** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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OMB No. 1545-0047

JUL 1, 2019 and ending JUN 30, A For the 2019 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change GANDHI BRIGADE INCORPORATED Name change GANDHI BRIGADE YOUTH MEDIA 26-1880111 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ PO BOX 7381 301-592-1900 termin-ated 265,953. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SILVER SPRING, MD 20907 H(a) Is this a group return Applica-F Name and address of principal officer: ANNA DANIELSON Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.GANDHIBRIGADE.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2008 M State of legal domicile: MD Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDES PROGRAMS THAT EMPOWER Activities & Governance YOUTH TO BE LEADERS IN THEIR COMMUNITIES BY EMPOWERING YOUNG PEOPLE Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 3 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 13 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 547,290. 237,813. Contributions and grants (Part VIII, line 1h) Revenue 25,394. 6,577. Program service revenue (Part VIII, line 2g) 1,683. 1,620. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 855. 1,126. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 265,953. 556,405. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 145,954. 154,696. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 96,289 184,345. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 250,985. 330,299. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -64,346. 305,420. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,433,487. 1,306,562.20 Total assets (Part X, line 16) 27,700. 5,214. 21 Total liabilities (Part X, line 26) 278,862. 428,273. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ANNA DANIELSON, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 05/14/21 DANIEL L. WEAVER DANIEL L. WEAVER P01249346 Paid self-employed COUNCILOR, BUCHANAN & MITCHELL, P.C. Firm's EIN **52-1711839** Preparer Firm's name Firm's address 7910 WOODMONT AVE. STE. 500 Use Only Phone no. (301) 986-0600 BETHESDA, MD 20814

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

Pa	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:
	GANDHI BRIGADE YOUTH MEDIA (GBYM) PROVIDES PROGRAMS THAT EMPOWER YOUTH
	TO BE LEADERS IN THEIR COMMUNITIES BY EMPOWERING YOUNG PEOPLE IN THE
	WASHINGTON, DC REGION TO USE MULTIMEDIA AS TOOLS TO PROMOTE COMMUNITY
	BUILDING, MULTICULTURAL UNDERSTANDING AND THE COMMON GOOD.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$194,520 • including grants of \$) (Revenue \$)
	GBYM SPONSORS SEVERAL COLLABORATIVE PROJECTS WITH THE AIM OF
	ENCOURAGING, SUPPORTING, AND EMPOWERING LOCAL YOUTH, PARTICULARLY IN
	POOR COMMUNITIES, TO LEAD HEALTHIER LIFESTYLES THROUGH POSITIVE YOUTH
	DEVELOPMENT, MENTORSHIP, AND EXPOSURE TO THE ARTS. YOUTH ARE GIVEN THE
	OPPORTUNITY TO GAIN EXPERIENCE CREATING INDIVIDUAL AND COLLABORATIVE
	ART, AND SHOWCASING THEIR ARTISTIC EXPRESSION, COLLABORATION, AND
	PROJECT MANAGEMENT SKILLS TO THE COMMUNITY.
	A 600
4b	(Code:) (Expenses \$ 2,693. including grants of \$) (Revenue \$)
	THE YOUTH IN TRANSITION (YIT) PROGRAM OFFERS MENTORSHIP SUPPORT TO
	MIDDLE SCHOOL AGED BOYS (6TH & 7TH GRADES) FROM WHITE OAK MIDDLE SCHOOL
	IN MONTGOMERY COUNTY, MARYLAND. GBYM USES A HYBRID MENTORING MODEL THAT
	COMBINES FEATURES OF TWO EXISTING MENTORING MODELS: CROSS-AGE PEER
	MENTORING AND GROUP MENTORING. THE PROGRAM IS A PARTNERSHIP WITH THE
	LATIN AMERICAN YOUTH CENTER/MARYLAND MULTICULTURAL YOUTH CENTERS, THE
	YMCA YOUTH & FAMILY SERVICES AND THE JIM & CAROL TRAWICK FOUNDATION.
4c	(Code:) (Expenses \$ 5,000 • including grants of \$) (Revenue \$ 25,394 •)
+0	YOUTH MEDIA FESTIVAL: YOUTH FROM ACROSS THE D.C. REGION, THE UNITED
	STATES, AND THE GLOBE HAVE PARTICIPATED IN THE YOUTH MEDIA FESTIVAL.
	THE FESTIVAL SHOWCASES THE BEST MEDIA PRODUCED IN MONTGOMERY COUNTY,
	MARYLAND, WHILE ALSO HOSTING WORKSHOPS AND PANELS THAT FURTHER EDUCATE
	THE GENERAL PUBLIC.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 202,213.
	Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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			ا ۔۔
	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			٦,
_	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	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	45		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	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,	10		
• • •	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.,		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Checklist of Required Schedules (continued

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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
U	(gambling) winnings to prize winners?	1c	Х	
			-	

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Part 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} 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	5?	2b	X	
	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
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc				
	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 transacti		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		C -		X
h	any contributions that were not tax deductible as charitable contributions?		6a		
D			6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			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:	امما			
a b		0a 0b			
11	Section 501(c)(12) organizations. Enter:	OD			
	<u> </u>	1a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
		1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a		
		2b			
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		<u> </u>
	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				
		3b			
		3c			v
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera		4-		X
	excess parachute payment(s) during the year?		15		\vdash
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	ncome?	10		
	11 100, Complete Form 4720, Concedite C.		Гания	990	(0040

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

_	Check if Schedule O contains a response or note to any line in this Part VI				_ <u> </u>
Sec	tion A. Governing Body and Management				
		1 1	—	Υe	s No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or			
	more members of the governing body?		78	1	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7l	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			
а	The governing body?		8		
b	Each committee with authority to act on behalf of the governing body?		81	, X	:
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Ye	
10a	Did the organization have local chapters, branches, or affiliates?		10	а	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form	? 11	а	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	а	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12	b	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	in Schedule O how this was done		12	С	
13	Did the organization have a written whistleblower policy?		1	3	X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?			
а	The organization's CEO, Executive Director, or top management official		15	a X	
b	Other officers or key employees of the organization		15	b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16	a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's			
	exempt status with respect to such arrangements?		16	b	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ MD				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501(c)(3)s o	าly) av	ailable
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy	, and fir	ancia	l
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records 🕨 _			
	THE ORGANIZATION - 301-592-1900				
	PO BOX 7381. SILVER SPRING. MD 20907				

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

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

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

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

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

• 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.

(A)	(B)	l	211120		C)	про	ilout	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week (list any				1 0010	77 11 412	100,	from the	from related organizations	other compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			Highest compensated employee		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
	organizations	Itrus	nal tru		oyee	omp(and related
	below	ividua	Institutional trustee	Officer	Key employee	hest o	Former			organizations
(4)	line)	티	lns	#5	Ke	E Hig	ъ			
(1) CAROL RUBIN	2.00	Х		x				0.	0.	0.
PRESIDENT (2) ELLEN DANIELS	2.00	^		^				0.	0.	0.
SECRETARY	2.00	Х		x				0.	0.	0.
(3) JAMIE KARN	2.00	^		^				0.	· ·	<u> </u>
TREASURER	2.00	Х		x				0.	0.	0.
(4) HAWA TOURE	2.00							0.	•	•
DIRECTOR	2.00	x						0.	0.	0.
(5) NAKIA HEARD	2.00							0.0		
DIRECTOR		x						0.	0.	0.
(6) MARYE WELLS HARLEY	2.00									
DIRECTOR		х						0.	0.	0.
(7) DEIRDE O'CONNER	2.00									
DIRECTOR		Х						0.	0.	0.
(8) BRUNO FALCON	2.00									
DIRECTOR		Х						0.	0.	0.
(9) DANIELA CANO COSTELLO	2.00									
DIRECTOR		Х						0.	0.	0.
(10) MANDY LIM	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(11) URI PASTERNAK	2.00									
DIRECTOR		Х						0.	0.	0.
(12) TAYLOR DOTSON	2.00								0	•
DIRECTOR	40.00	Х						0.	0.	0.
(13) ANNA DANIELSON	40.00			,,				72 000	0	•
EXECUTIVE DIRECTOR				Х				73,900.	0.	0.
		-								
		<u> </u>	_	_	<u> </u>	\vdash	_			
		-								
			\vdash	\vdash	\vdash					
		1								
		1								
					L			I		- 000

	(A)	(B) Average	(C) Position						(D)	(E)		Г-	(F)	٨
	Name and title	hours per week	box offic	not c , unle	heck i ss pei	more rson i	than of the the than of the	an	Reportable compensation from	Reportable compensation from related		an	timate nount o other	of
		(list any hours for related	ee or directo	stee			nsated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr	pensat om the anizatio)
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer					d relate Inizatio	
		iiiie)	u I	lns	#0	Ke	Hig	횬			+			
											\dashv			
											\dashv			
											+			
	Subtotal Total from continuation sheets to Part \(\)								73,900.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but								73,900. eceived more than \$100	,000 of reportable	0.			0.
	compensation from the organization												Yes	0 No
3	Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>			•		•		_		•		3		Х
4	For any individual listed on line 1a, is the	sum of reportab	le co											v
	and related organizations greater than \$1	50,000? If "Yes,	" co	mple	ete S				•	the organization		4		X
5	and related organizations greater than \$1: Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion f	rom	Sche any	dule unr	<i>J f</i> elate	or such individualed organization or indivi	dual for services		4 5		X
	Did any person listed on line 1a receive or	accrue compe mplete Schedul	nsat e <i>J f</i>	ion f for su	rom uch į	any pers	unr on .	J fo	or such individualed organization or indivi	dual for services	oensa	5	rom	
Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors	accrue compe mplete Schedul ompensated in	nsat e <i>J f</i> depe	ion f for su	rom uch j	any pers	unr on .	J felate	ed organization or individual	dual for services		5 ation f	;)	X
Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest of the organization. Report compensation for	accrue compe mplete Schedul ompensated in r the calendar y	nsat e <i>J f</i> depe	ion f for su	rom uch j ent c ng w	any pers	unr on .	J felate	ed organization or individual	dual for services \$100,000 of complear.		5 ation f		X
Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest of the organization. Report compensation for (A)	accrue compe mplete Schedul ompensated in r the calendar y	nsat e <i>J f</i> depe	ion f for su ende	rom uch j ent c ng w	any pers	unr on .	J felate	ed organization or individual	dual for services \$100,000 of complear.		5 ation f	;)	X
Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest of the organization. Report compensation for (A)	accrue compe mplete Schedul ompensated in r the calendar y	nsat e <i>J f</i> depe	ion f for su ende	rom uch j ent c ng w	any pers	unr on .	J felate	ed organization or individual	dual for services \$100,000 of complear.		5 ation f	;)	X
Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest of the organization. Report compensation for (A)	accrue compe mplete Schedul ompensated in r the calendar y	nsat e <i>J f</i> depe	ion f for su ende	rom uch j ent c ng w	any pers	unr on .	J felate	ed organization or individual	dual for services \$100,000 of complear.		5 ation f	;)	X
Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest of the organization. Report compensation for (A)	accrue compe mplete Schedul ompensated in r the calendar y	nsat e <i>J f</i> depe	ion f for su ende	rom uch j ent c ng w	any pers	unr on .	J felate	ed organization or individual	dual for services \$100,000 of complear.		5 ation f	;)	X
Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest of the organization. Report compensation for (A)	accrue compe mplete Schedul ompensated in r the calendar y s address	nsat depe ear	on f	ent c	any pers contrivith	r unricon ractcor w	rs ti	ed organization or individual	\$100,000 of complear.		5 ation f	;)	X

932008 01-20-20

Pai	t VI	II Statement of Revenue	
		Check if Schedule O contains a response or note to any li	ne in this Part VIII
			(A) (B) (C) (D) Total revenue Related or exempt function revenue business revenue from tax under sections 512 - 514
e Contributions, Gifts, Grants and Other Similar Amounts	b c c e f	A Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f Business Code 900099	237,813. 25,394. 25,394.
Program Service Revenue	b c c e f		25,394.
	3	Investment income (including dividends, interest, and	
	4	other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	1,620.
	b	(i) Real (ii) Personal 6a Coss rents 6b 6c 6c	
Ф	7 a	A Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	
Other Revenue	d	and sales expenses 7b 7c	
	9 a	Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities	
	10 a	a Gross sales of inventory, less returns and allowances 10a 10b 10b 10b 10c Net income or (loss) from sales of inventory 10c	
Miscellaneous Revenue		MISCELLANEOUS Business Code 900099	1,126. 1,126.
Alisc. Re		d All other revenue	
-		Total. Add lines 11a-11d	1,126.
	12	Total revenue See instructions	265.953. 26.520. 0. 1.620.

932009 01-20-20

Part IX | Statement of Functional Expenses

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

_	Check if Schedule O contains a respons	se or note to any line in t	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations 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				
3	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,	82,494.	52,414.	20,992.	9,088
_	trustees, and key employees	02,494.	J2,414•	20,992.	9,000
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F0 700	22 501	12 410	F 000
7	Other salaries and wages	52,728.	33,501.	13,418.	5,809
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1.50	225	440	
9	Other employee benefits	468.	297.	119.	52
0	Payroll taxes	10,264.	6,521.	2,612.	1,131
1	Fees for services (nonemployees):				
а	Management				
b					
С		14,458.		14,458.	
d					
е	D (' 1(1 ' ' ' ' O D ' N' I' 47				
f	Investment management fees				
g	//(!) 44				
Ū	column (A) amount, list line 11g expenses on Sch 0.)	75,238.	60,571.	5,952.	8,715
2	Advertising and promotion	2,146.	1,741.	405.	<u> </u>
3	Office expenses	11,374.	5,694.	3,605.	2,075
4	Information technology	7,716.	7,155.	80.	481
5	Royalties	.,	.,====		
6		24,207.	15,380.	6,160.	2,667
7	Occupancy	1,416.	985.	431.	
8	Travel Payments of travel or entertainment expenses	1,1100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1011	
0					
^	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	25,626.	7,591.	16,660.	1,375
2	Depreciation, depletion, and amortization	8,958.	1,391.	8,958.	1,3/5
3	Insurance	0,930.		0,930.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOOD ' F	4,722.	3,379.	464.	879
b	OMITED EXPENSES	4,026.	3,234.	792.	
c	AWADDC	3,750.	3,750.		
d	DOYDD EXDEMOSE	708.	,,	708.	
e					
5	Total functional expenses. Add lines 1 through 24e	330,299.	202,213.	95,814.	32,272
. <u></u> 6	Joint costs. Complete this line only if the organization			20,0220	,-/-
	reported in column (B) joint costs from a combined				
	1,71				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20)

га	IL A	balance Sheet					
		Check if Schedule O contains a response or	note to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			156,170.	1	138,759
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			119,639.	3	112,997
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren	t or former	officer, director,			
		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ons		5	
	6	Loans and other receivables from other disqu	ualified per	sons (as defined			
		under section 4958(f)(1)), and persons descri		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			5,106.	9	208
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		401,411.			
	b	Less: accumulated depreciation	10b	29,493.	384,826.	10c	371,918
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir	ne 11			12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		767,746.	15	682,680	
	16	Total assets. Add lines 1 through 15 (must e			1,433,487.	16	1,306,562
	17	Accounts payable and accrued expenses			5,214.	17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
-ia		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela		_		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24)	Complete Part X	0.		27,700
	00	of Schedule D			5,214.		27,700
	26	Total liabilities. Add lines 17 through 25			J, 214.	26	21,100
es		Organizations that follow FASB ASC 958, o	cneck ner				
Sur Sur Sur Sur Sur Sur Sur Sur Sur Sur	07	and complete lines 27, 28, 32, and 33.			621,179.	27	473,940
3al	27 28	Net assets without donor restrictions Net assets with donor restrictions			807,094.	28	804,922
De l	20	Organizations that do not follow FASB AS			00170310	20	001/322
Ξ		and complete lines 29 through 33.	J 930, CHE	CK liefe P			
ō	20	Capital stock or trust principal, or current fur	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,428,273.	32	1,278,862
~	102	TOTAL HEL ASSELS OF TUHU DAMINGES			1,433,487.	UZ	1,306,562

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				53.
2	Total expenses (must equal Part IX, column (A), line 25)	2				99.
3	Revenue less expenses. Subtract line 2 from line 1	3				46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,42	8,2	73.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6		-8	5,0	65.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	, 27	8,8	62.
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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number 26-1880111

Open to Public Inspection

GANDHI BRIGADE INCORPORATED

Par	τι	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	ee instructions.		
ne c	rgani	zation is not a private found	lation because it is: ((For lines 1 through 12, c	heck only	one box.)			
1 [A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).		
2 [A school described in secti							
з [A hospital or a cooperative					ii).		
4		A medical research organiz						the hospital's name.	
•		city, and state:	a operates ee	,aaaa				,	
5 [An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in	_
		section 170(b)(1)(A)(iv). (C		,	•	, ,			
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [X	An organization that norma	-					public described in	
		section 170(b)(1)(A)(vi). (C			Ü		· ·	•	
8		A community trust describe	-	(1)(A)(vi). (Complete Par	: II.)				
9 [An agricultural research org				ed in conju	nction with a land-grant	college	
		or university or a non-land-g				_	-	-	
		university:		,					
ο [An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from	<u>—</u> т
		activities related to its exen							
		income and unrelated busin	-	•				-	
		See section 509(a)(2). (Cor							
1 [An organization organized a		ively to test for public sa	fety. See	section 50)9(a)(4).		
2 [An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). 0	Check the box in	
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.		
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	iving	
		control or management o	· ·					-	
		organization(s). You mus			•			•	
С		Type III functionally inte			in connec	tion with, a	and functionally integrate	ed with,	
		its supported organization						,	
d		Type III non-functionally		•				zation(s)	
		that is not functionally int						* *	
		requirement (see instruct	-	• •	-		-		
е		Check this box if the orga	· ·	- ·					
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.			
f	Ente	r the number of supported o	organizations						
g	Prov	ide the following information	about the supporte	ed organization(s).				·	
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instruction	ıs)
									_

Total

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

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

Sec	ction A. Public Support		·	·			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	. ,	` '	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	226,555.	423,265.	331,545.	547,290.	237,813.	1766468.
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	006 555	100 005	224 545	5.45 0.00		1566160
4	Total. Add lines 1 through 3	226,555.	423,265.	331,545.	547,290.	237,813.	1766468.
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)						1566160
	Public support. Subtract line 5 from line 4.						1766468.
	ction B. Total Support	r				Г	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016 423, 265.	(c) 2017 331, 545.	(d) 2018 547, 290.	(e) 2019 237,813.	(f) Total 1766468.
	Amounts from line 4	226,555.	423,265.	331,545.	547,290.	23/,813.	1/00408.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				1 (0)	1 (20	2 202
	and income from similar sources				1,683.	1,620.	3,303.
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			546.	855.	1,126.	2 527
	assets (Explain in Part VI.)			340.	655.	1,120.	2,527. 1772298.
	Total support. Add lines 7 through 10	-1- (!1				40	78,777.
12	Gross receipts from related activities,	· ·		d fourth or fifth to		12 n 501(a)(3)	70,777.
13	First five years. If the Form 990 is for organization, check this box and stop				-		ightharpoonup
Sec	ction C. Computation of Publ		rcentage				·····
	Public support percentage for 2019 (I			column (f))		14	99.67 %
	Public support percentage from 2018					15	99.84 %
	33 1/3% support test - 2019. If the o					<u> </u>	
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶ X
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶ □
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□

Schedule A (Form 990 or 990-EZ) 2019

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

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

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.")						
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						
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support					•	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired ofter June 20, 1075						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the form 990 is for the form 990 is for the first five years.	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
						<u></u> ▶□
Section C. Computation of Public						
15 Public support percentage for 2019 (lir					15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves						
17 Investment income percentage for 201					17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2019. If the o	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	d stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□
b 33 1/3% support tests - 2018. If the o	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and _
line 18 is not more than 33 1/3%, chec	k this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20 Private foundation If the organization						\blacksquare

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	Ĺ П	
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	٥.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	^ -		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations: it in tes, describe in Fait with the fole played by the organization in this regard.	S		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable 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	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С		inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	s from 2015			
b	Exces	s from 2016			
С	Exces	s from 2017			
d	Exces	s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

D1VI	100000000000000000000000000000000000000
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

► Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service

(GANDHI BRIGADE INCORPORATED	26-1880111			
Organization type (chec	rganization type (check one):				
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				
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.			
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling in one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)(any one contrib	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
year, total contr	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled mer here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>			
but it must answer "No"	ution: 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), tit 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 tify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

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

Name of organization Employer identification number

GANDHI BRIGADE INCORPORATED

26-1880111

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 17,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 42,520.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 31,574.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Traine, address, and En 1 1	\$15,656.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GANDHI BRIGADE INCORPORATED

26-1880111

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GANDHI BRIGADE INCORPORATED

26-1880111

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

Employer identification number

Name of organization

26-1880111 GANDHI BRIGADE INCORPORATED Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GANDHI BRIGADE INCORPORATED

Employer identification number 26-1880111

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring			
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recrea		storically important land area			
	Protection of natural habitat	Preservation of a ce	ertified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements					
	Total acreage restricted by conservation easements		· 			
	Number of conservation easements on a certified historic str		. 2c			
a	Number of conservation easements included in (c) acquired					
•	listed in the National Register					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	lanization during the tax			
4	year	coment is leasted				
4 5	Number of states where property subject to conservation ea					
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
Ū	b	Thanding of Violations, and emoroning conserve	ation casements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year			
-	▶ \$	aming of the latter, and emercing content and	cacemente aaning inc year			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?	•				
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footi	•				
	organization's accounting for conservation easements.					
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	palance sheet works			
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		•			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide			
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:				
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·			
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019			

932051 10-02-19

	GLANDAT	DD 7 61 DD - TV		00 1 ===0			•	c 10	00111	
	dule D (Form 990) 2019 GANDHI . t III Organizations Maintaining C	BRIGADE IN				or Other			80111	
3	Using the organization's acquisition, accessi				-				LS (COITHING	e u)
Ū	collection items (check all that apply):	on, and other recon	ao, 01100	it dily of the	Tollowing the	at mano oigi	iiioaiii a	00 01 110		
а	Public exhibition	,	d 🗆	I oan or excl	hange progr	am				
b	Scholarly research				nango progn					
c	Preservation for future generations	·								
4	Provide a description of the organization's co	ollections and expla	in how th	nev further th	he organizat	ion's exemn	nt nurnos	e in Part	XIII	
5	During the year, did the organization solicit o							ic iii i ait	ZIII.	
3	to be sold to raise funds rather than to be ma				•				Yes	☐ No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Par		oto ii tiic	, organizatio	ii answered	103 01110	лтт 5 50,	i aitiv,	iii C 3, 0i	
1a	Is the organization an agent, trustee, custodi	ian or other interme	diary for	contribution	s or other as	ssets not inc	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
		•	· ·						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fe						?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.					-				
Par										
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d)	Three year	ars back	(e) Four ye	ears back
1a	Beginning of year balance	•		-						
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for the	organiza	tion		
	by:								Υ	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations							3a(ii)		
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									
4	Describe in Part XIII the intended uses of the	organization's end	owment	funds.						
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990	D, Part X, lin	e 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Accı	umulated		(d) Book v	/alue
		basis (invest	ment)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings									
_	Lancada dal Sanana canada			3.5	7 753	1	7 88	Ω	330	865

371,918. Schedule D (Form 990) 2019

339,865. 32,053.

17,888.

11,605.

e Other

c Leasehold improvements

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

d Equipment

357,753.

43,658.

Schedule D (Form 990) 2019 GANDHI BRIGA	ADE INCORPORA	ATED	26-1880111 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	1 (1) 5
DOMAGED OFFICE CDAGE	Description		(b) Book value
(1) DONATED OFFICE SPACE			682,680
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		▶ 682,680
Part X Other Liabilities.	70./		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	e 25.
1. (a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			
(2) PPP REFUNDABLE ADVANCE			27,700
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

27,700.

(5) (6) (7) (8)

Pai	rt XI	Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	eturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements			1	265,953.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a			
b	Donat	ed services and use of facilities	2b			
С		veries of prior year grants				
d		(Describe in Part XIII.)				
е		nes 2a through 2d			2e	0.
3	Subtra	act line 2e from line 1			3	265,953.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		nes 4a and 4b			4c	0.
5	Totalı	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	265,953.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	ents With	n Expenses per	Returr	າ.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	415,364.
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
а		ed services and use of facilities	2a	85,065.		
b		vear adjustments				
С		losses	1 _ 1			
d	Other	(Describe in Part XIII.)	-			
е		nes 2a through 2d			2e	85,065.
3	Subtra	act line 2e from line 1			3	330,299.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	$\overline{}$			
		nes 4a and 4b			4c	0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	330,299.
		Supplemental Information.				•
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V. lines 1b	and 2b: Part V. line 4	: Part X	. line 2: Part XI.
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete				, ,
		· · · · · · · · · · · · · · · · · · ·				
PAI	RT X	, LINE 2:				
		•				
THI	E OR	GANIZATION REQUIRES THAT A TAX POSITION	I BE R	ECOGNIZED (OR	
		~				
DEI	RECO	GNIZED BASED ON A "MORE-LIKELY-THAN-NOT	" THR	ESHOLD. TH	IS A	PPLIES TO
TA	X PO	SITIONS TAKEN IN A TAX RETURN. THE ORGA	NIZAT	ION DOES NO	OT B	ELIEVE ITS
FII	NANC	IAL STATEMENTS INCLUDE, OR REFLECT, ANY	UNCE	RTAIN TAX	POSI	TIONS.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Name of the organization

GANDHI BRIGADE INCORPORATED

Employer identification number 26-1880111

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN WASHINGTON, DC REGION TO USE MULTIMEDIA AS TOOLS TO PROMOTE COMMUNITY BUILDING, MULTICUTURAL UNDERSTANDING AND THE COMMON GOOD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WE OFFER YOUNG PEOPLE THE OPPORTUNITY TO USE THE MEDIA ARTS AS A DEVELOPMENTAL PATH FOR PERSONAL AND COMMUNITY GROWTH BY TEACHING STUDENTS HOW TO CREATE EFFECTIVE MEDIA MESSAGES, INVITING THEM TO INVESTIGATE THE WORLD AROUND THEM, AND CREATING OPPORTUNITIES FOR THEM TO APPLY THESE NEW SKILLS AND ABILITIES TOWARD PRACTICAL PROJECTS THAT FOSTER DIALOGUE AND UNDERSTANDING. WE ENVISION A DIVERSE NETWORK OF YOUTH AND ADULTS WHO ARE UNITED IN THEIR COMMITMENT TO FIGHT FOR THE EMPOWERMENT OF ALL PEOPLE THROUGH THE GANDHI PRINCIPLES OF NONVIOLENCE, AWARENESS AND COMMON EFFORT.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT. THE INDEPENDENT ACCOUNTANT MAKES THE FORM 990 AVAILABLE TO THE EXECUTIVE DIRECTOR AND THE TREASURER PRIOR TO FILING FOR REVIEW, POTENTIAL QUESTIONS AND APPROVAL.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DISCUSSED AND APPROVED BY THE BOARD OF DIRECTORS DURING THEIR ANNUAL REVIEW AND APPROVAL OF THE ORGANIZATION'S YEARLY BUDGET.

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

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

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

MANAGEMENT AND GENERAL EXPENSES 5,952 FUNDRAISING EXPENSES 8,715 TOTAL EXPENSES 75,238	Name of the organization GANDHI BRIGADE INCORPORATED	Employer identification number 26-1880111
FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACTORS: PROGRAM SERVICE EXPENSES 60,571 MANAGEMENT AND GENERAL EXPENSES 5,952 FUNDRAISING EXPENSES 75,238 TOTAL EXPENSES 75,238 TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 75,238 FORM 990, PART XII, LINE 2C:	ALL DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON RE	EQUEST, DURING
CONTRACTORS: PROGRAM SERVICE EXPENSES 60,571 MANAGEMENT AND GENERAL EXPENSES 5,952 FUNDRAISING EXPENSES 8,715 TOTAL EXPENSES 75,238 TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 75,238 FORM 990, PART XII, LINE 2C:	NORMAL BUSINESS HOURS.	
CONTRACTORS: PROGRAM SERVICE EXPENSES 60,571 MANAGEMENT AND GENERAL EXPENSES 5,952 FUNDRAISING EXPENSES 8,715 TOTAL EXPENSES 75,238 TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 75,238 FORM 990, PART XII, LINE 2C:		
PROGRAM SERVICE EXPENSES 60,571 MANAGEMENT AND GENERAL EXPENSES 5,952 FUNDRAISING EXPENSES 8,715 TOTAL EXPENSES 75,238 TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 75,238 FORM 990, PART XII, LINE 2C:	FORM 990, PART IX, LINE 11G, OTHER FEES:	
MANAGEMENT AND GENERAL EXPENSES 5,952 FUNDRAISING EXPENSES 8,715 TOTAL EXPENSES 75,238 TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 75,238 FORM 990, PART XII, LINE 2C:	CONTRACTORS:	
FUNDRAISING EXPENSES TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A FORM 990, PART XII, LINE 2C:	PROGRAM SERVICE EXPENSES	60,571.
TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 75,238 FORM 990, PART XII, LINE 2C:	MANAGEMENT AND GENERAL EXPENSES	5,952.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 75,238 FORM 990, PART XII, LINE 2C:	FUNDRAISING EXPENSES	8,715.
FORM 990, PART XII, LINE 2C:	TOTAL EXPENSES	75,238.
	TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	75,238.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-char	ities-and-r	non-profits.			
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
All corpo	orations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	os, REMIC	S, and trusts	
must use	e Form 7004 to request an extension of time to file incom	ne tax retu	rns.			
Type or	e or Name of exempt organization or other filer, see instructions. Taxpayer identification number					
print File by the	GANDHI BRIGADE INCORPORATE	D			26-188011	L1
due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, s PO BOX 7381	ee instruc	ctions.			
instructions	City, town or post office, state, and ZIP code. For a for SILVER SPRING, MD 20907	oreign add	dress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			. 0 1
Applicat	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A	08		
	20 (individual)	03	Form 4720 (other than individual)	09		
Form 99		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 1 THE ORGANIZATION						
Telep If the	ooks are in the care of PO BOX 7381 - Solution hone No. 301-592-1900 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box	SILVE	Fax No. ▶nited States, check this box	f this is fo	r the whole group, o	
1 I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ □ calendar year or ▶ ☒ tax year beginning JUL 1, 2019 , and ending JUN 30, 2020 . 2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return						
Change in accounting period						
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less						0.
					\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				3b	e	0.
				\$		
	ing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
	: If you are going to make an electronic funds withdrawal				•	
instruction		(anoor ac		100 20 41	114 1 51111 551 5 25 10	or paymone

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)