(11) STORMEE WILLIAMS	2.00									
DIRECTOR		Х						0.	0.	0.
(12) JOHN SCHLITT	0.00									
FORMER PRESIDENT							Х	105,886.	0.	27,578.
		-								
						-				

(A)	(B)			(C Posi	•	1		(D)	( <b>E</b> )		_	(F)	
Name and title	Average hours per week	box	not c , unle	heck r ss per id a di	more rson i	than is bot	h an	Reportable compensation from	Reportable compensation from related	n	an	timate nount o other	
	(list any hours for	director				pi		the organization	organization (W-2/1099-MIS	s	com	pensa om the	
	related organizations	ustee or	trustee		9	npensate		(W-2/1099-MISC)	,	,	org	anizati d relate	ion
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					anizatio	
	, , , , , , , , , , , , , , , , , , ,	<u> </u>	=	0	32	工画	Œ						
		_											
		_											
		_											
dh. Cubana								153,578.		0.	3	9,8	55
1b Subtotal c Total from continuation sheets to Part \( \)								0.		0.			0.
d Total (add lines 1b and 1c)								153,578.		0.	3	9,8	55.
2 Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed at	oove	e) wh	no re	eceived more than \$100	,000 of reportab	le		v	. 1
3 Did the organization list any former office			кеу е	empl	oye	e, oı	hig	hest compensated emp	oloyee on			Yes	No
line 1a? If "Yes," complete Schedule J for  For any individual listed on line 1a, is the								ner compensation from			3	Х	
and related organizations greater than \$1	50,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual			4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co.					•		elate	ed organization or indivi			5		Х
Section B. Independent Contractors  1 Complete this table for your five highest of	ompensated in	depe	ende	nt c	ontr	acto	ors tl	hat received more than	\$100.000 of con	npens	ation f	rom	
the organization. Report compensation fo	-	-											
(A) Name and busines	s address	N	ONE	3				(B) Description of s	ervices	С	ompe	;) nsatio	n
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	 sted	above) who received m	ore than				

Pa	rt V	<u> </u>	Statement of Re	ver	nue						
			Check if Schedule O	cont	ains a re	esponse	or note to any li				<u></u>
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
nts Its	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		·····	1b	41,155.				
s, G			Fundraising events			1c					
gift lar,						1d					
inil		е	Government grants (cont	ribut	ions)	1e 1,	339,030.				
tior S		f	All other contributions, gifts,	gran	ts, and						
ibu.			similar amounts not included	d abov	/e [·	1f	555,162.				
o de		g	Noncash contributions included in	n lines	1a-1f	1g \$					
<u>8 0</u>		h	Total. Add lines 1a-1f				<u> </u>	1,935,347.			
							Business Code	006 005	006 005		
<u>ice</u>	2		CONTRACT SERV				541610	236,005.			
er ue		b	ANNUAL CONFER	\EN	CE		900099	1,350.	1,350.		
n S		С									
gra Re		d									
Program Service Revenue		e	All II								
_			All other program service					237,355.			
	3		Total. Add lines 2a-2f Investment income (inclu-					237,333.			
	3		other similar amounts)	_		•	•	28,501.			28,501.
	4		Income from investment								
	5		Royalties				•				
			•			Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
			Net rental income or (loss	s) <u></u>							
	7		Gross amount from sales of		(i) Se	curities	(ii) Other	_			
			assets other than inventory	7a				_			
Φ			Less: cost or other basis								
Revenue			and sales expenses								
eve			Gain or (loss)								
e. H			Net gain or (loss) Gross income from fundraisi				······ <u>P</u>				
Ğ	8										
•			including \$contributions reported or								
			Part IV, line 18		-						
			Less: direct expenses					-			
			Net income or (loss) from				·				
			Gross income from gamir								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gam	ing acti	vities	<u></u>				
	10		Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold				•				
		С	Net income or (loss) from	sale	s of inve	entory					
sne	4.4	_					Business Code				
nec	11	a b									
ella ³ver		C									
Miscellaneous Revenue			All other revenue					1			
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					2,201,203.	237,355.	0.	28,501.

organizations must complete all c	

De	Check if Schedule O contains a respons	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	400 550	400 550		
	and domestic governments. See Part IV, line 21	429,552.	429,552.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	183,957.	103,016.	80,941.	
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	1,325,111.	944,611.	379,993.	507
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	92,155.	67,089.	25,025.	41
9	Other employee benefits	284,673.	193,292.	91,309.	72
0	Payroll taxes	111,973.	77,539.	34,396.	38
1	Fees for services (nonemployees):	-	-		
а	Management				
b	Legal				
	Accounting				
d		7,437.	7,437.		
e	Professional fundraising services. See Part IV, line 17	.,	.,		
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	307,799.	168,047.	136,152.	3,600
40	Advertising and promotion	301,133.	100,017.	130,132.	3,000
12	The state of the s	118,262.	53,208.	65,029.	25
13	Office expenses	110,202.	33,200.	03,023.	
14	Information technology				
15	Royalties	221,041.	133,828.	87,213.	
16	Occupancy	62,545.	34,354.	28,191.	
17	Travel	02,343.	34,334.	20,191.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	24 607	15 052	0 024	
19	Conferences, conventions, and meetings	24,687.	15,853.	8,834.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,169,192.	2,227,826.	937,083.	4,283
26	<b>Joint costs.</b> Complete this line only if the organization	. ,		,	•
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Saasanona sampaign and fundraising solicitation.				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			879,318.	1	820,126.
	2	Savings and temporary cash investments			259,052.	2	261,733.
	3	Pledges and grants receivable, net			347,703.	3	353,909.
	4	Accounts receivable, net			33,650.	4	66,550.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantia	l contributor, or 35%			
		controlled entity or family member of any of t	hese pe	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	ection 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			1,890.	9	9,881.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	15,835.	1,166.	10c	0.
	11	Investments - publicly traded securities		1,545,503.	11	1,092,785.	
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	3,068,282.	16	2,604,984.		
	17	Accounts payable and accrued expenses		261,632.	17	450,611.	
	18	Grants payable			18		
	19	Deferred revenue	20,000.	19	0.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple	/ of Schedule D		21		
es	22	Loans and other payables to any current or f	ormer of	ficer, director,			
≣		trustee, key employee, creator or founder, su	ıbstantia	l contributor, or 35%			
Liabilities		controlled entity or family member of any of t		_		22	
_	23	Secured mortgages and notes payable to un	related t	hird parties		23	400 505
	24	Unsecured notes and loans payable to unrela	ated thire	d parties		24	423,725.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X	00 070		77 227
		of Schedule D			89,072.	25	77,337.
	26	Total liabilities. Add lines 17 through 25			370,704.	26	951,673.
S		Organizations that follow FASB ASC 958, o	check h	ere 🕨 🗓			
ğ		and complete lines 27, 28, 32, and 33.			2,065,999.		1 447 021
ala	27	Net assets without donor restrictions			631,579.	27	1,447,921. 205,390.
P P	28	Net assets with donor restrictions			031,373.	28	203,390.
Ē		Organizations that do not follow FASB ASC	C 958, c	neck here			
<u>^</u>		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun			29		
\SS(	30	Paid-in or capital surplus, or land, building, or				30	
et ⊿	31	Retained earnings, endowment, accumulated			2,697,578.	31	1,653,311.
Ž	32	Total net assets or fund balances			3,068,282.	32	2,604,984.
	33	Total liabilities and net assets/fund balances			3,000,202.	33	2,004,904.

Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,20						
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,16						
3	Revenue less expenses. Subtract line 2 from line 1	3		-96						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	2,69	7,5 6,2					
5	5 Net unrealized gains (losses) on investments5									
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	1	.,65	3,3	11.				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			Ш				
					Yes	No				
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?			2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	<b>s</b> ,							
	consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit							
	Act and OMB Circular A-133?			За	X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X					

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SCHOOL-BASED HEALTH ALLIANCE Employer identification number 54-1752058

Da		December Dublic (					<u> </u>	1 1732030	
	rt I	Reason for Public (							
he	organi	ganization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz					-	the hospital's name.	
		city, and state:							
_		An organization operated for	or the benefit of a co	llogo or university evene	d or operat	tod by a a	overnmental unit describ	and in	
5				nege of university owner	u or opera	ted by a g	overninental unit descrit	Ded III	
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a land-grant	college	
		or university or a non-land-g				-		-	
		university:	,			,	,,	,	
10		An organization that norma	lly receives: (1) more	than 33 1/30% of its sur	nort from	contributi	one momborehin fooe o	and gross receipts from	
10									
		activities related to its exen	-						
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ilred by the organization	after June 30, 1975.	
		See <b>section 509(a)(2).</b> (Cor	. ,						
11	Щ	An organization organized a	and operated exclusi	ively to test for public sa	ifety. See s	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or	
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in	
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.		
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving	
		the supported organization	· ·	· ·					
		organization. You must c			, ,			11 3	
h		Type II. A supporting organization	- ·		tion with it	e eunnort	ed organization(s), by ha	ovina	
		control or management o			ame perso	ons mai co	ontrol of manage the sup	pported	
		organization(s). You mus							
С		Type III functionally inte					•	ed with,	
	_	its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		■ Type III non-functionally	<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness	
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-functio	nally integrated support	ina oraani	zation.			
f	Ente	r the number of supported o	• •	, , , , , , , , , , , , , , , , , , , ,	0 0				
a		ide the following information		d organization(s)					
9		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10	in your governi Yes	No	support (see instructions)	support (see instructions)	
				above (see instructions))					
ota	ıl								

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

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

Sec	ction A. Public Support		·	·				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
	Gifts, grants, contributions, and	. ,	, ,	, ,	, ,	, ,	.,	
	membership fees received. (Do not							
	include any "unusual grants.")	2417381.	3098203.	2310273.	2485197.	1935347.	12246401.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	0417201	200000	0240072	0405105	1025245	10046401	
4	Total. Add lines 1 through 3	2417381.	3098203.	2310273.	2485197.	1935347.	12246401.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						2010600	
	column (f)						2819689.	
	Public support. Subtract line 5 from line 4.						9426712.	
	etion B. Total Support	(-) 004 <i>5</i>	(I-) 0040	(-) 0047	(-1) 0040	(-) 0040	(6) T-1-1	
	ndar year (or fiscal year beginning in)	(a) 2015 2417381.	(b) 2016 3098203.	(c) 2017 2310273.	(d) 2018 2485197.	(e) 2019 1 0 3 5 3 1 7	(f) Total 12246401.	
	Amounts from line 4	241/301.	3030203.	2310273.	2403177.	1733347.	12240401.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	34,825.	38,760.	44,619.	47,056.	28,501.	193,761.	
9	and income from similar sources  Net income from unrelated business	34,023.	30,700.	44,010	47,030.	20,501.	133,701.	
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11							12440162.	
12	Gross receipts from related activities,	etc. (see instruction	ons)				,069,114.	
	First five years. If the Form 990 is for						<u> </u>	
	organization, check this box and <b>stop</b>						<b>&gt;</b>	
Sec	ction C. Computation of Publ						·	
14	Public support percentage for 2019 (I	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	75.78 %	
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	62.27 %	
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo		
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X	
b	33 1/3% support test - 2018. If the o	-						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□	
17a	10% -facts-and-circumstances tes	•					•	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances tes	· ·				•		
	more, and if the organization meets the							
	organization meets the "facts-and-circ						<b>&gt;</b>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Takal Asial Basa d Massacale F						
	Total. Add lines 1 through 5				1		<u> </u>
/ 6	' '						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received				1		
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	•••	(-) 001E	(h) 0010	(=) 0017	(4) 0040	(=) 0010	(f) Total
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest,						
104	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	nization,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						
	Public support percentage for 2019 (li					15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	<b>19</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the					33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar						<b>▶</b> □
k	33 1/3% support tests - 2018. If the						6, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
46		
10a		
10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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		
Sec	tion 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 organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	í –	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b		6.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V   Type III Non	-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions				Current Year
1	Amounts paid to suppo				
2	Amounts paid to perfor				
	organizations, in excess				
3	Administrative expense	es paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquir	re exempt-use assets			
5	Qualified set-aside amo	ounts (prior IRS approval required)			
6	Other distributions (des	scribe in <b>Part VI</b> ). See instructions.			
7	Total annual distributi	ons. Add lines 1 through 6.			
8	Distributions to attentiv	re supported organizations to which the	ne organization is responsive	e	
	(provide details in Part	VI). See instructions.			
9	Distributable amount fo	or 2019 from Section C, line 6			
10	Line 8 amount divided	by line 9 amount			
Secti	ion E - Distribution Allo	ocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount fo	or 2019 from Section C, line 6			
2	Underdistributions, if a	ny, for years prior to 2019 (reason-			
	able cause required- ex	plain in <b>Part VI</b> ). See instructions.			
3	Excess distributions ca	rryover, if any, to 2019			
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a throug	h e			
g	Applied to underdistrib	utions of prior years			
h	Applied to 2019 distrib	utable amount			
i	Carryover from 2014 no	ot applied (see instructions)			
j	Remainder. Subtract lin	nes 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 f	rom Section D,			
	line 7:	\$			
а	Applied to underdistrib	utions of prior years			
b	Applied to 2019 distrib	utable amount			
С	Remainder. Subtract lin	nes 4a and 4b from 4.			
5	Remaining underdistrib	utions for years prior to 2019, if			
	any. Subtract lines 3g a	and 4a from line 2. For result greater			
	than zero, explain in Pa	rt VI. See instructions.			
6	Remaining underdistrib	utions for 2019. Subtract lines 3h			
	and 4b from line 1. For	result greater than zero, explain in			
	Part VI. See instruction	IS.			
7	Excess distributions of	carryover to 2020. Add lines 3j			
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2015				
b	Excess from 2016				
С	Excess from 2017				
d	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

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

OMB No. 1545-0047

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

Employer identification number Name of the organization

54-1752058 SCHOOL-BASED HEALTH ALLIANCE Organization type (check one):

- Samman							
Filers of: Section:							
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contribut	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \rightarrow \$							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

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

Name of organization Employer identification number

#### 54-1752058 SCHOOL-BASED HEALTH ALLIANCE Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroll** 380,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 Person **Payroll** 80,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person **Payroll** 1,339,030. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Person **Payroll** 64,734. 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.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Pavroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization

Employer identification number

#### 54-1752058 SCHOOL-BASED HEALTH ALLIANCE Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

**Employer identification number** 

Name of organization

54-1752058 SCHOOL-BASED HEALTH ALLIANCE Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## SCHEDULE C

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

	) (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			E	mployer identification number
		BASED HEALTH ALL			54-1752058
Pa	art I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 52	7 organization.
	Provide a description of the organiz	· ·	. 0		
	Political campaign activity expendit				<b>&gt;</b> \$
3	Volunteer hours for political campa	ign activities			
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c)	(3).	
	Enter the amount of any excise tax				<b>&gt;</b> \$
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5 <b>)</b>	<b>&gt;</b> \$
	If the organization incurred a section				
48	a Was a correction made?				Yes No
L	If "Yes," describe in Part IV.	<del> </del>	1: 504/ \		04/ \/0\
Pa	art I-C Complete if the org	ganization is exempt und	er section 501(c)	<del></del>	
	Enter the amount directly expende	, , ,			<b>&gt;</b> \$
2	Enter the amount of the filing organ	nization's funds contributed to ot	her organizations for s		
	exempt function activities				<b>&gt;</b> \$
3	Total exempt function expenditures			, ·	
	line 17b				<b>&gt;</b> \$
	Did the filing organization file Form	•			
5	Enter the names, addresses and er			•	• •
	made payments. For each organization contributions received that were pr	·			· ·
	political action committee (PAC). If	• •			Darate Segregated fund of a
	. ,	(b) Address	1	1	m (a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's	
				funds. If none, enter	-0 promptly and directly
					delivered to a separate political organization.
					If none, enter -0
			1		

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

		L-BASED HEALTH ALLIANCE		/52056 Page 2
Par		on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
	section 501(h)).			
A Ch	neck 🕨 🔛 if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and share of exces	ss lobbying expenditures).		
B Ch	neck 🕨 🔲 if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures seans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	7,332.	
b	Total lobbying expenditures to influence a leg	105.		
С	Total lobbying expenditures (add lines 1a and	d 1b)	7,437.	
d	Other exempt purpose expenditures	3,157,472.		
е	Total exempt purpose expenditures (add line	3,164,909.		
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	308,245.	
	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% o	f line 1f)	77,061.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j	If there is an amount other than zero on either	er line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under Section 501(h)		
	, ,	a section 501(h) election do not have to complete all	of the five columns be	elow.
	See	e the separate instructions for lines 2a through 2f.)		

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) Total			
2a Lobbying nontaxable amount	374,760.	325,783.	308,676.	308,245.	1,317,464.			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,976,196.			
c Total lobbying expenditures	57,819.	63,056.	62,072.	7,437.	190,384.			
<b>d</b> Grassroots nontaxable amount	93,690.	81,446.	77,169.	77,061.	329,366.			
e Grassroots ceiling amount (150% of line 2d, column (e))					494,049.			
f Grassroots lobbying expenditures	45,048.	42,938.	41,954.	7,332.	137,272.			

Schedule C (Form 990 or 990-EZ) 2019

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

501(c)(6).  Yes No  Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members 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).  a Current year b Carryover from last year c Total 2 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure next year? 4 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? 5 Taxable amount of lobbying and political expenditures (see instructions)  5 Taxable amount of lobbying and political expenditures (see instructions)	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:  a 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?  e 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 Railies, 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  c If "Yes," enter the amount of any tax incurred under section 4912  d If the filing organization incurred a section 4912 at lit—A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization agree to carry over lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political canaging activity expenditures from the prior year?  1 Dues, assessments and similar amounts from members  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members  5 Section 152(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  2 De Complete if the organization agree to carryover to the reasonable estimate of nondeductible lobbying	For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	1)	(k	(b)		
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a 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? e 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 Railies, 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 c 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 if file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 3 Diet the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Diet seassments and similar amounts from members 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, 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).  2 Despective of the organization agree to carry	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a 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? e 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 Railies, 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 c if "Yes," enter the amount of any tax incurred under section 4912 d if the filling organization incurred a section 4912 tax, did if tile Form 4/20 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (60% or more) dues received nondeductible by members? 1 Were substantially all (60% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization and the inter (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid). a Current year 2 Did the organization agree to carry over tobbying and political expenses for which the section 5033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expensitive next year? 5 Taxable amount of lo	of th	e lobbying activity.	Yes	No	Amo	ount	
a 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? e 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 d if the filing organization incurred a section 4912 at, did if file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Vere substantially all (90% or more) dues received nondeductible by members? 2 Did the organization nake only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  1 Dues, assessments and similar amounts from members 2 Described in feeting organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), section 501(c)(6), or section 5	or referendum, through the use of: a 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? e 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 by organization managers under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred as section 4912 tax, did t file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, 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).  2 Corpover from last year 5 Carryover from last year 6 Carryover from last year 7 Section 162(e) dues 8 Justice of nondeductible lobbying and political expenditures (see instru	1	During the year, did the filing organization attempt to influence foreign, national, state, or					
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	nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	3 Par 1 2 a b c c 3 4 5 Par Prov	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior year on 501(c) "No" OR cal	2a 2b 2c 3	t III-A, lin	e 3, is	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.	nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	3 Par 1 2 a b c c 3 4 5 Par Prov	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior year on 501(c) "No" OR cal	2a 2b 2c 3	t III-A, lin	e 3, is	
	nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	3 Par 1 2 a b c c 3 4 5 Par Prov	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior year on 501(c) "No" OR cal	2a 2b 2c 3	t III-A, lin	e 3, is	

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SCHOOL-BASED HEALTH ALLIANCE

**Employer identification number** 54-1752058

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar	Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·
		(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 advisors in	writing that the assets held in dor	or advised fun	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds	can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other p	ourpose confer	ring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on For	m 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recreated	ation or education)	ation of a histo	orically important land area
	Protection of natural habitat	Preserv	ation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in t	he form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				2b
С	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminate	ed by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea		<del></del>	
5	Does the organization have a written policy regarding the pe			
•	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting.	, nandling of violations, and enforc	ing conservati	on easements during the year
7	Amount of avanages incurred in monitoring inspecting ben	dling of violations, and enforcing	anaon otion oc	an amonto during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing c	conservation ea	asements during the year
8	▶ \$ Does each conservation easement reported on line 2(d) abo	ve estimate the requirements of see	tion 170/b\/4\/E	D)/i)
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
•	balance sheet, and include, if applicable, the text of the foot			
	organization's accounting for conservation easements.	note to the organization o initiation	. Statements ti	iat describes the
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasures	s. or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn		,	
1a	If the organization elected, as permitted under FASB ASC 99	58. not to report in its revenue sta	tement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	•		
	service, provide in Part XIII the text of the footnote to its fina			·
b	If the organization elected, as permitted under FASB ASC 99			e sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,		•
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A		<b>.</b>	
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2019

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	(*	ASED HEAL						1752058 Page <b>2</b>
Pai	t III Organizations Maintaining Co	lections of A	rt, His	torical Tr	easures,	or Other	Similar As	ssets(continued)
3	Using the organization's acquisition, accession	, and other record	ls, chec	k any of the	following that	at make sigr	nificant use o	f its
	collection items (check all that apply):							
а	Public exhibition	c		Loan or exc	hange progr	am		
b	Scholarly research	е		Other				
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explai	n how th	ney further t	he organizat	ion's exemp	t purpose in	Part XIII.
5	During the year, did the organization solicit or re	eceive donations	of art, hi	storical trea	asures, or oth	er similar as	ssets	
	to be sold to raise funds rather than to be main							Yes No
Pai	t IV Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio	n answered	"Yes" on Fo	orm 990, Part	IV, line 9, or
	reported an amount on Form 990, Part >	(, line 21.						
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	ns or other as	ssets not inc	cluded	
	on Form 990, Part X?							└── Yes └── No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fo	llowing	table:				
								Amount
С	Beginning balance						1c	
d	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Forr	n 990, Part X, line	21, for	escrow or c	ustodial acco	ount liability	?	└─ Yes └─ No
	If "Yes," explain the arrangement in Part XIII. Cl							<u></u>
Pai	t V Endowment Funds. Complete if the	ne organization ar						
	——————————————————————————————————————	a) Current year	(b) P	rior year	(c) Two yea	rs back (d)	Three years b	ack (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curren	-		g, column (a	a)) held as:			
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Term endowment  %							
	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the possess	ion of the organiz	ation tha	at are held a	and administe	ered for the	organization	- I
	by:							Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organization							3b
4	Describe in Part XIII the intended uses of the or		wment	funds.				
Pai	t VI Land, Buildings, and Equipme		D+ IV	/ U	D F 000	0 D-+1/ E-	- 40	
	Complete if the organization answered "							( ) )
	Description of property	(a) Cost or o			t or other		umulated	(d) Book value
		basis (investr	nent)	Dasis	(other)	uepre	ciation	
	Land							
	Buildings				1,132.		1,132.	0.
	Leasehold improvements			1	$\frac{1,132.}{4,703.}$	1	$\frac{1,132}{4,703}$	0.
	Equipment				4,/03.		4,/03.	0.
е	Other	1		1				

Schedule D (Form 990) 2019

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

Schedule D (Form 990) 2019 SCHOOL-BASE Part VII Investments - Other Securities.			1752058 Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"  (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Book value	(c) Wethod of Valuation. Cost of end-	Di-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)	<b>&gt;</b>	
	Lan Farma COO Dest N/ "	dda au ddf Caa Farma 2000 Bert V. E 25	
Complete if the organization answered "Yes"  (a) Description of liability	on Form 990, Part IV, line	The or Tit. See Form 990, Part X, line 25.	(b) Book value
•			(D) DOOK VAIUE
(1) Federal income taxes			77 225

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	77,337.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	77,337.

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

Schedule D (Form 990) 2019

		rm 990) 2019	SCHOOL-	BASED HEA	ALTH ALLIA	ANCE		54-1	1752058	Page 4
Par	t XI R	econciliation o	f Revenue p	er Audited Fi	inancial State	ments With	Revenue per F	Return	١.	
	Co	omplete if the orgar	ization answered	d "Yes" on Form	990, Part IV, line 1	2a.				
1	Total reve	enue, gains, and ot	ner support per a	audited financial s	statements			1	2,124	,925
2	Amounts	included on line 1	out not on Form	990, Part VIII, line	e 12:					
а	Net unrea	alized gains (losses	on investments			2a	-76,278.			
b	Donated:	services and use o	facilities			2b				
С	Recoverie	es of prior year gran	nts			2c				
d	Other (De	scribe in Part XIII.)				2d				
е								2e	-76	,278
3	Subtract	line 2e from line 1						3	2,201	,203
4	Amounts	included on Form	990, Part VIII, line	e 12, but not on li	ine 1:					
а	Investme	nt expenses not in	cluded on Form 9	990, Part VIII, line	7b	4a				
b	Other (De	scribe in Part XIII.)				4b				
С	Add lines	4a and 4b						4c		0
5	Total reve	enue. Add lines <b>3</b> a	nd <b>4c.</b> (This must	t equal Form 990,	, Part I, line 12.) .			5	2,201	,203
Par	t XII R	econciliation of	f Expenses p	oer Audited F	inancial State	ements Witl	h Expenses per	Retu	rn.	
	Co	omplete if the orgar	nization answered	d "Yes" on Form	990, Part IV, line 1	2a.				
1	Total exp	enses and losses p	er audited financ	cial statements				1	3,169	,192
2		included on line 1								
а	Donated :	services and use o	f facilities			2a				
b Prior year adjustments										
С	Other loss									
d	Other (De	scribe in Part XIII.)				2d				
е						' <u>'</u>		2e		0
3	Subtract	line <b>2e</b> from line <b>1</b>						3	3,169	,192
4		included on Form								
а	Investme	nt expenses not in	cluded on Form 9	990, Part VIII, line	e 7b	4a				
b	Other (De	scribe in Part XIII.)				4b				
С	Add lines	<b>4a</b> and <b>4b</b>						4c		0
5	Total exp							5	3,169	,192
Par	t XIII Sı	upplemental Ir	formation.							
		scriptions required ; and Part XII, lines	·			•	and 2b; Part V, line mation.	4; Part	X, line 2; Part	XI,
PAF	RT X,	LINE 2:								
GAZ	AP REÇ	UIRES ENT	ITIES TO	EVALUATE	E, MEASURI	E, RECOG	NIZE AND D	ISCI	LOSE AN	Y
UNC	ERTAI	N INCOME	TAX POSI	TIONS TAR	KEN ON THI	EIR TAX	RETURNS. G	AAP	PRESCR	IBES
A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET IN										
ORI	ER TO	BE RECOG	NIZED IN	THE FINA	ANCIAL STA	ATEMENTS	. THE ALLI	ANCI	E BELIE	VES
THA	T IT	HAD NO UN	CERTAIN '	TAX POSIT	TIONS AS I	DEFINED	IN THE STA	NDAI	RD.	

Schedule D (Form 990) 2019

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 54-1752058 SCHOOL-BASED HEALTH ALLIANCE Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) UNIVERSITY OF MARYLAND, BALTIMORE ADOLESCENT & YOUTH ADULT 620 WEST LEXINGTON STREET, 4TH FLR HEALTH CAPACITY BUILDING BALTIMORE MD 21201 15-2600203 501(C)(3) 367,302 0 PROGRAM 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019)

ALTH ALL	IANCE			54-1752058	Page 2
. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		<u> </u>
(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
uired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.		
SASED HEA	LTH ALLIAN	ICE ARE ASS	IGNED EITHER		
ALONG W	ITH THE AI	MINISTRATI	VE DIRECTOR		
OF THE G	RANT FROM	BEGINNING	TO CLOSE-OUT.		
ES ALL P	ROGRAM REI	LATED ASPEC	TS OF THE		
PLANNING	REVIEWS,	SITE VISIT	S, MONTHLY		
IRECTOR/	MANAGER AN	ND ADMINIST	RATIVE		
ECTS OF	THE GRANTS	BY TRACKI	NG AND		
	(b) Number of recipients  Quired in Part I, lines  BASED HEA  ALONG WORK THE GRESS ALL PROPERTY OF THE GRESS ALL PROPERTY	(b) Number of recipients (c) Amount of cash grant (ash grant grant)  Quired in Part I, line 2; Part III, column (ash grant)  BASED HEALTH ALLIAN  ALONG WITH THE ALLIAN  OF THE GRANT FROM  BES ALL PROGRAM REI  PLANNING REVIEWS,  DIRECTOR/MANAGER AND  PECTS OF THE GRANTS	(b) Number of cash grant (d) Amount of non-cash assistance (e) Amount of cash grant (ash assistance)  Quired in Part I, line 2; Part III, column (b); and any other a assistance as ALONG WITH THE ADMINISTRATI OF THE GRANT FROM BEGINNING GES ALL PROGRAM RELATED ASPECTANNING REVIEWS, SITE VISIT DIRECTOR/MANAGER AND ADMINISTRATIONECTS OF THE GRANTS BY TRACKING PECTS OF THE GRANTS PECTS OF THE GRANTS BY TRACKING PECTS OF THE GRANTS PECTS OF TH	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other)  guired in Part I, line 2; Part III, column (b); and any other additional information.  BASED HEALTH ALLIANCE ARE ASSIGNED EITHER  ALONG WITH THE ADMINISTRATIVE DIRECTOR  OF THE GRANT FROM BEGINNING TO CLOSE-OUT.	s. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  [b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (book, FMV, appraisal, other) (f) Description of noncash cash assistance (b) Noncash assistance (b) No

Part IV Supplemental information		
ANNUAL REPORTS OF THE GRANT AND ITS RELATED CLO	OSE-OUT REQUIREMENTS.	THIS
INDIVIDUAL ALSO REVIEWS THE GENERAL EXPENSES RE	ELATED TO THE GRANT,	
INCLUDING THE PLANNING OF TRAVEL AND STAFF HOUR	RS NEEDED TO MEET ALL	GRANT
REQUIREMENTS.		

Schedule I (Form 990)

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

SCHOOL-BASED HEALTH ALLIANCE

**Employer identification number** 54-1752058

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	, 3			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract X Compensation committee			
	<ul> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul>			
	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
а	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		A
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	l a	L	

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) JOHN SCHLITT	(i)	105,886.	0.	0.	8,471.	19,107.	133,464.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SCHOOL-BASED HEALTH ALLIANCE

Employer identification number 54-1752058

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESEARCH, AND BY PROVIDING TRAINING, TECHNICAL ASSISTANCE, AND

CONSULTATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TO BUILD POLITICAL AND PUBLIC SUPPORT FOR THE ALLIANCE AND ITS MISSION

TO IMPROVE THE HEALTH STATUS OF CHILDREN AND YOUTH BY ADVANCING AND

ADVOCATING FOR SCHOOL-BASED HEALTH CARE.

EXPENSES \$ 7,436. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

GOVERNING BODY REVIEW OF FORM 990

THE ALLIANCE PROVIDED A COPY OF THE FORM 990 TO ALL MEMBERS OF THE BOARD OF DIRECTORS BEFORE FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING AND ENFORCEMENT OF CONFLICTS POLICY

THE BOARD OF DIRECTORS ACKNOWLEDGES IN WRITING THE CONFLICT OF INTEREST

POLICY AND ANY KNOWN CONFLICTS AT THE BEGINNING OF THEIR TERM. THE

STATEMENT IS EFFECTIVE FOR THE ENTIRE TERM. ROBERT BOYD, PRESIDENT AND

DEIRDRE TAYLOR, DIRECTOR OF ADMINISTRATION REVIEWS THE BOARD OF TRUSTEE'S

CONFLICT OF INTEREST STATEMENTS. IF A BOARD MEMBER DISCLOSES A CONFLICT OF

INTEREST, THAT MEMBER WILL ABSTAIN FROM VOTING ON RELATED MATTERS.

FORM 990, PART VI, SECTION B, LINE 15A:

PROCESS FOR DETERMINING OFFICER'S COMPENSATION

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization SCHOOL-BASED HEALTH ALLIANCE	Employer identification number 54-1752058
THE PRESIDENT'S COMPENSATION WAS SET BY THE BOARD OF DIRE	CTORS AFTER
CONSULTATION WITH AN EMPLOYMENT CONSULTANT FIRM. THE REVI	EW AND APPROVAL OF
THE COMPENSATION IS COMPLETED BY THE BOARD'S ORGANIZATION	AL PERFORMANCE
COMMITTEE. DATA USED TO COMPLETE THIS REVIEW INCLUDED COM	PENSATION FOR
SIMILAR ORGANIZATIONS AS OBTAINED VIA THEIR FORM 990S. MI	NUTES ARE
MAINTAINED OF THIS PROCESS AND IT IS COMPLETED FOR THE PR	ESIDENT. THE LAST
REVIEW WAS COMPLETED IN 2019.	
FORM 990, PART VI, SECTION C, LINE 19:	
PUBLIC AVAILABILITY OF OTHER DOCUMENTS	
THE ALLIANCE MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF	INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRI	TTEN REQUEST TO
MANAGEMENT. THEY ARE ALSO AVAILABLE FOR INSPECTION AT TH	E ALLIANCE'S
OFFICE.	

## Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

	nis form, visit www.irs.gov/e-file-providers/e-file-for-char		,	details of	THE ELECTIONIC		
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
All corpo	rations required to file an income tax return other than F Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	os, REMIC	Cs, and trusts		
Type or					Faxpayer identification number (TIN)		
print	SCHOOL-BASED HEALTH ALLIANCE				54-1752058		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.  1010 VERMONT AVE, NW, NO. 600						
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  WASHINGTON, DC 20005						
Enter the Return Code for the return that this application is for (file a separate application for each return)						<u> 0 1 </u>	
Application			Application			Return	
<u>Is For</u>		Code	Is For			Code	
Form 990 or Form 990-EZ			Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04 05	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11	
Form 990-T (trust other than above)  ADMINISTRATIVE M			Form 8870 12			12	
Telepl  If the	books are in the care of $\blacktriangleright$ 1010 VERMONT An anone No. $\blacktriangleright$ 202-638-5872 briganization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box $\blacktriangleright$	s in the Ur Group Exe	Fax No. ▶	f this is fo	r the whole group,	check this	
1 I request an automatic 6-month extension of time untilAUGUST_16,2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:    ▶							
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.	
<u>est</u>	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
c Ba	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						
using EFTPS (Electronic Federal Tax Payment System). See instructions.				3с	\$	0.	
Caution:	If you are going to make an electronic funds withdrawalns.	l (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-EO f	or payment	
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form <b>8868</b> (F	Rev. 1-2020)	

923841 12-30-19