		P	UBLIC DISCLOSURE COPY - STATE REGISTE			OMB No. 1545-0047
	00	n	Return of Organization Exempt Fro			0040
Forr (Rev		ary 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod		^{s)} ZU 9	
Depa	rtment of	the Treasury	Do not enter social security numbers on this form as it	-	-	Open to Public Inspection
		ue Service	► Go to www.irs.gov/Form990 for instructions and the ar year, or tax year beginning JUL 1, 2019 and endin		UN $30, 2020$	Inspection
_					· · · · · · · · · · · · · · · · · · ·	
B C a	heck if pplicable:		organization NARRATIVE		D Employer identific	ation number
	Address		MERLY LUKE-DORF, INC.)			
T	Name change		usiness as		93-068573	34
	Initial return	U		m/suite	E Telephone number	
	Final		SW CENTER STREET	in, ourto	(503) 726	
L	⊥return/ termin- ated		pwn, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	19,169,102.
	Amende		RD, OR 97223		H(a) Is this a group re	
	Applica tion		nd address of principal officer: JOHN TRINH		for subordinates'	
	pending		AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-exe	mpt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)
			THENEWNARRATIVE.ORG		H(c) Group exemption	
KF	orm of o	organization:	X Corporation Trust Association Other ►	L Year o	f formation: 1977 N	State of legal domicile: OR
Pa		Summary				
ø			e the organization's mission or most significant activities: CLINICA			
Governance	<u>F</u>	HEALTH	SERVICES, HOUSING, RESIDENTIAL TREATM	MENT	AND TRANSI	CIONAL
erne			k local if the organization discontinued its operations or disposed of	of more t		
0 Vē			ing members of the governing body (Part VI, line 1a)			9
			ependent voting members of the governing body (Part VI, line 1b)			9
es			of individuals employed in calendar year 2019 (Part V, line 2a)			357
iviti			of volunteers (estimate if necessary)			9
Activities &			business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 39	<u> </u>		0.
					Prior Year 3,981,663.	Current Year
ne			and grants (Part VIII, line 1h)		12,124,507.	<u>11,985,212.</u> 4,438,617.
Revenue		•	ce revenue (Part VIII, line 2g)		98,323.	24,913.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)		97,423.	437,692.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,301,916.	16,886,434.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	<u> 10,000,454</u> 0.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45 0	-	compensation, employee benefits (Part IX, column (A), line 4)		10,306,014.	10,927,161.
ses	162 5		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	юа h Т		ng expenses (Part IX, column (D), line 25) \blacktriangleright 0.			
ŭ	17 (es (Part IX, column (A), lines 11a-11d, 11f-24e)	_	4,797,679.	5,511,154.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,103,693.	16,438,315.
			expenses. Subtract line 18 from line 12		1,198,223.	448,119.
or					inning of Current Year	End of Year
t Assets or d Balances	20 T	Fotal assets (F	Part X, line 16)		20,439,712.	23,049,225.
Ass	21 T	-	(Part X, line 26)		14,079,042.	16,343,131.
Net			und balances. Subtract line 21 from line 20		6,360,670.	6,706,094.
	irt II	Signature				
Und	er penali	ties of perjury,	declare that I have examined this return, including accompanying schedules and s	statemer	nts, and to the best of my	knowledge and belief, it is
true,	correct	, and complete.	Declaration of preparer (other than officer) is based on all information of which pr	oreparer h	as any knowledge.	
Sig	n	-	e of officer		Date	
Her	<u>م</u>	► JOHN	TRINH, CHIEF EXECUTIVE OFFICER			

I ICI C							
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	GERARD DEBLOIS			self-employed P01287653			
Preparer	r Firm's name ► MCDONALD JACOBS, P.C. Firm's EIN ► 93-0900579						
Use Only	y Firm's address 🖕 520 SW YAMHILL ST., STE 500						
	PORTLAND, OR 97204 Phone no. (503) 227-0581						
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						
932001 01-20	322001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)						
S	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION						

SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATIO
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Form	NEW NARRATIVE (FORMERLY LUKE-DORF, INC.)	93-0685734 Page	∋ 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	FROM CLINICAL CARE AND PEER SUPPORT PROGRAMS TO HOUSING,		
	RESOURCES SO PEOPLE SEEKING MENTAL HEALTH CARE CAN DEVEL	OP THE TOOLS	
	TO THRIVE, NOT JUST SURVIVE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes 🚺 N	ю
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N	ю
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$4 , 761 , 804including grants of \$) (Reven		•)
	NEW NARRATIVE SUCCESSFULLY LAUNCHED A TRANSITIONAL HOUSI		
	SKILLS, EDUCATION AND EMPLOYMENT PROGRAM FOR YOUNG ADULT		
	TRANSITIONING OUT OF THE OREGON FOSTER CARE SYSTEM AND A		
	WITH MENTAL HEALTH CHALLENGES. THIS POPULATION IS TRADIT		
	HIGHEST RISK FOR HOMELESSNESS, SUBSTANCE ABUSE, AND DOME		
	IN ITS FIRST YEAR OVER 80% OF THE ENROLLED YOUTH REACHED	THEIR	
	EDUCATION AND EMPLOYMENT GOALS.		
4b	(Code:) (Expenses \$ 8 , 708 , 794 . including grants of \$) (Reven	ue\$ 2,106,441.	•)
	OVER 1,100 INDIVIDUALS ACCESSED OUR RANGE OF CLINICAL, P.	EER, AND	
	HOUSING SERVICES IN THEIR JOURNEY TO BUILD A SUSTAINABLE	РАТН ТО	
	INDEPENDENCE.		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
			_ ′
4d	Other program services (Describe on Schedule Q.)		
40	Other program services (Describe on Schedule O.)	١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 13,470,598.)	
<u>4e</u>	Total program service expenses ► 13,470,598.	Form 990 (20	110
93200	2 01-20-20		(617

NEW NARRA	TIVE		
(FORMERLY	LUKE-DORF,	, INC.)

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23		00104	

	990 (2019) (FORMERLY LUKE-DORF, INC.) 93-0685	5734	Р	_{age} 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	A	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	144		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie	- 72	
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
IZa		120		v
h	Schedule D, Parts XI and XII	12a		<u> </u>
U		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	- 23	x
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	1-70		<u> </u>
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		x
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			_ _
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
932003	01-20-20	Form	990	(2019)

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NEW	NARRAT	TIVE		
(FOF	RMERLY	LUKE-DORF	,	INC.)

Part IV Checklist of Required Schedules (continued)

Form 990 (2019)

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22 Did the organization report more than 5,0000 of grants or other assistance to or for domestic individuals on Part K, county, kin 27 4" yet, "complete Schedule Part I and IIII. 2 23 Did the organization arxies is the seventh bord is use with an outstanding principal amount of more stan \$10,000 as of the isst day of the year, that was issued after becember \$1,2002" ("Yea", arxive times 24b through 24d and complete Schedule / No. 'pto Din 25ch. 2 24 Did the organization issues and the second bound of the organization issues and the second of the organization issues and a second bound of the organization market an second account offer than a refunding second at any time during the year is to defease any tax exempt bond? 24d 25 Section \$01(28), \$01(24), and \$51(4/28) organizations. Dut the organization range in an excess benefit transaction than and the organization range in an excess benefit transaction with a disputified period in any of the organization is and the year? If Yea,' complete Schedule I, Part I 25a 26 Did the organization organi and the year? If Yea,' complete Schedule I, Part I 25b 27 Z Did the organization report any and the year? If Yea,' complete Schedule I, Part I 28 Did the organization report any and the part of the sector of transfer schedule I, Part I 29 Did the organization report any and the part of any of these period? If Yea,' complete Schedule I, Part I 29 Did the organization report any and the part of any of these period? If Yea,' complete Schedule I, Part I 20 Did the organization report any and the data ordin t				Yes	No
23 Did the organization answer: "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization is current and forms officers, directors, trustees, key employee, and highest compensated employee? If 'Yes, 'complete Schedule J, I'Yes, 'to be about the section of the organization matrix and possible to any too be as of the last day if the yean, that was issued after December 31, 2002' If 'Yes, 'torware lines 24b through 24b and complete Schedule J, I'Yes,'' and the temporary period exception? 24a 24b X 24a Did the organization metating proceeds of tax-essempt bands beyond a temporary period exception? 24a X 25b Did the organization anartam an escrow account other than a retunding escrow at any time during the year'. 24a X 25b Section 30(45), 50 (10(4), and 50(4), 200 organization. Did the cognization and the transpace in a process benefit transaction was that is an anot bene leposted on any of the organization and period as comparised on angoin a process benefit transaction has not been reported on any of the organization and periods on any current or former officer, director, tustes, key employee. The organization and periods of the organization and periods of the organization and the time of any of these person? I'Yes, 'complete Schedule L, Part I 25b 25b Did the organization report any amount on Part X, line 5 or 22, for receivables to any current or former officer, director, tustes, key employee. The organization and periods and the theread of any of these person? I'Yes, 'complete Schedule L, Part IV 26b X 27b Did the organization onedees any of these perso	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former offices, directors, trustees, key employees, and highest comportsation employees? If "Yes," complete 23 X 24a Did the organization have a tax exempt bond issue with an outbanding 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 2.bt through 2.4 and complete Schedule K. If "No," to the 2.5a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 25a Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization ergaps in an excess benefit transaction with a disqualified period in a period period with the organization organs in a prior year, and that the transaction have that tengaged in an excess benefit transaction with a disqualified period. The year's complete Schedule L, Part I 25a X 25b Did the organization appet any amount on Part X, line 5 or 22, for recorkable from or parables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% complete Schedule L, Part I 25a X 27b Did the organization appet and period bits and prior period bits of any complete Schedule L, Part I 25a X 27b Did the organization appet and period bits and transaction with a disqualified period. If any theorem of any difference period bits of a schedule L, Part II 25b X 27b Did the organization appet app		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
Schedule J. 28 X 240 X <td>23</td> <td></td> <td></td> <td></td> <td></td>	23				
24 D db eorganization have a tax everent bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issue after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'Ne,' go to fine 25a 24a X 24 D db the organization mixed any proceeds of tax-everent bonds beyond a temporary period exception? 24a X 25 D db the organization mixed any proceeds of tax-everent bonds beyond a temporary period exception? 24a X 25 Section 50 (fc(3), 60 (c)(4), and 50 (c)(29) organizations. Did the organization regage in an excess benefit transaction with a disqualified person ain g through? 25a X 25 Section 50 (fc(3), 60 (c)(4), and 50 (c)(29) organizations phor Foms 980 or 990 E2? If 'Yes,' complete Schedule L, Part I 25a X 26 D dth eorganization regord ain g through? 16 (Transaction with a disqualified person in a prior year, and that the transaction with a fine period? 25b X 27 D dth eorganization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officar, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled any or there assistance to any of these persons? If 'Yes,' complete Schedule L, Part I 26 X 27 D dth eorganization report any amount on Part X, line 50 arg, core control of thore, director, trustee, key employee, creator or founder, or abstantial contributors? If 'Yes,' complete Schedule L, Part I 26 X 28		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
is day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. Phon, 'pot for line 25a. 24b X b Did the organization mixest any proceeds of tax-everupt bonds beyond a temporary period exception? 24b X c Did the organization mixest any proceeds of tax-everupt bonds beyond a temporary period exception? 24c X d Did the organization mixet and 'on behalf of' issue for bonds outstanding at any time during the year? 24d X 25a Section 50(163), 601(c4)(h, and 501(c2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d X 25a Bott on organization are not been reported on any of the organization's prior Forms 900 or 900 E27. If 'Yes,' complete Schedule L, Part I 25a X 25 Did the organization provide a grant or other assistance to any current or forms officer, director, trustee, low perployee, creator or founder, substantial contributor or agrant solution complete Schedule L, Part II 25a X 27 Did the organization apert of tables persons? If 'Yes,' complete Schedule L, Part II 27 X 28 Did the organization apert or table assistance to any current or forms officer, director, trustee, lew proplewer, and the following partice spece Schedule L, Part II 28a X 27 Did the organization apert or table assistance to any current or forms officer, director, trustee, lew proplewer, and the following partice spece Schedule L, Part II 27 X			23	Х	
Schedule K If Wo, 'go to fine 25a 24a X D Did the organization meaintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b X 25a Section 501(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24c X 25a Section 501(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person thiring the year? 25a X 25a Section 501(c)(3), and 501(c)(4), and 501 (c)(29) organizations piror Forms 900 or 900-E27 (fr=Vss, *complete Schedule L, Part I 25b X 25a D dit the organization provid any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or fally member of any or these persons ?! / Yrss, *complete Schedule L, Part IV 26a X 27 Was the organization provide stance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor or maloyee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) for fally member of any of these persons ?! / Yrss, *complete Schedule L, Part IV 27 X 28 M attribution an enclose decontrollinton and exclose decolones? 27<	24a				
b Did the organization meet any proceeds of tax-exempt brands beyond a temporary period exception? 24b X c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt brands? 24d X d Did the organization acts as in "on bahaf of" issue for bonds outstanding at any time during the year? 24d X 25a Section 50(16), 501(40), 401(40), 4005(40), ad05(10), 200 organizations. Did the organization erapse in a excess benefit transaction with a disqualified perion during the year? If "Yes," complete Schedule L, Part I 25a X 25 Did the organization are port at the anguad in an excess benefit transaction in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former forme, direct, nutures, level amployse, creator or bunder, substantia contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization apert the target and maxels to any current or former officer, direct, rustes, level and that the tolowing particles consolitation apert to a 35% controlled entity (including an employee thered) or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization apert to target and exceptions? and exceptions? and exceptions? and exception? 28 A strain demoter any individual described in the 2887 If "Yes," complete Schedule L, Part II 28a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d X 25 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? 24d X 26 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? 1/Yes, 'complete Schedule L, Part I 26 Did the organization profer any amount on Part X, line 5 or 22, for receivables from or payables to say current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or founding an employee thereol, a grant selection committee member, or to a 38% controlled entity or founding an employee thereol, a grant selection committee member, or to a 13% controlled entity including an employee thereol of a grant selection committee member, or to a 13% controlled entity including an employee, creator or founder, substantial contributor? If 'Yes, 'complete Schedule L, Part II 28 X 27 X Was the organization provide thereol of a riming therehold or arganization selection committee member, or to a 3% controlled entity of no er more individual described in line 28% I' Yes, 'complete Schedule L, Part II 28 X 28 Mas the organization receive more than X25.000 in non-cash contributions? I' Yes, 'complete Schedule L, Part II 28 X 29 D dt the organization receive contribuits of a ris historical tresurses, or order similar ass		Schedule K. If "No," go to line 25a	24a	Х	
any tax-exempt bonds? 24d X 4 Did the organization acts as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d X 25a Section 501(c/(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 11 '''ss, ' complete Schedule 1, Part 1 25a X 25b Is the organization aver that lengaged in an excess benefit transaction with a disqualified person on any of the organization's prior Form's 990 or 990-E27. If ''Yes,'' complete Schedule 1, Part 1 25a X 25b Ub the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% 26 X 27 Did the organization apport by to a business transacton with one organization apport, to a business transacton with one of any of these persons? If 'Yes,' complete Schedule L, Part II 28 X 27 Did the organization apport to a business transacton with one of the following parties (see Schedule L, Part IV 28 X 28 Was the organization apport to a business transacton with one of any of these persons? If 'Yes,' complete Schedule L, Part IV 28 X 29 A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If ''yes,' complete Schedule L, Part IV 28 X 29 Did the organization receive nore in	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
d Did the organization act as an 'on behalf of "issue for bonds outstanding at any time during the year? 24d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'yes,' complete Schedule I, Part I 25a 25 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If 'yes,' complete Schedule I, Part I 25a 26 Did the organization proved any of the organization s prior Forms 900 or 990-E27. If 'Yes,' complete Schedule I, Part I 25b 27 Did the organization proved ary amount on Part X, line 5 or 22, for receivables from or payables to san yourcent 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 28 Was the organization provide thereod of amily member of any of these persons? If 'Yes,' complete Schedule L, Part II 27 29 Was the organization provide thereod of amily member of any of these persons? If 'Yes,' complete Schedule L, Part II 28 29 A Stanty member of any individual described on into 28a? If 'Yes,' complete Schedule L, Part II 28a 29 A Stanty member of any individual described on into cash contributor? If 'Yes,' complete Schedule L, Part II 28a 29 Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributor? If 'Yes,' complete Schedule I, Part I 28a 29 Did the organization neceive more	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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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 to former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV. A Starming of one or more individual accorbed in line 28a? If 'Yes,' complete Schedule L, Part IV. A Starming of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV. A Starming of one or more individuals and/or organization sceleve contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule IM. Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule IM. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions eld, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule IM. Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule IM. Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of Its net assets? If 'Yes,' complete Schedule IM. Part II Was the organization sell, exchange, dispose of, or transfer more than 25% of Its net assets? If 'Yes,' complete Schedule IM. Was the organization sell, exchange, dispose of, or transfer More Mangal Schedule B, Part II, III, or IV, and Part V, line 1 Star Martin Addition and the organization organization receive any payment from orengage in any transaction with a controlled entity wi			27		х
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31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 36 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 39 Did			30		х
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(gambling) winnings to prize winners?			1		
932004 01-20-20 Form 990 (2019)	Ū		10		
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	NEW NARRATIVE			
Form	990 (2019) (FORMERLY LUKE-DORF, INC.) 93-0685	734	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 357			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>
Ua		6a		x
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
' ~	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70	Х	
a 5		7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	- 23	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7-		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
т	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
~	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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
	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.			

5

932005 01-20-20

_	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	<u></u>	<u></u>	X
ec	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	1a		9		
	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		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
ŀ	Did the organization make any significant changes to its governing documents since the prior Form S	990 was	s filed?	4		X
;	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
;	Did the organization have members or stockholders?					X
'a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?				X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
С	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
		<u>svenue</u>	<u>Coue.</u> /		Yes	No
а	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
			, uninatoo,	10b		
a	Has the organization provided a complete copy of this Form 990 to all members of its governing boc					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			114		
				12a	X	-
	Did the organization have a written conflict of interest policy? If "No," go to line 13					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				<u></u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	,		10		x
	in Schedule O how this was done			10	x	
	Did the organization have a written whistleblower policy?					
	Did the organization have a written document retention and destruction policy?			. 14	X	
	Did the process for determining compensation of the following persons include a review and approve	,	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
	The organization's CEO, Executive Director, or top management official					
b	Other officers or key employees of the organization			. <u>15b</u>	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
а	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	th a			
	taxable entity during the year?			. <u>16a</u>	_	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's			
	exempt status with respect to such arrangements?			. 16b		
С	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OR					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	T (Section 501(c)(3)s only) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explai		,			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	f interest policy,	and finar	ncial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	l records 🕨 _			
	<u>JOHN TRINH - (503) 726-3706</u>					
	8915 SW CENTER STREET, TIGARD, OR 97223					
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93-0685734

Page 6

NEW NARRATIVE

Form 990 (2019)

06

(FORMERLY LUKE-DORF, INC.)

Form 990 (2019)	(FORMERLY LUKE-DORF, INC.)	93-0685734	Page 7								
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees, Highe	est Compensated									
Employee	Employees, and Independent Contractors										
Check if Sch	edule O contains a response or note to any line in this Part VII										
Section A. Officers, Di	rectors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for	or all persons required to be listed. Report compensation for the calendar year	ending with or within the organization's t	tax year.								
 List all of the organ 	ization's current officers, directors, trustees (whether individuals or organizatio	ons), regardless of amount of compensat	tion.								

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

NEW NARRATIVE

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)		oure	(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles	Pos heck i ss per	ition more rson i	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMEY MCDONALD	1.00									
CHAIR		Х		Х				0.	0.	0.
(2) DEBI MOLLAHAN	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) DAVE PEASLEE	1.00									
SECRETARY	1 0 0	Х		X				0.	0.	0.
(4) KEN KORNELIS	1.00									
BOARD MEMBER	1 0 0	X						0.	0.	0.
(5) CHRIS KENT	1.00									
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(6) ROBERT CONNELL	1.00								0	<u>م</u>
BOARD MEMBER (7) KIM MARSHALL	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0
(8) KASCADARE CAUSEYA	1.00	<u> </u>						U •	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(9) LYNN BOOSE	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(10) ANGEL PRATER	1.00								0.	
BOARD MEMBER	1.00	x						0.	0.	0.
(11) FLETCHER NASH	1.00							Ŭ		.
BOARD MEMBER		x						0.	0.	0.
(12) JOHN TRINH	40.00									
CHIEF EXECUTIVE OFFICER		1		x				194,169.	0.	9,425.
(14) ROBERT GRIMM	40.00									
PHARMACIST		1				x		127,431.	0.	8,296.
		1								
		1								
		1								
932007 01-20-20	·									Form 990 (2019)

932007 01-20-20

	NEW NARRA										_			-
	990 (2019) (FORMERLY									93-0	<u>685</u>	734	Pa	age 8
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C	compensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	Posi heck r ss per id a di	ition nore son i	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	Est am	(F) imate ount c other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	is	comp frc orga and		e on ed
								_	201 600			4 -		
С	Subtotal Total from continuation sheets to Part VII	, Section A							321,600. 0. 321,600.		0.0.0.		,72 ,72	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							o re		000 of reportable	-	<u> </u>	, 12	2
3		disactor truct			mal			hio	wheet componented ampl				Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	uch individual								•		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or si	ich r	bers	on .					5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor	monsated ind	lono	ndo	at co	ntr	octor	~ +	hat received more than ^{\$}	100 000 of com	000000	tion from	m	
<u> </u>	the organization. Report compensation for t	-	-											
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C) compen		ı
2	Total number of independent contractors (ir		ot lin	niteo	d to t	-		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				C	,					Form S	90 (2	2019)

932008 01-20-20

NEW NARRATIVE

Form 990 (2019) (FORMER Part VIII | Statement of Revenue (FORMERLY LUKE-DORF, INC.)

		/111	Statement of Revenue					_
			Check if Schedule O contains a response or	note to any line		(5)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51
ts	1	а	Federated campaigns 1a					
nn		b	Membership dues 1b					
Å Å		с	Fundraising events 1c	623.				
ar		d	Related organizations 1d					
and Other Similar Amounts		е	Government grants (contributions) 1e	11,520,706.				
S 2		f	All other contributions, gifts, grants, and					
the second			similar amounts not included above 1f	463,883.				
p		g	Noncash contributions included in lines 1a-1f		11 005 010			
ดี		h	Total. Add lines 1a-1f	>	11,985,212.			
	-			Business Code 623990	1 526 005	1 526 005		
8	2	a	RENTAL UNITS SERVICE PAYMENTS	623990	1,526,905.	1,526,905. 1,359,331.		
Revenue		b c	CLIENT FEES	623990	1,036,426.	1,036,426.		
ven		с d	PEER MONITORING	623990	515,955.	515,955.		
Be		u e						
			All other program service revenue					
		' a	Total. Add lines 2a-2f		4,438,617.			
	3		Investment income (including dividends, interest	, and	· ·			
			other similar amounts)		23,502.			23,50
	4		Income from investment of tax-exempt bond pro					
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)	····· •				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a	5,118.				
		b	Less: cost or other basis	2 7 7 7				
Revenue			and sales expenses	3,707.				
eve			Gain or (loss)	1,411.	1,411.			1,41
<u> </u>	~	a	Net gain or (loss)	🕨	1,411.			1,41
Othe	ð	a	Gross income from fundraising events (not including \$ 623. of					
			contributions reported on line 1c). See					
			Part IV, line 18	27,610.				
		b	Less: direct expenses 8b	13,899.				
			Net income or (loss) from fundraising events		13,711.			13,71
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	2,577,169.				
				2,265,062.				
		с	Net income or (loss) from sales of inventory)	312,107.	312,107.		
2				Business Code	11			
e e	11		MONEY MANAGEMENT	900099	41,094.	41,094.		
Revenue		~	REBATES	900099	38,480.	38,480.		
Bev		-	OTHER INCOME	900099	32,300.	32,300.		
1			All other revenue		111 07/			
	40		Total. Add lines 11a-11d	····· •	111,874.	1 862 509	0.	38 63
	12		Total revenue. See instructions	▶	16,886,434.	4,862,598.	U.	38,624 Form 990 (20

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	NEW NARRATIVE	
Form 990 (201	9) (FORMERLY LUKE-DORF,	INC
Part IX St	atement of Functional Expenses	

Seci	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	011 010	1	25 222	
	trustees, and key employees	211,910.	176,081.	35,829.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 011 1 00	P 020 200	1 480 054	
7	Other salaries and wages	8,711,160.	7,238,306.	1,472,854.	
8	Pension plan accruals and contributions (include		1 6 4 1 7 4		
	section 401(k) and 403(b) employer contributions)	197,532.	164,134.	33,398.	
9	Other employee benefits	851,984.	707,934.	144,050.	
10	Payroll taxes	954,575.	793,179.	161,396.	
11	Fees for services (nonemployees):				
а	•	20 808	10 001	11 050	
	Legal	30,727.	18,871.	11,856.	
	3	85,882.	52,744.	33,138.	
d	Lobbying				
е	, ,				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	400 501		165 220	
	column (A) amount, list line 11g expenses on Sch 0.)	428,501.	263,162.	165,339.	
12	Advertising and promotion	<u>40,956.</u> 265,297.	1,474.	39,482.	
13	Office expenses		166,775.	98,522.	
14	Information technology	609,259.	503,276.	105,983.	
15	Royalties	1 014 620	027 002	76 627	
16		1,014,620.	937,983. 34,514.	76,637.	
17	Travel	60,949.	54,514.	26,435.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	305,403.	253,971.	51,432.	
20	Interest	505,403.	4JJ,7/1.	JI,434.	
21	Payments to affiliates Depreciation, depletion, and amortization	599,745.	494,594.	105,151.	
22		186,278.	168,720.	17,558.	
23 24	Insurance Other expenses. Itemize expenses not covered	100,270.	100,720.	I, JJ0.	
24	above (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
9	SUPPLIES	1,130,306.	1,005,422.	124,884.	
b		449,904.	232,095.	217,809.	
c		303,327.	257,363.	45,964.	
d		,	,		
	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24e	16,438,315.	13,470,598.	2,967,717.	0
2 <u>5</u> 26	Joint costs. Complete this line only if the organization		, _, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2019)

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NEW	NARRATIVE
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Form 990 (2019)

(FORMERLY LUKE-DORF, INC.)

	990 (2 1 X	Balance Sheet		55	0685/34 Page II
1 11		Ober bliff Orthershelle Organization and an and a terrare line in this Deck V			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	385,626.	1	2,627,902.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	130,000.	3	
	4	Accounts receivable, net	2,817,377.	4	2,394,031
	5	Loans and other receivables from any current or former officer, director,			
	_	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	99,774.	8	117,264
As	9	Prepaid expenses and deferred charges	51,730.	9	73,957
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 22,941,314.			
	b	Less: accumulated depreciation 10b 6,599,771.	14,265,824.	10c	16,341,543
	11	Investments - publicly traded securities	1,082,137.	11	1,130,979
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,607,244.	15	363,549
	16	Total assets. Add lines 1 through 15 (must equal line 33)	20,439,712.	16	23,049,225
	17	Accounts payable and accrued expenses	1,857,960.	17	1,494,117
	18	Grants payable		18	
	19	Deferred revenue	3,896,060.	19	4,152,312
	20	Tax-exempt bond liabilities	3,315,489.	20	3,211,759
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	193,747.	21	343,213
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
E	23	Secured mortgages and notes payable to unrelated third parties	4,815,786.	23	4,912,233
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	2,229,497.
	26	Total liabilities. Add lines 17 through 25	14,079,042.	26	16,343,131.
		Organizations that follow FASB ASC 958, check here \blacktriangleright X			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	6,230,670.	27	6,588,258
Ba	28	Net assets with donor restrictions	130,000.	28	117,836.
pun		Organizations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 29 through 33.			
ts o	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	6,360,670.	32	6,706,094.
	33	Total liabilities and net assets/fund balances	20,439,712.	33	23,049,225. Form 990 (2019

Form 990 (2019)

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	NEW NARRATIVE				
	990 (2019) (FORMERLY LUKE-DORF, INC.)	93-06	585734	Pa	_{ge} 12
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	16,880		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,438		
3	Revenue less expenses. Subtract line 2 from line 1	3			19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,360		
5	Net unrealized gains (losses) on investments	5	21	7,3	01.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-129	9,9	
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	6,706	5,0	94.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	aan	(2010)

Form **990** (2019)

SCHEDULE A Public Charity Status and Public Support							OMB No. 1545-0047					
(Fori	m 990 or 990-EZ)			nization is a section 501					2010			
				47(a)(1) nonexempt cha					2015			
	nent of the Treasury Revenue Service			Attach to Form 990 or F v/Form990 for instruction			formation		Open to Public Inspection			
Name	of the organizat	· · · · · · · · · · · · · · · · · · ·	NARRATIVE			ie latest li	normation.	Employer	identification number			
	_	(FOR	MERLY LUKE						3-0685734			
Par	t I Reason	for Public (Charity Status	All organizations must co	omplete th	is part.) Se	e instruction	S.				
The o	rganization is not a	a private found	lation because it is: (I	For lines 1 through 12, cl	heck only	one box.)						
1				on of churches described			I)(A)(i).					
2				Attach Schedule E (Form								
3 [•		anization described in se				VIII) Entor	the beenitel's name			
4 [4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:											
5 [
		-	Complete Part II.)	5		, ,						
6 [A federal, sta	ate, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7 [X An organizat	ion that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general j	oublic described in			
г			complete Part II.)									
8 [(1)(A)(vi). (Complete Parl								
9	-	-	-	in section 170(b)(1)(A)(i		-		-	-			
	or university university:	or a non-land-ç	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or			
10		ion that norma	ally receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns. members	hip fees. an	d aross receipts from			
_				ct to certain exceptions,								
	income and	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	ifter June 30, 1975.			
-	See section	509(a)(2). (Co	mplete Part III.)									
11		•	-	ively to test for public sat	•							
12	-	•	-	ively for the benefit of, to	-			•				
			-	ed in section 509(a)(1) of supporting organization					Sheck the box in			
а		-	•••	upervised, or controlled		-		-	aivina			
			-	gularly appoint or elect a	• • • •	-						
		-	complete Part IV, Se									
b	Type II. A	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ring			
	control or i	management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported			
		. ,	st complete Part IV,									
С		-	• • • •	g organization operated				lly integrate	d with,			
d	· ·	0	. , .). You must complete F porting organization open			-	tod organi	zation(s)			
u		-		zation generally must sati				° °				
			0	nplete Part IV, Sections	•		•					
е	Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III				
	functionally	y integrated, o	r Type III non-functio	nally integrated supportir	ng organiz	ation.						
	Enter the number											
g	Provide the follow (i) Name of supp		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other			
	organizatio		(,	(described on lines 1-10	in your governi Yes	ing document? No	support (see in		support (see instructions)			
				above (see instructions))								
Total												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019	FORMERLY	LUKE-DORF	, INC.)		93-068	5734 Page 2		
Part II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)		
(Complete only if you checke	ed the box on line 5	, 7, or 8 of Part I o	r if the organizatior	n failed to qualify u	nder Part III. If the	organization		
fails to qualify under the test	s listed below, plea	se complete Part I	II.)					
Section A. Public Support								
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1 Gifts, grants, contributions, and								
membership fees received. (Do not								
include any "unusual grants.")	2320742.	2148700.	2855928.	3981663.	11985212.	23292245.		
2 Tax revenues levied for the organ-								
ization's benefit and either paid to								
or expended on its behalf								
3 The value of services or facilities								
furnished by a governmental unit to								
the organization without charge								
4 Total. Add lines 1 through 3	2320742.	2148700.	2855928.	3981663.	11985212.	23292245.		
5 The portion of total contributions								
by each person (other than a								
governmental unit or publicly								
supported organization) included								
on line 1 that exceeds 2% of the								
amount shown on line 11,								
column (f)								
6 Public support. Subtract line 5 from line 4.						23292245.		
Section B. Total Support								
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7 Amounts from line 4	2320742.	2148700.	2855928.	3981663.	11985212.	23292245.		
8 Gross income from interest,								
dividends, payments received on								
securities loans, rents, royalties,								
and income from similar sources	25,230.	33,514.	31,294.	54,485.	23,502.	168,025.		
9 Net income from unrelated business								
activities, whether or not the								
business is regularly carried on								
10 Other income. Do not include gain								
or loss from the sale of capital								
assets (Explain in Part VI.)	71,505.	127,253.	87,388.	104,590.	111,874.	502,610.		
11 Total support. Add lines 7 through 10						23962880.		
12 Gross receipts from related activities		ons)		•	12 49	,546,087.		
13 First five years. If the Form 990 is for	or the organization's	s first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)			
organization, check this box and sto Section C. Computation of Public	ic Support Per	centage						
14 Public support percentage for 2019						97.20 %		
15 Public support percentage from 201						96.04 %		
16a 33 1/3% support test - 2019. If the						x and		
stop here. The organization qualifies						5 37		
b 33 1/3% support test - 2018. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
and stop here. The organization qua								
17a 10% -facts-and-circumstances tes								
and if the organization meets the "fa								
meets the "facts-and-circumstances"								
b 10% -facts-and-circumstances tes								
more, and if the organization meets t								
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18 Private foundation. If the organization								
		i) or 990-EZ) 2019		

NEW NARRATIVE

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	(Complete only if you checked	the box on line 10) of Part I or if the	organization failed	to qualify under Pa	art II. If the organiz	ation fails to
Soc	qualify under the tests listed b	elow, please comp	olete Part II.)				
		(-) 0015	(1-) 0010	(-) 0017	(4) 0010	(-) 0010	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual 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						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			1	1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
D.	(less section 511 taxes) from businesses						
~	acquired after June 30, 1975						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	L s first second this	I d fourth or fifth to	I ax year as a section	501(c)(3) organiz:	ation
		-			ax year as a section		
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			column (f))		15	%
16	Public support percentage from 2018					16	<u> </u>
	ction D. Computation of Invest						70
17	Investment income percentage for 20			ine 13 column (f))		17	%
18	Investment income percentage from					18	<u>%</u> %
	33 1/3% support tests - 2019. If the						
194	more than 33 1/3%, check this box ar						. —
Ь	33 1/3% support tests - 2018. If the						
u	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	23 09-25-19	IT GIG TIOL CHECK &	DOX OF INTE 14, 19				0 or 990-EZ) 2019
332U2	-0 00-20-10				JUIK	2000 1 1 0 01 1 390	JUI JUU-LEJ 2013

NEW NARRATIVE Schedule A (Form 990 or 990 EZ) 2019 (FORMERLY LUKE-DORF, INC.)
Part III Support Schedule for Organizations Described in Section 509(a)(2)

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¹⁵ 2019.05094 NEW NARRATIVE (FORMERLY L 5892___1

NEW NARRATIVE

Schedule A (Form 990 or 990-EZ) 2019 (FORMERLY LUKE-DORF, INC.)

1

Yes

No

Part IV | Supporting Organizations

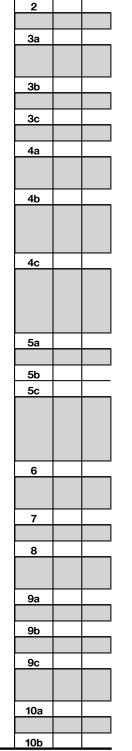
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 (FORMERLY LUKE-DORF, INC.)

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	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			
		1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2				
	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,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		<u> </u>
360			N	_ <u>.</u>
			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			
0	the supported organization(s).	1		L
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		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
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	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
u		3b		
03000	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 5 09-25-19 Schedule A (Form 9		0-E7)	2010
552020		55 01 33	5 66)	2013

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Sche	dule A (Form 990 or 990-EZ) 2019 (FORMERLY LUKE-DORF, IN			93-0685734 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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-functiona	lly integrate	d Type III supporting orga	anization (see

NEW NARRATIVE

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Sche Par	dule A (Form 990 or 990-EZ) 2019 (FORMERLY LUK)	E-DORF, INC.)		3-0685734 Page 7
		a)(5) Supporting Orga	nizations (continued)	• • • • •
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	(*)	(**)	(
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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		NEW NARRAT			
Schedule A	(Form 990 or 990-EZ) 2019	(FORMERLY	LUKE-DORF	, INC.)	93-0685734 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	nation. Provide th 2, 3b, 3c, 4b, 4c, 5a ines 2 and 3; Part IV	e explanations requ , 6, 9a, 9b, 9c, 11a, , Section E, lines 1c	uired by Part II, line 10; Part II, 11b, and 11c; Part IV, Section	l, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
932028 09-25-1	9				Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2019

er

Name of the organization		Employer identification numb					
	EW NARRATIVE FORMERLY LUKE-DORF, INC.)	93-0685734					
Organization type (check							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not 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						
Check if your organization	is covered by the General Rule or a Special Rule.						
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. 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

X 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.

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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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.

	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page 2
Name of or	rganization ARRATIVE		Employer identification number
	ERLY LUKE-DORF, INC.)		93-0685734
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ons Type of contribution
1		\$ <u>1,027,7</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
2		\$3,175,2	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
3		\$ <u>6,872,7</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
		\$	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
923452 11-06		\$	Person Payroll Payroll Complete Part II for noncash contributions.)

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

06320514 781409 5892

	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page 3
Name of or			Employer identification number
	ARRATIVE ERLY LUKE-DORF, INC.)		93-0685734
Part II		l II if additional an and is manded	
	Noncash Property (see instructions). Use duplicate copies of Part	I II If additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
923453 11-06-		\$	B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		Page				
	organization		Employer identification number				
	ARRATIVE						
	ERLY LUKE-DORF, INC.)		93-0685734				
Part III	from any one contributor. Complete columns i	(a) through (e) and the following line er	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea entry. For organizations				
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or	yr less for the year. (Enter this info. once.) ► \$				
(a) No.	Use duplicate copies of Part III if additiona	al space is needed.					
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		(e) Transfer of gi	ift				
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address,	and $7IP \pm 4$	Relationship of transferor to transferee				
(-) N		_					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		(e) Transfer of gi	ift				
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gi	III				
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
923454 11-06	6-19		Schedule B (Form 990, 990-EZ, or 990-PF) (201				

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	n 990) 🕨 Complete i	nental Financial S f the organization answered "Y , 8, 9, 10, 11a, 11b, 11c, 11d, 1	es" on Form 990,	OMB No. 1545-0047
	ment of the Treasury	 Attach to Form 990. v/Form990 for instructions and 		Open to Public Inspection
	e of the organization NEW NARRATIVE (FORMERLY LUKE	-DORF, INC.)		Employer identification number 93-0685734
Pa	rt I Organizations Maintaining Donor	Advised Funds or Other	Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, F			<u></u>
		(a) Donor advis	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor ad		neld in donor advised fun	ds
•	are the organization's property, subject to the organ	-		
6	Did the organization inform all grantees, donors, and for charitable purposes and not for the benefit of the	d donor advisors in writing that g	rant funds can be used c any other purpose confer	only ring
Pa	rt II Conservation Easements. Complete			
1	Purpose(s) of conservation easements held by the o			
	Preservation of land for public use (for examp	e, recreation or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contri	bution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
ر ام	Number of conservation easements on a certified hi Number of conservation easements included in (c) a			2c
a	listed in the National Register			2d
3	Number of conservation easements modified, transf			
U	year		terminated by the organ	
4	Number of states where property subject to conserv	vation easement is located		
5	Does the organization have a written policy regardin		ction, handling of	
	violations, and enforcement of the conservation eas		ý G	Yes No
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations, a	and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspect \$	ing, handling of violations, and e	enforcing conservation ea	sements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports co	onservation easements in its reve	enue and expense staten	nent and
	balance sheet, and include, if applicable, the text of	-	's financial statements th	at describes the
Pa	organization's accounting for conservation easemer	ione of Art Historical Tr	ascurac or Athor	Similar Assots
Pal	- 9 9 9 9 9 9 9		easures, or other S	anniai Assels.
4 -	Complete if the organization answered "Yes"			
ia	If the organization elected, as permitted under FASE of art, historical treasures, or other similar assets be			
	of art, historical treasures, or other similar assets he service, provide in Part XIII the text of the footnote t			
b	If the organization elected, as permitted under FASE			e sheet works of
-	art, historical treasures, or other similar assets held			
	provide the following amounts relating to these item			
	(i) Revenue included on Form 990, Part VIII, line 1			. ▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hist			
	the following amounts required to be reported under			
а	Revenue included on Form 990, Part VIII, line 1 \dots			▶ \$
	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Ins	tructions for Form 990.		Schedule D (Form 990) 2019
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	NEW NAR									
		LY LUKE-DO								l Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical T	reasures, o	r Other S	Similar A	ssets	(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, checł	k any of th	e following that	t make sigr	nificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	c	1 🗌 k	Loan or e	xchange progra	am				
b	Scholarly research	e	•	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney furthei	the organization	on's exemp	t purpose i	n Part	XIII.	
5	During the year, did the organization solicit of	or receive donations (of art, hi	istorical tre	easures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgai	nization's	collection?				Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organiza	tion answered	"Yes" on F	orm 990, Pa	art IV, I	ine 9, or	
	reported an amount on Form 990, Pa			-						
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for	contributi	ons or other as	sets not ind	cluded			
	on Form 990, Part X?							🗆	Yes	X No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	:
с	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F						?	X	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatic	on has bee	en provided on	Part XIII				X
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on	Form 990, Part	IV, line 10				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (c	I) Three years	s back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 10	a. column	(a)) held as:					
а	Board designated or quasi-endowment	•	%	0,						
b	Permanent endowment	%								
c	· · · · · · · · · · · · · · · · · · ·	%								
-	The percentages on lines 2a, 2b, and 2c sho	-								
3a	Are there endowment funds not in the posse		ation tha	at are held	and administer	red for the	organizatio	n		
	by:						- 5		ſ	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on S	Schedule F					3b	
4	Describe in Part XIII the intended uses of the									
Par			WHICH							
	Complete if the organization answere	d "Yes" on Form 990), Part IV	V, line 11a	. See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or c basis (investr	other	(b) Co	ost or other sis (other)	(c) Acc	umulated eciation		(d) Book	k value
10	Land	· · · ·			851,998.	Gopi			3 851	L,998.
	Land				512,243.	4 7	33,726			3,517.
	Buildings				20,446.		20,628			9,818.
	Leasehold improvements				56,627.		45,417			L,210.
	Equipment			<u> </u>	,50,027.	J.	±J, ±1/	•		-,210.
	Other		· ·				•	1	6 3/-	L,543.
rota	. Add lines 1a through 1e. (Column (d) must e	<u>auai Form 990. Part</u>	<u>x. colun</u>	nn (B), line	<u>e (UC.)</u>		P	<u>- 1</u>	0,541	L,JHJ.

Schedule D (Form 990) 2019

	NEW NARRATIV	/E		
Schedule D (Form 990) 2019		JKE-DORF, INC.)	93-0685734 Page 3
Part VII Investments -	Other Securities.			
Complete if the org	anization answered "Yes" c	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or catego		(b) Book value	(c) Method of valuation: Cost of	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 Belated			
			1c. See Form 990, Part X, line 13.	
(a) Description of	Investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990	i, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.				
Complete if the org			1d. See Form 990, Part X, line 15.	
	(a) [Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Fo		<u>15.)</u>	·····	
Part X Other Liabilitie				
Complete if the ora	anization answered "Yes" c	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, lir	ne 25.
	escription of liability	. ,		(b) Book value
(1) Federal income taxes				
				2,229,497.
				4,449,497.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
		07.1		2,229,497.
•			the organization's financial stateme	
organization's liability for uno	certain tax positions under I	FASB ASC 740. Check her	re if the text of the footnote has been	en provided in Part XIII 🛛 🛛 🛛 🛛

Schedule D (Form 990) 2019

932053 10-02-19

	NEW NARRATIVE		
Sche	dule D (Form 990) 2019 (FORMERLY LUKE-DORF, IN		93-0685734 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments	2b	
С	Other losses		
d	· · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	(<u>8.</u>)	
Pa	rt XIII Supplemental Information.		

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

PART IV, LINE 2B:

THE ORGANIZATION COLLECTS AND DISBURSES CLIENT DIRECTED TRUST FUNDS.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC TOPIC 740ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE

ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS

TO COMPLY WITH PROVISIONS OF THIS TOPIC.

932054 10-02-19

	NEW NARRATIVE	_	
Schedule D (Form 990) 2019 Part XIII Supplemental Info	(FORMERLY LUKE-DORF	, INC.)	93-0685734 Page 5
	(continued)		
			Schodula D /Earm 000) 0010
			Schedule D (Form 990) 2019

<pre>(Form 090 or 990-EX Complete if the organization answered "Yes" on Form 990-FZ.</pre>	SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
Dependent of the Treatury Menu Reveals Berline	(Form 990 or 990-EZ)						r 19,	or if the	2019
Image: Colspan="2">Colspan="2">Image: Colspan="2">Image: Colspan="2" Solicitations on Colspan="2" Solicitation of Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants Image: Colspan="2" Solicitation of Incongovernment grants	Department of the Treasury		•			,			Open to Public
(FORMERLY LUKE-DORF, INC.) 93-0685734 Part	Internal Revenue Service			uction	s and	the latest information	on.		
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d Inperson solicitations g Special fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entities (fundraiser) (iii) Activity (iii) Activity if the analysis of the organization is registered or incenter with processional fundraiser is to be compensated at least \$5,000 by the organization (iii) Activity Yes No iiii addicate is a second incenter with a procession in the procession in the procession in the processin a second in the procession in the processin a second i	Name of the organization)					
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d Inperson solicitations g Special fundraising events d Inperson solicitations g Special fundraising events d Individual or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Image: Compensate at least \$5,000 by the organization. (i) Name and address of individual or entitles (fundraisers) pursuant to agreements under which the fundraiser is to be compensate at least \$5,000 by the organization. Image: Compensate at least \$6,000 by the organization. (i) Name and address of individual or entitles (fundraisers) pursuant to agreements under which the fundraiser is to be compensate at least \$5,000 by the organization. Image: Compensate at least \$6,000 by the organization. (ii) Name and address of individual or entitles (fundraiser) (iii) Activity Image: Compensate at least \$6,000 by the organization are compensate at least \$6,000 by the organization are compensate at least \$6,000 by the organizatin are compensate at least \$6,000 by the organi	Part I Fundrais	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
(i) Name and address of individual or entity (fundraiser) (ii) Activity Image calculation of the constrained by organization Yes No Yes No Image calculation of the constrained by organization Yes No Image calculation of the constrained by organization Image calculation of the constrained by organization Yes No Image calculation of the constrained by organization Image calculation of the constrained by organization Image calculation of the constrained by organization Image calculation of the constrained by organization Image calculation Image calculation of the constrained by organization Image calculation Image calculation Image calculation Image calculation of the constrained by organization Image calculation Image calculation Image calculation Image calculation of the constrained by organization Image calculation Image calculation Image calculation Image calculation of the constrained by organization Image calculation Image calculation Image calculation Image calculation of the constrained by organization Image calculation Image calculation Image calculation Image calculation Image calculation Image calculation Image calculation Image calculation <t< td=""><td> Indicate whether the a Mail solicitat b Internet and c Phone solicit d In-person sol 2 a Did the organization key employees listed b If "Yes," list the 10 </td><td>e organization rais ions email solicitations tations licitations in have a written c ed in Form 990, Pa highest paid indiv</td><td>ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu</td><td>tion of tion of fundra (incluc rofessi</td><td>non-g gover aising ling of onal fu</td><td>overnment grants nment grants events ficers, directors, trus undraising services?</td><td></td><td>Yes</td><td></td></t<>	 Indicate whether the a Mail solicitat b Internet and c Phone solicit d In-person sol 2 a Did the organization key employees listed b If "Yes," list the 10 	e organization rais ions email solicitations tations licitations in have a written c ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
Total Image:	.,		(ii) Activity	have c or cor	ustody itrol of	• •	tò (or retained by) fundraiser	to (or retained by)
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration				Yes	No				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			L						
	3 List all states in whi			ontrib	utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2019	LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 5	Sche	dule G (Form 9	990 or 990-EZ) 2019

932081 09-11-19

Cala	ll	NEW NAF le G (Form 990 or 990-EZ) 2019 (FORMEF		TNC)	- 20	0685734 Page 2
Pa						
		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			ANNUAL GALA			col. (c)
			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	24,242.			24,242.
æ	2	Less: Contributions	550.			550.
	3	Gross income (line 1 minus line 2)	23,692.			23,692.
	4	Cash prizes				
	5	Noncash prizes				
oenses	6	Rent/facility costs	4,969.			4,969.
Direct Expenses	7	Food and beverages	7,452.			7,452.
ē	•	Entertoinment				
	8 9	Entertainment Other direct expenses				688.
	10	Direct expense summary. Add lines 4 through		I	►	13,109.
	11	Net income summary. Subtract line 10 from I				10,583.
Pa	rt I			990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.			1	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
s	2	Cash prizes				
zpenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	_	Other direct concess				
-	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ Tes 70 □ No			
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	•	Net coming income surgery Orthoget "	Throw line the stress ()		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
a	Ent	ter the state(s) in which the organization condu	ucts gaming activities.			
		the organization licensed to conduct gaming a				Yes No
		No," explain:				
102	We	ere any of the organization's gaming licenses re	evoked suspended or te	rminated during the tax y	vear?	Yes No
		Yes," explain:			, •	
	_					
93208	32 09)-11-19			Schedule G (For	m 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019

	NEW NARRATIVE		
		0685734	
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
93208	33 09-11-19 Schedule G (For 32	m 990 or 990	-EZ) 2019

	NEW NARRATIVE		
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	(FORMERLY LUKE-DORF,	INC.)	93-0685734 Page 4
Part IV Supplemental Info	rmation (continued)		
		S	chedule G (Form 990 or 990-EZ
		-	

932084 04-01-19

SC	HEDULE J		OMB No.	545-004	47
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	<u> </u>
•	Compensated Employees		ZU	IJ)
Dene	Truent of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	•	nployer ide			nber
	(FORMERLY LUKE-DORF, INC.)	93-06	8573	4	
Ра	art I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	J			
	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 u				
	Travel for companions Payments for business use of personal resider	nce			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	6			
	Discretionary spending account Personal services (such as maid, chauffeur, ch	ier)			
L.	If any of the bayes on line to are checked, did the organization follow a written policy recording powerst are				
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		1b		
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		di		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		~		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
U	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	`			
	establish compensation of the CEO/Executive Director, but explain in Part III.	,			
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation comm	nittee			
		inteoc			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		Х
с	Participate in, or receive payment from, an equity-based compensation arrangement?				X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?		5a		X
	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
	The organization?		6a		X
b	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III		7	Х	<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?		9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	e J (Forr	n 990)	2019

932111 10-21-19

NEW NARRATIVE Schedule J (Form 990) 2019 (FORMERLY LUK	IARR IERL	VEW NARRATIVE (FORMERLY LUKE-DORF	F, INC.)		93-0685734	734		Page 2
s, Trustees	nploy	ees, and Highest C	ompensated Emplo	yees. Use duplicat	e copies if additional s	pace 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.	oe repo orm 99	orted on Schedule J, 0, Part VII.	report compensatio	on from the organiza	tion on row (i) and fror	n related organizations	s, described in the instru	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total	indiv	<i>i</i> idual must equal th		ırm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	idual.
		(B) Breakdown of W-2 an	V-2 and/or 1099-MIS	ld/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denetits	(c)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) JOHN TRINH	Ξ	174,500.	19,669.	0.	7,925.	1,500.	203,594.	0.
CHIEF EXECUTIVE OFFICER		•0	•0	•0	•0	•0	0	•0
	Ξ		1					
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	E							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	Ξ							
	(ii)							
	(j)							
	(ii)							
	(i)							
	(ii)							
	(j)							
	(ii)							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2019

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932112 10-21-19

NEW NARRATIVE Schedule J (Form 990) 2019 (FORMERLY LUKE-DORF,INC・)	93-0685734	Page 3
ormation		
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.	s part for any additional information.	
PART I, LINE 7:		
THE CEO RECEIVED A BONUS BASED ON MEETING PROGRAM METRICS AS DESCRIBED IN		
HIS COMPENSATION AWARD LETTER FROM THE BOARD OF DIRECTORS.		
	Schedule J (Form 990) 2019	90) 2019

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service Attrach to Form 990.	÷		pplemental Information on Tax-Exempt Bon mization answered "Yes" on Form 990, Part IV, line 24a explanations, and any additional information in Part VI. to www.irs.gov/Form990 for instructions and the lates	Supplemental Information on Tax-Exempt Bonds e organization answered "Yes" on Form 990, Part IV, line 24a. Provide des explanations, and any additional information in Part VI. ► Go to www.irs.gov/Form990 for instructions and the latest information.	ental Information on Tax-Exempt Bonds answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, ions, and any additional information in Part VI. irs.gov/Form990 for instructions and the latest information.		OMB No. 1545-0047 2019 Open to Public Inspection	545-0047 19 Public on
ation NEW NARRAT (FORMERLY	E-DOF	INC.)				Employer identification number 93-0685734	tification 5734	number
raru bonu issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased (h) On behalf of issuer		(i) Pooled financing
STATE OF OREGON - OR A FACILITIES AUTH		NONE	12/18/15	3,650,000.REFINANCE	REFINANCE	×	X	
В								
C								
۵								
Part II Proceeds								
1 Amount of bonds retired			A		В		٥	
3 Total proceeds of issue								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
Credit enhancement from proceeds Morthing control evanuation								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
			Yes	No Yes	No Yes	No Yes		No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (o if issued prior to 2018, a current refunding issue)?	issue of tax-exempt b ue)?	onds (or,	X					
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	issue of taxable bond sue)?	ls (or, if		Х				
16 Has the final allocation of proceeds been made?	le?		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	ks and records to sup	port the	X					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990	he Instructions for F	orm 990.	-			Schedule	K (Form	Schedule K (Form 990) 2019

932121 10-18-19

NEW NARRATIVE Schedule K (Form 990) 2019 (FORMERLY LUKE-DORF, INC.)			93-0	93-0685734				Page 2
Part III Private Business Use		_						
	A-		8-			0	0	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No v	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		4						
Z Are there any lease arrangements that may result in private business use of hond-financed property?		X						
3a Are there any management or service contracts that may result in private								
		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
${f c}$ Are there any research agreements that may result in private business use of								
bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by		6		20		9		6
		20		%		0%		20
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		Х						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		Х						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
${f c}$ If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under	>							
	4							
 Has the issuer filed Form 8038-T Arbitrade Rebate Vield Reduction and 	Yes	No	Vac	No	Vec	ž	Υ _Ρ ς	No
	2	X	3		8		2	
2 If "No" to line 1. did the following apply?								
		×						
		X						
		×						
performed								
3 Is the bond issue a variable rate issue?	X							
932122 10-18-19						Sch	Schedule K (Form 990) 2019	m 990) 2019

NEW NARRATIVE Schedule K (Form 990) 2019 (FORMERLY LUKE-DORF, INC.)			93-	93-0685734				Page 3
Part IV Arbitrage (continued)								
	A			В		U.		0
4a Has the organization or the governmental issuer entered into a qualified	Yes	°N ×	Yes	No	Yes	٥N	Yes	No
b Name of provider		1						
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the requirements of		۵						
Section 140? Dent V Dennadiues To Indertate Corrective Action		4						
Has the organization established written procedures to ensure that violations of	, sev	QN	Vac	ž	Vac	^Q	Vac	QN No
federal tax requirements are timely identified and corrected through the voluntary	3		3		3		3	
closing agreement program if self-remediation isn't available under applicable								
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K.	s on Schedule	K. See instructions	uctions					
932123 10-18-19						ScI	hedule K (Fo	Schedule K (Form 990) 2019

SCHEDULE L		Tra	Insactior	ıs V	Vith	Inte	erested	P	ersons			O	ИВ No.	1545-00)47
(Form 990 or 990-EZ)	Complete if	the o	rganization ans 28b, or 28c, o						line 25a, 25b, 2 40b.	6, 27,	28a,		20	19]
Department of the Treasury			Atta	ch to	Form	990 or	Form 990-EZ	Ζ.					pen T		olic
Internal Revenue Service Name of the organization	-		www.irs.gov/Fo	orm99	0 for ii	nstructi	ions and the	late	est information.	Em		ident	spect		mbor
Name of the organization			LUKE-DO	RF	TN	7.)						857		on nu	IIIDEI
Part I Excess E	Benefit Trans	actio	ons (section 50	01(c)(3	s), sect	ion 501	(c)(4), and see	ctior	n 501(c)(29) orga						
									Form 990-EZ, Pa						
1 (a) Name of disquali	fied person	(b) F	Relationship bety person and or			lified	(0	c) De	escription of tran	sactic	'n			Corre	ected? No
2 Enter the amount of section 4958			•	ũ.		•	•	Ũ	he year under		▶ \$				
3 Enter the amount of	f tax, if any, on li	ne 2, a	above, reimburs	ed by	the or	ganizati	on				▶ \$				
Part II Loans to	and/or Fron	n Inte	erested Pers	sons.											
						, Part V	, line 38a or F	orm	n 990, Part IV, lin	e 26; (or if th	e orga	nizatio	on	
reported an	amount on For	n 990	, Part X, line 5, 6	6, or 22	2.		-								
(a) Name of	(b) Relatio		(c) Purpose of loan		oan to or n the	(0)	Original	(f) Balance due) In ault?	(h) Ap by bo	provec ard or		Vritten ement?
interested person	with organ	ΙΖατιυπ	OFIDALI		ization?	ł :	pal amount				1	comm		-	1
				To	From					Yes	No	Yes	No	Yes	No
Total							> \$								
	r Assistance		-												
	the organization								(-1) T	- 6		1-			,
(a) Name of interes	sted person		(b) Relationship interested pers the organiza	son an) Amount of assistance		(d) Type assistan			•) Purp assist		σ
		-													
		+													
		_													
											+				
LHA For Paperwork Re	eduction Act No	otice, s	see the Instruc	tions f	for For	m 990	or 990-EZ.		Sch	edule	L (Foi	rm 990) or 9	90-EZ) 2019

932131 10-21-19

NEW NARRATIVE

Schedule L	(Form 990 or 990-EZ) 2019	(FORMERLY	LUKE-DORF	, INC.)
Part IV	Business Transactio	ns Involving In	terested Persor	าร.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		nship between and the organ		(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's iues?
						Yes	No
JANELLE KENT	FAMILY	MEMBER	OF DI	37,551.	EMPLOYMENT		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JANELLE KENT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR

Schedule L (Form 990 or 990-EZ) 2019

932132 10-21-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. NEW NARRATIVE

INC.)



93-0685734

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

(FORMERLY LUKE-DORF,

HOUSING

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990: AUDIT FIRM ASSISTS IN THE

PREPARATION OF FEDERAL FORM 990 AND REVIEWED BY SR FINANCE MANAGER, CHIEF

EXECUTIVE OFFICER, AND BOARD OF DIRECTORS PRIOR TO FILING.

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

COMPENSATION PROCESS FOR CHIEF EXECUTIVE OFFICER OF NEW NARRATIVE:

THE COMPENSATION ARRANGEMENT IS EVALUATED BY THE BOARD OF DIRECTORS OF NEW NARRATIVE. THE BOARD IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT. THE BOARD OBTAINS AND RELYS ON APPROPRIATE DATA AS TO COMPARABILITY OF COMPENSATION PRIOR TO MAKING ITS DETERMINATION. THE BOARD ADEQUATELY DOCUMENTS THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION.

COMPENSATION PROCESS FOR OFFICERS OTHER OFFICERS AND KEY EMPLOYEES OF NEW NARRATIVE:

THE COMPENSATION ARRANGEMENTS ARE RECOMMENDED AND APPROVED BY THE CHEIF EXECUTIVE OFFICER OF NEW NARRATIVE WHO DOES NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENTS. THE CHIEF EXECUTIVE OFFICER RELIES ON APPROPRIATE DATA AS TO COMPARABILITY OF COMPENSATION PRIOR TO 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

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

Name of the organization NEW NARRATIVE (FORMERLY LUKE-DORF, INC.) Employer identification number 93-0685734

MAKING HIS DETERMINATION. THE CHIEF EXECUTIVE OFFICER ADEQUATELY DOCUMENTS

THE BASIS FOR HIS DETERMINATIONS CONCURRENTLY WITH MAKING THE

DETERMINATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS ARE NOT NORMALLY AVAILABLE TO THE GENERAL PUBLIC.

THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE FILED WITH THE OREGON

DEPARTMENT OF JUSTICE AND AS SUCH IS A PUBLIC DOCUMENT.

PART XII LINE 2 C

THE PROCESS FOR FINANCIAL OVERSIGHT HAS NOT CHANGED FROM THE PRIOR YEAR

06320514 781409 5892

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Comple	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	anizations and Unrelated Partnerships ion answered "Yes" on Form 990, Part IV, line 33, 34, 35b, ▶ Attach to Form 990. .gov/Form990 for instructions and the latest information.	tnerships ne 33, 34, 35b, 36, i information.	or 37.		OMB No. 1545-0047 2019 Open to Public Inspection
ation	NEW NARRATIVE (FORMERLY LUKE-	IVE LUKE-DORF, INC.)				Employer identification number 93-0685734	ication number 7 3 4
Part I Identification of Disregarde	ed Entities. Complete	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	in Form 990, Part IV, line 33				
(a) Name, address, and EIN (if applicable) of disregarded entity	applicable) ty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	e End-of-year assets		(f) Direct controlling entity
NEW NARRATIVE BEHAVIORAL HEALTH SERVICES LLC - 27-3958769, 8915 SW CENTER STREET, TIGARD, OR 97223		CLINICAL, PEER AND OTHER TREATMENT FOR RESIDENTS	OREGON	16,841,1	,123. 2,519	519,905. NEW NARRATIVE	VE
NEW NARRATIVE CATERING LLC - 2 8915 SW CENTER STREET TIGARD, OR 9723	27-3958649	FOOD SERVICES FOR RESIDENTS	OREGON	627,5	522. 91,	,971. NEW NARRATIVE	VE
NEW NARRATIVE PHARMACY LLC - 2 8915 SW CENTER STREET TIGARD, OR 9723	27-3943103	PHARMACY SUPPLIES FOR RESIDENTS	OREGON	323,958	58.	,514. NEW NARRATIVE	VE
NN HORIZON PROPERTY MANAGEMENT LLC - 82-1964028, 8915 SW CENTER STREET, TIGARD, PROPE OR 97223 RESII Part II Identification of Related Tax-Exempt Organizations.	- TIGARD, empt Organizat	PROPERTY MANAGEMENT FOR DREGON 158,819. 32,512. NEW NARRATIVE RESIDENTIAL HOUSING DREGON 158,819. 32,512. NEW NARRATIVE ions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	DREGON Iswered "Yes" on Form 990,	158 , 819 Part IV, line 34, becau	19. 32,	,512. NEW NARRATIVE	VE smpt
(a) Name, address, and EIN of related organization	EIN on	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructions	for Form 990.				Schedule F	Schedule R (Form 990) 2019

932161 09-10-19 LHA

NEW Schedule R (Form 990) 2019 (FOR	NEW NARKALIVE (FORMERLY LUKE-DORF	DORF ,	INC.)						93-0	93-0685734		Page 2
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	rganizations Taxable a artnership during the ta	as a Partne X year.		the organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form 99(), Part IV, line	: 34, because	e it had one or	more rela	ted	
(a)	(q)	(c)	(p)	(e)	(*	(t)	(B)	(y)	(<u>i</u>)	(I)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	31 General or F ox managing ule partner? (65) Yes No	l or Percentage ^{ing} ownership	itage ship
	-											
	1											
	-											
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	rganizations Taxable a	as a Corpo Ig the tax y	or Trust.	omplete if the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	swered "Yes" on	Form 990, P.	art IV, line 34	l, because it ha	ad one or	more relate	ted
(a)			(q)	(c)	(p)	(e)	(J)	((6)	(H)	(i)	
Name, address, and EIN of related organization	eIN	Prim	ctivity	or v) n	Direct controlling entity	Type (C corr	Share inc		of /ear ts	Percentage ownership	512(b) 512(b) contro entit	on (13) 11ed Y?
				;							Yes	0X
				_								
							_		C-PC-			
932162 09-10-19				<u>л</u> г					00116	dule n (r	Schedule K (Form 990) 2019	\$1.0Z

NEW NARRATIVE (FORMERLY LUKE-DORF, INC.)

 Schedule R (Form 990) 2019
 FORMERLY
 LUKE-DORF
 INC •
 J

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				ĺ	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed i	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1 a	
b Gift, grant, or capital contribution to related organization(s)				1b	
c Gift, grant, or capital contribution from related organization(s)				10	
				1d	
				1e	
f Dividends from related organization(s)				¥	╞
				1 g	
Purchase of assets from related organization(s)				4 H	
				÷	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			÷	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			4	
o Sharing of paid employees with related organization(s)				10	
p Reimbursement paid to related organization(s) for expenses				1p	
q Reimbursement paid by related organization(s) for expenses				1q	
r Other transfer of cash or property to related organization(s)				÷	
s Other transfer of cash or property from related organization(s)				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete thi	s line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(2)					
(3)					
(4)					
(5)					
(G) 932163 09-10-19			Schedule R (Form 990) 2019	R (Form	990) 2019

Schedule R (Form 990) 2019

Page 4		enue)	(k) Percentage ownership															Schedule R (Form 990) 2019
734		ss rev	(j) General or managing partner?	Yes No														(Forn
85		r gro:	Gei 20 ma -1 pa	₹										_				le R
93-0685734		/ total assets o	(i) Code V-UBI amount in box 20 ^m of Schedule K-1	(FUITI 1003)														Schedu
		ured by	(h) Dispropor- tionate allocations?	Yes No														
	37.	of its activities (meas	(g) Share of end-of-year															
	n 990, Part IV, line (e than five percent	(f) Share of total															
	on Forn	ed mor	Are all for the all for the all for the all for the sec.	Yes No														
	ization answered "Yes"	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	(c) Predominant income (related, unrelated, excluded from tax under															
F, INC.)	nplete if the organ	ip through which the sion for certain inve	(c) Legal domicile (state or foreign															
NEW NARRATIVE (FORMERLY LUKE-DORF,	o le as a Partnership. Col	ntity taxed as a partnersh tructions regarding exclus	(b) Primary activity															
NEW NA Schedule R (Form 990) 2019 (FORME	Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	Provide the following information for each entity taxed as a partnership through that was not a related organization. See instructions regarding exclusion for cert	(a) Name, address, and ElN of entity															

7E (FORMERLY LUKE-DORF, INC.)

Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2019

932165 09-10-19

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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 *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o print	NEW NARRATIVE			Taxpayer identification number (TIN)		
File by the due date f						35734
filing your return. Se						
instruction	ions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. TIGARD, OR 97223					
Enter th	ne Return Code for the return that this application is for (fi	ile a separa	te application for each return)			
Application			Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	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	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12
Tele If the If the If the The If the The If the The The If the The If the The If the I	request an automatic 6-month extension of time until he organization named above. The extension is for the org ↓	ss in the Un Group Exe and atta MAX ganization's, an check rease	Fax No. Image: Constraint of the system	If this is fo all memb	r the whole gr ers the extens upt organizatio	sion is for.
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	J, or 6069, e	enter the tentative tax, less	3a	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your p					•
	sing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.
Cautio instruct	 If you are going to make an electronic funds withdrawa ions. 	al (direct del	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879-	EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form 88	368 (Rev. 1-2020)