Public Inspection Copy

EXTENDED TO MAY 17, 2021

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

A F	or tn	e 2019 calendar year, or tax year beginning 00L 1, 2019 and c	ں enaing	UN 30, 2020	
3 C	heck if pplicab	C Name of organization		D Employer identifi	ication number
	Addre]	
	Name	ge Doing business as		39-18910	30
	Initial returr	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final return	804 E. JUNEAU AVENUE		41427241	
	terminated			G Gross receipts \$	889,919.
	Amer	MILWAUREE, WI 55202		H(a) Is this a group r	
	Appli- tion pendi	F Name and address of principal officer: DIN HIDENBRAND	for subordinates	s? Yes X No	
		SAME AS C ABOVE		H(b) Are all subordinates i	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	1 ′	a list. (see instructions)
		te: WWW.THEGATHERINGWIS.ORG	<u> </u>	H(c) Group exemption	
K F	orm o	f organization: X Corporation Trust Association Other ►	L Year	of formation: 1997 I	M State of legal domicile: WI
r a		Summary	יים דוז או	MEATO AND	7 C C O C T 7 M E D
é	1	Briefly describe the organization's mission or most significant activities: TO PE			
anc	_	SERVICES OR PROGRAMS TO THOSE WHO WOULD O			
ern	2	Check this box if the organization discontinued its operations or dispose			sets.
go	3 4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		<u>3</u>	
8	5	Total number of individuals employed in calendar year 2019 (Part V, line 1a)			0
Activities & Governance	6	Total number of volunteers (estimate if necessary)			1500
		Total unrelated business revenue from Part VIII, column (C), line 12			
Ä		Net unrelated business taxable income from Form 990-T, line 39			
		The state of the s		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		713,623.	844,070.
nne	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17,518.	25,855.
ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,780.	-825.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		741,921.	869,100.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		372,656.	388,829.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 41,10		440 = 44	111 = 11
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		448,513.	
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		821,169.	
,		Revenue less expenses. Subtract line 18 from line 12		-79,248.	
et Assets or nd Balances			Ве	ginning of Current Year	End of Year
Sala	20	Total assets (Part X, line 16)	·····	554,776.	649,272.
let A Ind I		Total liabilities (Part X, line 26)	·····	11,375. 543,401.	78,106. 571,166.
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		J43,4UI•	3/1,100.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of m	v knowledge and helief it is
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			, moviougo ana bollol, il is
. 40,	00110	and complete books and or property (onto their officer) to be dead of an information of wir	ισπ ρι σραι σι	nas any knowledge.	
Sigr	n	Signature of officer		Date	
Her		LYN HILDENBRAND, EXECUTIVE DIR.			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature] [Date Check	PTIN
Paid		KATY L. SOMMER	0	3/05/21 if self-emplo	
rep	arer	Firm's name RITZ HOLMAN LLP		Firm's EIN ▶	39-0919055
Jse	Only	Firm's address 330 E. KILBOURN AVE, SUITE 550			
		MILWAUKEE, WI 53202		Phone no. 41	4-271-1451
Иay	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
		1110 For Denominal Podrotion Act Notice and the consults instruction			Farm 990 (2010)

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO PROVIDE MEALS AND ASSOCIATED SERVICES OR PROGRAMS TO THOSE WHO	
	WOULD OTHERWISE GO HUNGRY OR WITHOUT.	
_	Did the experimentary undertake any constituent average consisted during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the	X No
		LA_ NO
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
3	· / / · · · · · · · · · · · · · · · · ·	ZZ NO
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, are	- d
	revenue, if any, for each program service reported.	iu
4a	U22 014	
Ta	BREAKFAST PROGRAM: PREPARED AND SERVED 43,626 HOT BREAKFASTS	<i>'</i>
	MONDAY-FRIDAY TO MILWAUKEE'S HUNGRY AND HOMELESS AT OUR DOWNTOWN	
	LOCATION.	
	DINNER PROGRAM: PREPARED AND SERVED 10,919 HOT DINNERS MONDAY &	
	WEDNESDAY TO MILWAUKEE'S HUNGRY AND HOMELESS AT OUR SOUTH SIDE	
	LOCATION.	
	SATURDAY LUNCH PROGRAM: PREPARED AND SERVED 21,228 HOT LUNCHES TO	
	MILWAUKEE'S HUNGRY AND HOMELESS THROUGH FOUR NEIGHBORHOOD-BASED	
	LOCATIONS (DOWNTOWN, SOUTH SIDE, NORTH SIDE, NEAR WEST SIDE).	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program carvice expanses \sim 733 014.	

Form 990 (2019) GATHERING OF SOUTHEAST WI INC 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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	ا ا		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV			1
10		10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	21	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ـ د د ا	Х	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			_V
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	_
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?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l _
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2019) GATHERING OF SOUTHEAST WI INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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%			\ _{3,7}
	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			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV	29	Х	125
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 21	
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2019) GATHERING OF SOUTHEAST WI INC

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 (
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)										
За	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	0	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ad	counts (FBAR).										
5a			5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c									
ба	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
	any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
b			C L									
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b									
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х							
a b			7b		1							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required	10									
·	to file Form 8282?		7c		x							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	•	7e									
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?											
g												
h												
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?											
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b									
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4									
11	Section 501(c)(12) organizations. Enter:	L I										
a		11a	-									
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445										
10-	amounts due or received from them.)	11b	40.									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	\dashv									
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a									
а	Note: See the instructions for additional information the organization must report on Schedule O.		ISa									
h	Enter the amount of reserves the organization is required to maintain by the states in which the											
b	organization is licensed to issue qualified health plans	13b										
С	Enter the amount of reserves on hand	13c										
	Did the second of the second o	100	14a		х							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b									
15												
	excess parachute payment(s) during the year?											
	If "Yes," see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х							
	If "Yes," complete Form 4720, Schedule O.											
				α								

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.

800							X					
Sec	tion A. Governing Body and Management						г					
		1		14		Yes	No					
па	Enter the number of voting members of the governing body at the end of the tax year	1a		14								
	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.	4.		14								
	Enter the number of voting members included on line 1a, above, who are independent			14								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh						v					
_	officer, director, trustee, or key employee?			⊦	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the						v					
	· · · · · · · · · · · · · · · · · · ·				3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form			····· [4		_					
5	Did the organization become aware during the year of a significant diversion of the organization's as			т. Г	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				7a		x					
	more members of the governing body?											
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockhol	ders, or				x					
	persons other than the governing body?											
8												
а												
b	Each committee with authority to act on behalf of the governing body?				8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real											
	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 R	evenue	Code.)									
				_		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?				10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters,	affiliates,				1					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		<u> </u>					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before	e filing the form	?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	<u> </u>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conf	icts?		12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \emph{If}$ $\ \emph{If}$	Yes," de	escribe									
	in Schedule O how this was done				12c	X	<u> </u>					
13	Did the organization have a written whistleblower policy?				13		X					
14	Did the organization have a written document retention and destruction policy?			L	14	X						
15	Did the process for determining compensation of the following persons include a review and approve	al by inc	lependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official				15a	X						
b	Other officers or key employees of the organization			L	15b	Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a									
	taxable entity during the year?			[16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its pa	articipation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	nization	s									
	exempt status with respect to such arrangements?				16b							
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ▶WI											
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	only)	availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explain	n on Sc	hedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		,	, and	financ	cial						
	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 bo	oks and	records >									
	MARIANNE O'CONNOR - 414-272-4122											
	804 E JUNEAU AVE, MILWAUKEE, WI 53202											

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

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

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

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				nne.	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is bot officer and a director/trus			s both	n an	compensation	compensation	amount of
	week		er an	u a u	recto	r/trus	iee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	al trus		yee	m per		(** 27 1000 141100)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) CASSANDRA CHARLES	1.00									
DIRECTOR		Х						0.	0.	0.
(2) CINDY BERNDT	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) GUILLERMO GUTIERREZ	1.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(4) HARRY MOSELEY	1.00									
DIRECTOR		Х						0.	0.	0.
(5) JEANNE BAADE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JEREMY GILBERT	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JIM LEURQUIN	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) JOAN SMASAL	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) JOE BRUNO	1.00									_
DIRECTOR		Х						0.	0.	0.
(10) JOE GRAF	1.00	ł								_
DIRECTOR		Х						0.	0.	0.
(11) JOHN HICKEY	1.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(12) LEIGH ANN ZIMMER	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(13) MAGGIE BROEREN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(14) MARK HOHENSEE	1.00	l								
DIRECTOR	1 00	Х		X				0.	0.	0.
(15) MARY THICKENS	1.00	l								
SECRETARY	1 00	Х				_		0.	0.	0.
(16) NICOLE HERMANN	1.00									_
PRESIDENT	1 00	Х		X		_		0.	0.	0.
(17) RHONDA TAYLOR PARRIS	1.00									_
DIRECTOR		X						0.	0.	0.

932007 01-20-20 Form **990** (2019)

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,			ghe	st C	compensated Employee	s (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable		Estimated		
	hours per week					is bot or/trus		compensation	compensation		l ar	nount o	
	(list any	_					Ť	from the	from related organization		Com	other pensa	
	hours for	direct				٦		organization	(W-2/1099-MIS		I	om the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 1111	50,	l	anizati	
	organizations	trust	nal tru		yee	om pe					ı -	d relate	
	below	Individual trustee or director	Institutional trustee	Je ,	Key employee	lovee	ner				orga	anizatio	ons
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former						
(18) SHANE MORRISON	1.00												
DIRECTOR		Х						0.		0.			0.
(19) SHERRY WALKER	1.00												
DIRECTOR		Х	_					0.		0.			0.
(20) TERESA TROSTMILLER	1.00	l								_			_
DIRECTOR	<u> </u>	Х	_					0.		0.			0.
(21) LYN HILDENBRAND	40.00									_			
EXECUTIVE DIR.	<u> </u>		_	Х				75,000.		0.			0.
(22) MARIANNE O'CONNOR	32.00									•			_
OFFICE MANAGER	-			Х		-		0.		0.			0.
		-											
	1					-							
		-											
-	+		-			-							
		-											
	+		┢			 							
		-											
4b Ochsteld	1		<u> </u>	<u> </u>			\vdash	75,000.		0.			0.
1b Subtotal								75,000.		0.			0.
c Total from continuation sheets to Part V								75,000.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r								•	000 of reportable	_	<u> </u>		<u> </u>
Total number of individuals (including but r compensation from the organization	ioi iimited to tri	iose	iiste	eu ar	JOVE	e) WI	10 16	eceived more than \$100,	ooo or reportable	3			0
compensation from the organization												Yes	No
3 Did the organization list any former officer	director trust	ا مم	(OV 6	amnl	lova		r hic	sheet compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for s		-	•	•	•	-	_		•		3		х
4 For any individual listed on line 1a, is the si											٦		
and related organizations greater than \$15	•							•	•		4		х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." con					•			•			5		х
Section B. Independent Contractors	ipiete Scriedan	- 0 1	UI SI	acii j	OCIS	OH							
Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	hat received more than \$	100.000 of com	pensa	tion fro	om	
the organization. Report compensation for													
(A)								(B)			(0)	
Name and business	address	N	INC	Ξ				Description of s	ervices	C		nsatior	n
2 Total number of independent contractors (ot lir	nite	d to		_	sted	above) who received me	ore than				
\$100,000 of compensation from the organi	zation				()						990 (
													10 too

39-1891030

Form 990 (2019) GATHERI
Part VIII Statement of Revenue

		Check if Schedule O	contai	ns a respo	nse o	r note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S so	1 2	Federated campaigns		1a		18,546.				
蓝						10,540.				
કું કું		Membership dues								
Š,		Fundraising events								
a 유	d	Related organizations		1d		0.5.500				
in:	е	Government grants (contr	ibutio	ns) 1e		26,683.				
ρ̈́ς	f	All other contributions, gifts,	grants	, and						
the the		similar amounts not included	above	1f		798,841.				
ΡĢ	g	Noncash contributions included in	lines 1a	-1f 1g \$;	313,503.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f					844,070.			
						Business Code	-			
ø.	2 a				Ī					
ķ	b									
šer										
We n	C									_
gra Re	d									
Program Service Revenue	e -	All alle and an arrangement of a								
ъ.		All other program service			_					
-+		Total. Add lines 2a-2f								
	3	Investment income (include	•				05 055		05 055	
		other similar amounts)				>	25,855.		25,855.	
	4	Income from investment of	of tax-	exempt bo	nd pr	oceeds				
	5	Royalties								
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b		6b							
	С		6c							
		Net rental income or (loss)			-					
		Gross amount from sales of	<u>′</u> —Т	(i) Securit	ies	(ii) Other				
	, a	assets other than inventory		(1) 0000		(,				
		•	7a							
	D	Less: cost or other basis	l l							
nge		and sales expenses								
Š.		Gain or (loss)				_				
æ		Net gain or (loss)								
ther Revenue	8 a	Gross income from fundraisi	-							
₽		including \$		of						
		contributions reported on	line 1	c). See						
		Part IV, line 18			8a	19,994.				
	b	Less: direct expenses			8b	20,819.				
	С	Net income or (loss) from	fundra	aising even	nts .		-825.		-825.	
		Gross income from gamin								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from				•				
		Gross sales of inventory, I								
		and allowances			10a					
	h	Less: cost of goods sold			10a					
-	C	Net income or (loss) from	sales	or inventor	y	Business Code				
S _I	44 -				}	Duamess Code				
eo ne	11 a									
Miscellaneous Revenue	b				_ [
Sce	C									
Ξ̈́		All other revenue								
		Total revenue See instruction					869 100.	0.	25 030.	0.

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).

0001	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons			ipiete column (ry.	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		44 - 44		
	trustees, and key employees	75,000.	61,500.	6,750.	6,750.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	220 547	106 400	21 550	01 550
7	Other salaries and wages	239,547.	196,429.	21,559.	21,559.
8	Pension plan accruals and contributions (include	E 401	1 062	760	650
^	section 401(k) and 403(b) employer contributions)	5,491. 40,830.	4,063. 30,214.	769. 5,715.	/ 009·
9	Other employee benefits	27,961.	20,691.	3,915.	659. 4,901. 3,355.
10 11	Payroll taxes Fees for services (nonemployees):	41,301.	20,031.	3,313.	٥,٥٥٥.
	` ' ' '				
a b	Management				
	Legal	7,665.		7,665.	
	Lobbying	,,,,,,		.,,,,,,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	75.	75.		
g					
J	column (A) amount, list line 11g expenses on Sch O.)	18,676.	13,988.	1,875.	2,813.
12	Advertising and promotion	-	-		-
13	Office expenses	17,160.	15,606.	490.	1,064.
14	Information technology				
15	Royalties				
16	Occupancy	46,365.	37,092.	9,273.	
17	Travel	8,899.	8,899.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		4 4 4 4		
19	Conferences, conventions, and meetings	1,161.	1,161.		
20	Interest	120.	96.	24.	
21	Payments to affiliates	10 551	10 551		
22	Depreciation, depletion, and amortization	12,551. 9,264.	12,551. 7,874.	1 200	
23	Insurance Charge expanses not expand	3,404.	1,014.	1,390.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) FOOD	307,494.	307,494.		
a h	NON-CAPITAL FIXED ASSET	4,832.	4,832.		
C	PROGRAM EXPENSE	4,464.	4,464.		
d	OTHER EXPENSES	3,622.	3,622.		
-	All other expenses	2,363.	2,363.		
25	Total functional expenses. Add lines 1 through 24e	833,540.	733,014.	59,425.	41,101.
26	Joint costs. Complete this line only if the organization	Í	,	,	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (2242)

Form 990 (2019)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			71,627.	1	124,756.
	2	Savings and temporary cash investments			5,083.	2	5,086.
	3	Pledges and grants receivable, net			22,200.	3	17,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ď	9	Prepaid expenses and deferred charges			4,161.	9	2,780.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	165,678. 65,076.			
	b	Less: accumulated depreciation	27,014.	10c	100,602.		
	11	Investments - publicly traded securities		424,691.	11	399,048.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			FF4 776	15	C40 070
	16	Total assets. Add lines 1 through 15 (must equ			554,776.	16	649,272.
	17	Accounts payable and accrued expenses			10,019.	17	9,806.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs				00	
Ei.		controlled entity or family member of any of the		Г		22	
	23	Secured mortgages and notes payable to unrela				23 24	
	24 25	Unsecured notes and loans payable to unrelate					
	23	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
		·	-	· 1	1,356.	25	68,300.
	26	of Schedule D Total liabilities. Add lines 17 through 25		1	11,375.	26	78,106.
	20	Organizations that follow FASB ASC 958, che				20	, 0 / 2 0 0 1
es		and complete lines 27, 28, 32, and 33.					
anc anc	27	Net assets without donor restrictions			359,807.	27	400,940.
Bala	28	Net assets with donor restrictions			183,594.	28	170,226.
힏		Organizations that do not follow FASB ASC 9					
Ξ		and complete lines 29 through 33.	,	· —			
Ģ	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			543,401.	32	571,166.
	33	Total liabilities and net assets/fund balances		1	554,776.	33	649,272.
					•		Farm 990 (00

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

0111	1330 (2013)			i agc	
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		,10	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,54	
3	Revenue less expenses. Subtract line 2 from line 1	3	35	5,56	0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	543	3,40	1.
5	Net unrealized gains (losses) on investments	5	- 7	7,79	5.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	571	.,16	6.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	Νo
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				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	-	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
				- 1	

Form **990** (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GATHERING OF SOUTHEAST WI INC

Employer identification number

39-1891030 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

g Provide the following information	n about the supporte	d organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization listed in your governing document?		(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))	163	140		
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	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·	•			
Cale	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.")	585,126.	682,706.	755,851.	713,623.	844,136.	3581442.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	585,126.	682,706.	755,851.	713,623.	844,136.	3581442.
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,						0 505
	column (f)						8,785.
	Public support. Subtract line 5 from line 4.						3572657.
		() 0045	(1) 0040	() 0047	(1) 0040	() 0040	/s =
	ndar year (or fiscal year beginning in)	(a) 2015 585,126.	(b) 2016 682,706.	(c) 2017 755, 851.	(d) 2018 713,623.	(e) 2019 844,136.	(f) Total 3581442.
	Amounts from line 4	303,120.	002,700.	133,031.	113,043.	044,130.	3301442.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	14,898.	12,007.	19,463.	17,618.	25,855.	89,841.
•	and income from similar sources Net income from unrelated business	14,090.	12,007.	19,403.	17,010.	23,033.	09,041.
9							
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	35,219.	31,825.	35,600.	16,830.	19,994.	139,468.
11	Total support. Add lines 7 through 10	22,==2.	<u> </u>	33,333			3810751.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First five years. If the Form 990 is for					501(c)(3)	
	organization, check this box and stop	-			·····		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	93.75 %
15	Public support percentage from 2018	Schedule A, Part I	I, line 14			15	92.00 %
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fact			=		-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	ū				•	
	more, and if the organization meets th						,
	organization meets the "facts-and-circ		-	•			>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	········ • L

Schedule A (Form 990 or 990-EZ) 2019 GATHERING OF SOUTHEAST WI INC 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	<i>510 11</i> , p.10000 00p.					
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						
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						
• • • • • • • • • • • • • • • • • • • •				1	T	T
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 after June 30, 1975						
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.)		<u> </u>		<u> </u>	504()(0)	
14 First five years. If the Form 990 is for	-			•		
check this box and stop here Section C. Computation of Publi					<u></u>	
15 Public support percentage for 2019 (li			column (fl)		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves					1.01	
17 Investment income percentage for 20			ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2019. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar						_
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organizatior	ı >
20 Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Vac	Nic
	Yes	No
1		
2		
_		
3a		
OI-		
3b		
3с		
4a		
4b		
4c		
5a		
EL.		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	O F 2	0040

Par	t IV	Supporting Organizations (continued)			
		·		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son 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 fam	nily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	ion (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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion [D. All Type III Supporting Organizations			
		·		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	•	icant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	suppo	orted organizations played in this regard.	3		
		E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
		ties Test. Answer (a) and (b) below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
		hese activities constituted substantially all of its activities. ne activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> Lu</u>		
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		· ·			
		ns for the organization's position that its supported organization(s) would have engaged in these	2b		
		ties but for the organization's involvement. It of Supported Organizations. Answer (a) and (b) below.	20		
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Voc " describe in Part VI the role placed by the exception in this regard	3h		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions 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):			
<u>a</u>	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	ly integrate	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	TEV Type III Non-Functionally Integrated	ວບອ(a)(3) Supporting Orga	nizations (continued)	
Secti	tion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish	h exempt purposes		
2	Amounts paid to perform activity that directly furthers e.	exempt purposes of supported		
	organizations, in excess of income from activity			
3	•	irposes of supported organizations	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
5	Qualified set-aside amounts (prior IRS approval required	(k		
6	*	,		
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh	nich the organization is responsive		
	(provide details in Part VI). See instructions.	3		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason	n-		
	able cause required- explain in Part VI). See instructions	s.		
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result grea	ater		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3	h		
-	and 4b from line 1. For result greater than zero, explain			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8				
	Excess from 2015			
	Excess from 2016 Excess from 2017			
	Excess from 2017 Excess from 2018			
	Excess from 2018 Excess from 2019			
е	EAUGOO HUHLAUTS			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 201	9 GATHERIN	GOF	SOUTHEA	ST WI	INC	39-1	891030	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.)	rmation. Provide 1, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the expla 5a, 6, 9a, IV, Section	anations requi 9b, 9c, 11a, on E, lines 1c,	ired by Part 11b, and 11 2a, 2b, 3a,	II, line 10; Part I c; Part IV, Secti and 3b; Part V,	on B, lines 1 and 2; Pa line 1; Part V, Section	art IV, Section B, line 1e; Par	C, t V,

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GATHERING OF SOUTHEAST WI INC

Employer identification number 39-1891030

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Si	milar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised	I 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 w			
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gra	nt funds can be used o	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose confer	
D	impermissible private benefit?			
Pai			on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	`		
	Preservation of land for public use (for example, recreat	tion or education)		torically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a	,		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	rminated by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the peri		on, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conservati	on easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservation ea	asements during the year
_	> \$			N. 60
8	Does each conservation easement reported on line 2(d) above			
_	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 footne	ote to the organization s	inanciai statements tr	iat describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Trea	sures or Other S	Similar Assets
	Complete if the organization answered "Yes" on Form	•		
12	If the organization elected, as permitted under FASB ASC 958		nue statement and ha	lance sheet works
ıa	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan-			ince of public
b	If the organization elected, as permitted under FASB ASC 958			e sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	CATIBILIOTI, Cadoalioti, of	researen in lartiletarie	e of public service,
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				L L
2	If the organization received or held works of art, historical trea	asures or other similar as		
_	the following amounts required to be reported under FASB AS		- ·	provide
9				• \$
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
D	ASSOCIA INCIDUACIONI I CONTINUACIONI STATULA			🕶 Ψ

Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Othe	r Simi	lar Asset	s (continu	ied)	
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that	make s	ignificar	nt use of its	•	,	
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how they further th	e organizatio	n's exer	npt pur	pose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other	r similar	assets				
	to be sold to raise funds rather than to be mai	ntained as part of th	e organization's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arrang	ements. Complet	te if the organizatio	n answered "`	Yes" on	Form 9	990, Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contributions	s or other asso	ets not	include	d			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a					_				
								Amount		
С	Beginning balance					. 10	:			
	Additions during the year						d			
	Distributions during the year						•			
f	Ending balance					. <u>1</u>	f			
2 a	Did the organization include an amount on Fo	rm 990, Part X, line 2	21, for escrow or cu	istodial accou	ınt liabil	ity?	<u></u>	Yes		No
	If "Yes," explain the arrangement in Part XIII. (
Par	t V Endowment Funds. Complete if	the organization ans	wered "Yes" on Fo	rm 990, Part I						
		(a) Current year	(b) Prior year	(c) Two years		(d) Thre	ee years back			
	Beginning of year balance	19,074.	18,497.	17	,448.		15,648.	<u> </u>	15,6	48.
b	Contributions							<u> </u>		
С	Net investment earnings, gains, and losses	232.	577.	1	,049.		1,800.			
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses							<u> </u>		
g	End of year balance	19,306.	19,074.	18	,497.		17,448.		15,6	48.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment >	6								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held ar	nd administere	ed for th	ne orgar	nization	_		
	by:									No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)	\perp	<u>X</u>
b	If "Yes" on line 3a(ii), are the related organization	ions listed as require	d on Schedule R?					3b	L	
4	Describe in Part XIII the intended uses of the		ment funds.							
Par										
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990,	Part X,	line 10				
	Description of property	(a) Cost or ot	` '	or other		ccumul	I .	(d) Book	value	
		basis (investm	ent) basis	(other)	de	preciati	on			
	Land			\rightarrow						
	Buildings			2 4 5 2						
С	Leasehold improvements	I		$\frac{3,153.}{2.535}$			348.		<u>,80</u>	
d	Equipment		11	2,525.		56,	728.	<u>55</u>	<u>,79</u>	<u>·/ •</u>
	Other	.						100		
	Add lines to through to (O. I (1) I			- \				1 (1 (1	h 1)	,

	F SOUTHEAST W	I INC 39-	-1891030	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	-of-year market v	alue
(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.)				
	F 000 D+ N/ I'	14 - O - Farma 000 Bart V Page 10		
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market v	
·	(b) Book value	(c) Method of Valuation. Gost of end-	-or-year market v	alue
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
	on Form 000 Port IV line	11d Soc Form 000 Port V line 15		
Complete if the organization answered "Yes"	Description	Trd. See Form 990, Part X, line 15.	(b) Book va	ماراه
	Description		(B) Book vo	
(1)				
(2)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8)				
(9)	45.	_		
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	? <i>15.)</i>	>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.		
1. (a) Description of liability			(b) Book va	alue
(1) Federal income taxes				

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PPP LOAN	68,300.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X col (B) line 25.)	68,300.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial statements C Omplete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 4 Amounts included on Form 990, Part IV, line 25. a Donated services and use of facilities 2 Amounts included on Form 990, Part IV, line 25. a Donated services and use of facilities 2 Amounts included on Form 990, Part IV, line 25. a Donated services and use of facilities 2 Amounts included on Form 990, Part IV, line 25. a Donated services and use of facilities 2 Amounts included on Form 990, Part IV, line 25. a Donated services and use of facilities 2 Amounts included on Form 990, Part IV, line 25. a Donated services and use of facilities 2 Amounts included on Form 990, Part IV, line 25. b Prior year adjustments 2 B	. u	rt XI Reconciliation of Revenue per Audited Financial Stater				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25. b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII,		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2	1	Total revenue, gains, and other support per audited financial statements			1	948,161.
b Donated services and use of facilities 2b 86,856. c Recoveries of prior year grants 2c 3c	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
C Recoveries of prior year grants 2c 2d 2d 2d 2d 2d 2d 2d	а	Net unrealized gains (losses) on investments	2a			
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 869 , 100 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	b	Donated services and use of facilities	2b	86,856.		
d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 79,061 3 Subtract line 2e from line 1 3 869,100 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 5 869,100 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 869,100 Fart XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements						
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b						
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4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b					3	869,100.
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 869, 100 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
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Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	D					
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		Add lines 4a and 4b			4c	0.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Donated services and use of f	с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	869,100.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 May 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4a 4b 4c	с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	869,100.
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 86,856 2b 2e 86,856	с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State	ments With		5	869,100.
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 2b 2c 3 86,856 3 833,540 4a 4b 4c	5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments With	Expenses per F	5 Return.	869,100.
c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 2e 86,856 3 833,540 4a 4b 4c	c <u>5</u> Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	ments With	Expenses per F	5 Return.	869,100.
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 2e 86,856 3 833,540 4a 4b 4c	5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With	Expenses per F	5 Return.	869,100.
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 2e 86,856 3 833,540 4a 4b 4c	2 2 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ments With 2a	Expenses per F	5 Return.	869,100.
3 833,540 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 3 833,540 4a 4b 4c	2 2 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b	Expenses per F	5 Return.	869,100.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2b 2c	Expenses per F	5 Return.	920,396.
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	5 Return.	920,396. 86,856.
b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IN Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	86,856.	Seturn.	920,396.
c Add lines 4a and 4b	1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) IN Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	86,856.	Seturn.	920,396. 86,856.
	1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2b 2c 2d	86,856.	Seturn.	920,396. 86,856.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	86,856.	Seturn.	920,396. 86,856.
	1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IN TEXTI Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	86,856.	5 Return.	869,100. 920,396. 86,856. 833,540.

| Part XIII | Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. MANAGEMENT HAS REVIEWED ALL TAX POSITIONS RECOGNIZED IN PREVIOUSLY FILED TAX RETURNS AND THOSE EXPECTED TO BE TAKEN IN FUTURE TAX AS OF JUNE 30, 2020, THE ORGANIZATION HAD NO AMOUNTS RELATED TO RETURNS. UNRECOGNIZED INCOME TAX BENEFITS AND NO AMOUNTS RELATED TO ACCRUED INTEREST AND PENALTIES. THE ORGANIZATION DOES NOT ANTICIPATE ANY SIGNIFICANT CHANGES TO UNRECOGNIZED INCOME TAX BENEFITS OVER THE NEXT YEAR.

Schedule D (Form 990) 2019 Part XIII Supplemental Infor	GATHERING OF	SOUTHEAST V	VI INC	39-1891030 Page 5
Part XIII Supplemental Infor	mation _(continued)			

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization						Employer identification number		
GATHERI		39-1891	030					
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
Indicate whether the organization rais	e Solicitat f Solicitat g Special	tion of tion of fundra (includ	non-g gover aising of	overnment grants nment grants events ficers, directors, trus	tees,	or Yes	No	
b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	viduals or entities (fundraisers) pursu			-	ne fur			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
			•					
List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration	

Schedule G (Form 990 or 990-EZ) 2019 GATHERING OF SOUTHEAST WI INC 39-1891030 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events HUNGER BOOK NONE (add col. (a) through GOLF CLASSIC SALE col. (c)) (event type) (event type) (total number) 13,494. 6,500. 19,994. Gross receipts 2 Less: Contributions 13,494. 6,500. 19,994. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs _____ 10,629. 10,629. 123. 123. 7 Food and beverages 8 Entertainment 10,067. 1,182. 8,885. 9 Other direct expenses 20,819.**10** Direct expense summary. Add lines 4 through 9 in column (d) -825. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

	Does the organization conduct gaming activities with nonmembers?		Ves	No
				140
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\\$			
	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	+ III lin	00.0	0h 10h
ı aı	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III	es 9, s	9D, 10D,

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	GATHERING OF	SOUTHEAST	WI	INC	39-1891030	Page 4
Part IV	Supplemental Infor	mation (continued)					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization GATHERING OF SOUTHEAST WI INC Employer identification number 39-1891030

Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on	(d) Method of de noncash contribu	etermin	-	3
1	Art - Works of art			,	, ,				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7									
, 8	Boats and planes								
_	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X		297	,840.				
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (NEW KITCHEN E)	X	0	15	,663.				
26	Other								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organization	zation during	the tax vear for c	ontributions					
	for which the organization completed Form 82	-	•		29				
		,, -		,				Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I. line	s 1 through	n 28. that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period'	_		•			30a		Х
h	If "Yes," describe the arrangement in Part II.	•					ooa		
31	Does the organization have a gift acceptance	nolicy that re	equires the review	of any nonstandard	d contributi	ons?	31		Х
	Does the organization have a grit acceptance plant by Does the organization hire or use third parties		•	•		ons?	31		
o∠d			•				222		Х
L	contributions?						32a		
	If "Yes," describe in Part II.	\ - \ - \ - \ - \ - \ - \ - \ - \ -		. falatala b	(a) := -1- :	l. a al			
33	If the organization didn't report an amount in o	olumn (C) fol	a type of property	ior which column	(a) is chec	keu,			
	describe in Part II.	Alea la -t	fau Fauro 000			0.1	A /F	- 0001	0046
LHA	For Paperwork Reduction Act Notice, see	the instruct	uons for Form 990	J.		Schedule M	n (Forn	n 990)	ZU19

Schedule M	(Form 990) 2019	GATHERING	OF	SOUTHEAST	WI	INC	39-1891030	Page 2
Part II	Supplemental is reporting in Part	Information. F	Provide	the information required of contributions, the	uired b e numl	by Part I, lines 30b, 32b, a ber of items received, or a	nd 33, and whether the organizate combination of both. Also comp	tion olete
	this part for any ac	dditional informatio	n. 					

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.

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

39-1891030

Name of the organization

GATHERING OF SOUTHEAST WI INC

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

WITHOUT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OTHER PROGRAM SERVICES INCLUDE OUR SEASONAL FRESH PRODUCE PRESERVATION PROJECT PRESERVING DONATED PRODUCE FOR USE IN WINTER MEALS; STREET SUPPLY DISTRIBUTIONS; COLLABORATIVE ONSITE PROGRAMMING - MENTAL HEALTH, MEDICAL, LEGAL, HOUSING, VETERAN'S BENEFITS, FOOD SHARE ASSISTANCE,

LIMITED SCHOLARSHIP ASSISTANCE.

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

LINE 11B EXPLANATION - REVIEWED FIRST BY EXECUTIVE COMMITTEE AND THEN BY

THE BOARD AS A WHOLE

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

ON AN ISSUE BY ISSUE BASIS AS MATTERS ARISE BEFORE THE BOARD FOR ACTION.

ANY BOARD MEMBER WITH A FINANCIAL, PERSONAL, OR OFFICIAL INTEREST OR

OR APPEARANCE OF CONFLICT, WILL VOLUNTARILY EXCUSE HIM/HERSELF CONFLICT,

PHYSICALLY AND REFRAIN FROM DISCUSSION AND VOTING ON ITEM AT HAND.

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

OFFICERS ARE NOT PAID. COMPENSATION OF NEW STAFF ARE BASED ON A SALARY

RANGE INCLUDING EXPERIENCE, AS WELL AS THE AGENCY'S ABILITY TO PAY.

DECISIONS ON THE EXECUTIVE DIRECTOR'S COMPENSATION IS MADE BY THE EXECUTIVE

COMMITTEE - THIS YEAR THE ED SEARCH COMMITTEE DETERMINED THE COMPENSATION

FOR THE ED. IN 2020 ALL POSITIONS AND COMPENSATION WILL BE REVIEWED.

GATHERING OF SOUTHEAST WI INC	39-1891030
OFFICERS ARE NOT PAID. COMPENSATION OF NEW STAFF ARE BASED	ON A SALARY
RANGE, INCLUDING EXPERIENCE, AS WELL AS THE AGENCY'S ABILI	TY TO PAY.
DECISIONS ON THE EXECUTIVE DIRECTOR'S COMPENSATION IS MADE	BY THE EXECUTIVE
COMMITTEE-THIS YEAR THE ED SEARCH COMMITTEE DETERMINED THE	COMPENSATION FOR
THE ED. IN 2020 ALL POSITIONS WILL BE REVIEWED.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL INFO AVAILABLE VIA WEBSITE AND BY REQUEST; ALL O	THER MATERIALS
AVAILABLE BY REQUEST	

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.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print GATHERING OF SOUTHEAST WI INC 39-1891030 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 804 E. JUNEAU AVENUE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 53202 MILWAUKEE, WI Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 06 Form 990-T (trust other than above) Form 8870 12 MARIANNE O'CONNOR The books are in the care of ► 804 E JUNEAU AVE - MILWAUKEE, WI 53202 Telephone No. \blacktriangleright 414-272-4122 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright and attach a list with the names and TINs of all members the extension is for. MAY 17, 2021 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2019 _____, and ending JUN 30, 2020 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Change in accounting period

any nonrefundable credits. See instructions.

Form **8868** (Rev. 1-2020)

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