Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO (2018)

For calendar year 2018, or fiscal year beginning 10/01, 2018, and ending $9/30_{20}19$ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer Identification number Attention, Inc. 84-0571145 Name and title of officer Chris Nelson CEO Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part !. 1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2,727,957 _b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here 3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) 5b Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize Taylor Roth and Company to enter my PIN as my signature Enter five numbers, but on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 84100680203 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. andon ERO's signature ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

990

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)

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.

OMB No. 1545-0047 2018 Open to Public Inspection

<u>A</u>	For the	e 2018 c			beginning 10	/01/18	, and ending	09/30	0/19	<u> </u>	_	_			
В	Check if ap	pplicable:	C Name of org	_							l □	Employe	r identification	number	
	Address ch	hange	ļ	P	ttention,	Inc.									
\Box	Name cha	nge	Doing busin										<u>571145</u>	,	
	Initial retur			street (or P.O. box Spruce St	if mail is not delivered	to street addres	ss)			oom/suite			e number 447-12	06	
\vdash	Final return			<u> </u>	country, and ZIP or for	reign postal code					╁	503-	44 / - 1Z	00	
	terminated				•										
	Amended i	return	Bould	edress of principal o		CO 8030:	<u> </u>		- 1		G	Gross rece	elpts\$ 2	, 185	,932
\Box	Application	n nonding	1						ŀ	H(a) Is this a	group re	eturn for su	ubordinates?	Yes	X No
Ш	Application	ii pending	ı	s Nelson							- '		=	_	
				Spruce	Street					H(b) Are all				Yes	No
			Boule				80302	,		If "	No," atta	ach a list.	(see Instructions	s)	
<u></u>	Tax-exem	npt status:	X 501			nsert no.)	4947(a)(1) or	527							
J	Website:	▶ ₩	ww.att	<u>:entionh</u>	omes.org	•				H(c) Group	exempti	on numbe	r 🕨		
<u>K</u>	Form of or	rganization:	X Corpora	ration Trust	Association	Other -			L Yea	r of formation:	196	66	M State of leg	jal domicil	e: CO
	art I	Su	ımmary												
	1 E			rganization's m	ission or most s	ignificant ac	tivities:								
۵		Atte	ntion H	lomes pro	ission or most s rides life	-changi	ng resour	ces to	vout	h in c	ris	is.			
Š			************						A.T.T.						
Activities & Governance												• • • • • • • •			
Š	1	Chook thi	io boy	if the ergonize	tion discontinue	d ita aparati	ana ar dianagad	of more the	 n 250/	of its not				• • • • • • • •	
ဖိ	1			_	ition discontinue	-	-	oi more ma	11 20%	or its net	assets	1 1	12		
ඡ					overning body (P							3	13		
ies					bers of the gove							4	13		
∑	5 T	Total nun	nber of indivi	iduals employe	d in calendar ye	ar 2018 (Par	rt V, line 2a)					5	66		
ğ	6 T	Total nun	nber of volur	nteers (estimate	e if necessary)							6	257		
•	7a T	otal unr	elated busin	ess revenue fro	om Part VIII, colu					7a			0		
					me from Form 9							7b			0
										Prior			Curre	ent Year	
•	8 0	Contribut	ions and gra	ants (Part VIII, I	ine 1h)					1,6	56,	832	1,	812	,526
Ž	9 P	rogram	service reve	enue (Part VIII,	li 0-\					4	25,	897			,755
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)										871			, 690
8	11 0	Other rev	enue (Part \	VIII. column (A)	, lines 5, 6d, 8c,	Oc 10c and		• • • • • • • • • • • • • • • • • • • •	·· ├─	307,645					, 986
					11 (must equal f							245			, <u>957</u>
										2,3	<i>J</i> ,	233	<u> </u>	121	, 937
					art IX, column (A										<u>`</u>
					rt IX, column (A)				├	- 4 4		~==			0
es	15 S	Salaries,	other compe	ensation, emplo	oyee benefits (Pa X, column (A), lin column (D), line	art IX, colum	n (A), lines 5–10)		1,4	29,	077	1,	<u>696</u>	<u>, 573</u>
xpenses	16aP	Professio	nal fundraisi	ing fees (Part I	X, column (A), lir	ne 11e)									0
ğ	b⊺	otal fund	draising expe	enses (Part IX,	column (D), line	25) 🕨	355,	324	💹						
Ω	17 C	Other exp	oenses (Part	t IX, column (A)	, lines 11a–11d,	11f-24e)				5	93,	268	ı	799	,194
	18 T	otal exp	enses. Add l	lines 13-17 (m	ust equal Part IX	(, column (A), line 25)		·· [2,0	22,	345	2,	495	,767
	19 R				e 18 from line 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		∵			900			,190
20.8									<u> </u>	Beginning of				of Year	
Net Assets or Fund Balances	20 T	otal ass	ets (Part X, I	line 16)								818	2,	226	, 382
Ass	21 T		ilities (Part X									399			,761
N S	22 N				ct line 21 from lir				··			419	2.		,621
	art II	17,	gnature B		oc milo 2 : mont in	10 20 ,.,,,,				-1-					
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Sig		S	ignature of office									Date			
He	re	_	Chris	Nelson				CEO							
		T	ype or print name	e and title	·										
		Print/Type	e preparer's nam	ne		Preparer's signa	ature 11			Date		Check	if PTIN		
Pai	d	Diane	K Granger	:		1 Jami	X/An	wn		02/	24/20	self-em	iployed P01	138891	L9
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Mar	, the IDS	Firm's add		· · · · · · · · · · · · · · · · · · ·	rer shown above						Phon	е по.		Yes	
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Form 990 (2018	B) Attention, Ir	nc.	84-0571145	Page 2
Part III	Statement of Progran	n Service Accomplishment		
	scribe the organization's miss	sion:		
Attent	ion Homes prov	ides life-changin	g resources to you	th in crisis.
• • • • • • • • • • • • • • • • • • • •				
prior Forr	n 990 or 990-EZ?		e year which were not listed on the	Yes X No
		, or make significant changes in ho		Yes X No
If "Yes," o	describe these changes on So	chedule O.		
expenses	s. Section 501(c)(3) and 501(c		f its three largest program services, a report the amount of grants and alloca d.	
House emerge this p establ move t	facility. This name should be represented to recognize the results of the results	program provides rvices to homeles educe youth homel nships with them	or in shelters to	day drop-in and 24. The goal of
House. living progra recove help t	S (Adolescent This program , and transiti m are to provi ring teens wit hem transition	Residential Care) operates three tr onal living for y de abused, negleo h temporary resid through their cr	program is facili acks: respite/exterouth ages 12 to 18 ted, delinquent, the lential care and traisis and to a long	nded care, sober . The goals of this roubled and/or eatment services to -term and safe
placem system		ation. All place	ments come through	the child welfare
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •		•••••		
4c (Code:) (Expenses \$	including gra	ants of \$)	(Revenue \$)
***************************************				•••••
		***************************************	• • • • • • • • • • • • • • • • • • • •	

• • • • • • • • • • • • • • • • • • • •				
********	,,			
4d Other pro	gram services (Describe in So	chedule O.)		
(Expense		including grants of \$) (Revenue \$)
4e Total prog	gram service expenses ▶	1,873,867		

Form 990 (2018) Attention, Inc.

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 X 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 X 3 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 X 4 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 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 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c 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 X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 17 18 Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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

X

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P	art IV Checklist of Required Schedules (continued)				\\\-	l Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individua	als on			Yes	No
	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 compensa	ted				
	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 lii	nes 24	b			
_	through 24d and complete Schedule K. If "No," go to line 25a				ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the			24b		
·	to defease any tax-exempt bonds?	yeai		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	· · · · · · · ·		24d		
25a			efit			1
	transaction with a disqualified person during the year? If "Ves." complete Schedule I. Port I			25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	90-EZ	:?			
	If "Yes," complete Schedule L, Part I			25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to	any				
	current or former officers, directors, trustees, key employees, highest compensated employees, or					
	disqualified persons? If "Yes," complete Schedule L, Part II			<u>26</u>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,					
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% control	led				
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		• • • • • • • • • • • • • • • • • • • •			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule Part IV instructions for applicable filing thresholds, conditions, and exceptions):	e∟,				
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>			28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete					
_	Schedule L, Part IV			28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member t	hereof	······································		1	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		•	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu	ile M		29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifi	ed				
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched	ule N,	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Reg	ulatior	IS			4.
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Par			33	1	X
34	and North Mark V. Box 4			34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?					X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line			35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charital					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related orga					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	Þart V	l	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines	11b an	d			
20000000	19? Note. All Form 990 filers are required to complete Schedule O.				X	
	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	1a	1		res	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			10	Y	[

Form 990 (2018) Attention, Inc. 84-0571145 Part V. Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Statements Regarding Other INS Printigs and Tax Compilance (Commit	ieu)			r
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		Yes	No
La	Statements, filed for the calendar year ending with or within the year covered by this return	2a 66			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			X	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		2b	<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3-		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule (3a		
			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	-	1.		x
b	a financial account in a foreign country (such as a bank account, securities account, or other financial	accounty?	4a	*********	
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 A				
E		ccounts (FBAR).		*******	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	uano	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		<u>├</u> ^
C			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				x
h	organization solicit any contributions that were not tax deductible as charitable contributions?	no or	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ris or	6		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	•••••	6b	********	
7	· ·	aada			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g and services provided to the payor?		7.	X	
b	If #Ves # did the aggregation polify the dense of the value of the good or a good or good and		7a 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		10		\vdash
Ü	manufacidate Sta Farm 00000		70		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c	******	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e	80000000	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	,	7h		$\overline{}$
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	******			
	sponsoring organization have excess business holdings at any time during the year?		8) 	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		********
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9b		
10	Section 501(c)(7) organizations. Enter:	•••••			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	7		
11	Section 501(c)(12) organizations. Enter:		7		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources		7		
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b	_		
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			_
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

DAA

and the second	1990 (2018) Attention, Inc. 84-05/1145			ige 6
Pa	TAVI 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 in Schedule O. Se	e instru	ıction	s.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13]		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 15 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with]		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		1	
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	*********
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
			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 chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website W Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
?0 	State the name, address, and telephone number of the person who possesses the organization's books and records			
	e Organization 1443 Spruce Street CO 80302 303) A A '	7_1/	205
C	oulder CO 80302 303	3-44	/ - T	4 U D

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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week			Pos check		than one s both an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of
	(list any hours for related organizations below dotted line)		icer a		irecto	Former Highest compensated employee	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
		stee	ustee		е	ensated			
(1) Andrew Burwick									
	2.00								
President	0.00	X		X			0	0	0
(2) Kit Hollingshead									
	2.00	.							
Vice President	0.00	X		X			0	0	0
(3) Nia Wassink									
	2.00								
Secretary	0.00	X		X			0	0	0
(4)Brian Seeley									
	2.00	.]]		
Treasurer	0.00	X		X			0	0	0
(5) Amy Helling									
	2.00								
Director	0.00	X					0	0	0
(6) Peggy Jessel									
	2.00	.							
Director	0.00	X					0	0	0
(7) Charlie Kuhn									
	2.00	.						İ	
Director	0.00	X					0	0	0
(8) Natalie Stiffler									
	2.00	.							
Director	0.00	X				-	0	0	0
(9) Jayneanne Tuttle									
	2.00	.					_		
Director	0.00	X					0	0	0
(10)Ed Victor									
	2.00	. [
Director	0.00	X	_				0	0	0
(11) Sandra Weeks									
	2.00				j	i			
Director	0.00	X	- 1				l Ol	0	0

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bc of	x, unl	Pos check ess pe ind a d	rson i	than clis both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) Etan Weiss	2.00									
Director	0.00	x	ļ					0	0	0
(13) Michael Mora	2.00									
Director (14) Chris Nelson	0.00	X						0	0	0
CEO	40.00			x				93,099	0	4,824
1b Sub-total							>	93,099		4,824
c Total from continuation she d Total (add lines 1b and 1c)							>	93,099		4,824
2 Total number of individuals (in reportable compensation from	cluding but not I	imite	d to				bov	e) who received more than	\$100,000 of	
3 Did the organization list any fo	ormer officer, dir	ecto	r, or	trust	ee, l	key e	mpl	oyee, or highest compensa	ited	Yes No
employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization.	nizations greater	thar	\$15	0,00	0? /	f "Ye	s," c	complete Schedule J for su		4 X
individual Did any person listed on line 1 for services rendered to the or	a receive or acc ganization? <i>If "</i> Y	rue (comp	pens	atior	ı tron	n an	iy unrelated organization or		
1 Complete this table for your five	e highest comp	ensa	ted i	nder	end	ent c	ontr	actors that received more	than \$100,000 of	
compensation from the organi Name and	(A) business address	ompe	<u>ensa</u>	tion	or th	ne ca	lenc		In the organization's tax y (B) tion of services	ear. (C) Compensation
						 .				
2 Total number of independent of								se listed above) who	_	
received more than \$100,000	or compensation	ILOU	ii vie	orga	ai IIZ	auon			0	Form 990 (2018)

Form 990 (2018) Attention, Inc.

P	irt V	Statement of Reve Check if Schedule (ntains a	response	or note to any line	in this Part VIII		
					С	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a						
ž our	b	Membership dues	1b						
A, e	С	Fundraising events	1c						
<u>a it</u>	d	Related organizations	1d						
ğΞ	е	Government grants (contributions)	1e		587,781]			
ri S	f	All other contributions, gifts, grants,							
<u> </u>	İ	and similar amounts not included above	1f	1,	224,745				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-	lf:	\$	75,056	harrannanan			
	h	Total. Add lines 1a-1f			<u>,</u>	1,812,526			
Program Service Revenue					Busn. Code				
eve	2a	Program income			623990	416,755	416,755		
S.	b								
ĬΞ	С	· · · · · · · · · · · · · · · · · · ·							
Š	d					<u> </u>			
gran	e	All other presents and decrease							
P.		All other program service rever Total . Add lines 2a-2f			>	416,755			
	3	Investment income (including of				410,733			
	•	and other similar amounts)				16,690	,		16,690
	4	Income from investment of tax	exem	pt bond p	roceeds >	,			
	5	Royalties							
		(i) Real			Personal				
	6a	Gross rents							
	b	Less: rental exps.							
;	С	Rental inc. or (loss)							
	_d	Net rental income or (loss)							
	/a	Gross amount from sales of assets (i) Securities		(ii)	Other				
		other than inventory							
	b	Less: cost or other							
		basis & sales exps.							
		Gain or (loss)	_						
		Net gain or (loss)			<u></u>				
ne	8a	Gross income from fundraising ever	its						
Other Revenue		(not including \$							
Re		of contributions reported on line 1c).	Ï		F20 100				
Jer		See Part IV, line 18	•		532,109 57,975				
8		Less: direct expenses Net income or (loss) from funda-	d aioio	- auanta	•	474,134			474 124
		Gross income from gaming activities		events .		4/4,134			474,134
	Ja	Con Dort IV line 40	_						
	h	Less: direct expenses	. a						
		Net income or (loss) from gami	. ∼≀ ng ac	tivities	>				
		Gross sales of inventory, less		411400					
		returns and allowances	а						
	b	Less: cost of goods sold	b						
		Net income or (loss) from sales	of in	ventory	.				
		Miscellaneous Revenue			Busn. Code				
	11a	Other income			900099	7,852	7,852		
	b								
-	C								
		All other revenue							
	е				🟲	7,852		-	
ı	12	Total revenue. See instruction	9			2,727,957	424.607	1 0	490.824

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns, All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b. (B) Program service (C) Management and (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 109,095 44,304 21,973 42,818 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,390,751 1,137,169 110,554 143,028 Pension plan accruals and contributions (include 12,890 6,555 2,895 3,440 section 401(k) and 403(b) employer contributions) 16,726 Other employee benefits 31,870 14,073 62,669 121,168 61,620 27,215 32,333 Payroll taxes 10 Fees for services (non-employees): Management **b** Legal 22,806 25,625 1,076 1,743 Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 88,727 72,402 6,388 9,937 (A) amount, list line 11g expenses on Schedule O.) 66,934 16,438 90,819 7,447 12 Advertising and promotion Office expenses 50,323 31,731 6,023 12,569 13 20,445 32,350 Information technology 6,050 5,855 14 Royalties 79,217 50,548 25,048 3,621 16 Occupancy 29,037 59,154 26,531 17 3,586 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates _____ 21 2,335 44,517 Depreciation, depletion, and amortization 49,163 2,311 22 43,389 38,703 2,343 2,343 Insurance 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Youth assistance 179,873 179,873 Indirect fundraising 41,159 41,159 b Training costs 38,496 28,333 5,081 C 5,082 1,310 13,099 Donation processing fees 11,789 đ 7,800 7,020 234 546 e All other expenses 2,495,767 1,873,867 266,576 355,324 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720).

P	art)	Balance Sheet							
		Check if Schedule O contains a response or note	to any lin	e in this Part X					
					(A)		(B)		
					Beginning of year		End of year		
	1	Cash—non-interest bearing			372,527	1	238,030		
	2	Savings and temporary cash investments			326,039	2	336,279		
	3	Pledges and grants receivable, net			2,400	3	9,375		
	4	Accounts receivable, net			62,830	4	245,251		
	5	Loans and other receivables from current and former off	ficers, dire	ectors,					
		trustees, key employees, and highest compensated em	ployees.						
						5			
	6	Loans and other receivables from other disqualified pers	re Part II of Schedule L						
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contr	ibuting employers and					
		sponsoring organizations of section 501(c)(9) voluntary							
হ		organizations (see instructions). Complete Part II of Sch	nedule L			6			
Assets	7	Notes and loans receivable, net				. 7			
Ä	8	Inventories for sale or use				8			
	9	Prepaid expenses and deferred charges			10,346	9	91,141		
	10a	Land, buildings, and equipment: cost or	1						
		other basis. Complete Part VI of Schedule D	10a	1,206,621					
	b	Less: accumulated depreciation	10b	596,979	636,650	10c	609,642		
	11	Investments—publicly traded securities			607,476	11	621,900		
	12	Investments—other securities. See Part IV, line 11				12			
	13	Investments—program-related. See Part IV, line 11				13			
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11			72,550	15	74,764		
	16	Total assets. Add lines 1 through 15 (must equal line 34		2,090,818	16	2,226,382			
	17	Accounts payable and accrued expenses		140,999	17	45,911			
	18	Grants payable				18	1		
	19	Deferred revenue	<i></i> .		10,400	19	4,850		
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Complete Part IV o	f Schedu	le D		21			
es	22	Loans and other payables to current and former officers		3,					
Liabilities		trustees, key employees, highest compensated employe							
jä		disqualified persons. Complete Part II of Schedule L \dots				22			
	23	Secured mortgages and notes payable to unrelated third	parties _.			23			
	24	Unsecured notes and loans payable to unrelated third pa	arties			24			
	25	Other liabilities (including federal income tax, payables to							
		parties, and other liabilities not included on lines 17-24).	•						
		of Schedule D			454 000	25	50 501		
	26	Total liabilities. Add lines 17 through 25			151,399	26	50,761		
s i		Organizations that follow SFAS 117 (ASC 958), check	k here 🟲	X and					
JCe.	~-	complete lines 27 through 29, and lines 33 and 34.			1 735 504	 	0 000 501		
alaı	27	Unrestricted net assets		• • • • • • • • • • • • • • • • • • • •	1,735,594		2,083,704		
130	28	Temporarily restricted net assets			203,825		91,917		
Net Assets or Fund Balances	29	Permanently restricted net assets				29			
7		Organizations that do not follow SFAS 117 (ASC 958), cneck	here ► and					
ts c	20	complete lines 30 through 34.							
SSe	30	Capital stock or trust principal, or current funds				30			
ا پر	31	Paid-in or capital surplus, or land, building, or equipment				31			
Ž	32	Retained earnings, endowment, accumulated income, or Total net assets or fund balances			1,939,419	32	2 175 621		
	33 34	Total liabilities and net assets/fund balances			2,090,818		2,175,621 2,226,382		
	34	Total habilities and het assets/fund palances			2,030,010	34	Z,220,382		

Form **990** (2018)

	990 (2018) Attention, Inc.	84-0571145			Pa	ige 12
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	2,	727,	957
2	Total expenses (must equal Part IX, column (A), line 25)		2		495,	
3	Revenue less expenses. Subtract line 2 from line 1		3	- :	232,	190
4	Net assets or fund balances at beginning of year (must equal Part X, line	33, column (A))	4		939,	
5	Net unrealized gains (losses) on investments		5		4,	012
6	Donated services and use of facilities		6			
7	Investment expenses					
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule O)					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (m					
	33, column (B))		10	2,:	175,	621
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any	line in this Part XII	<u></u>			. 🔲
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X	Accrual Other				
	If the organization changed its method of accounting from a prior year or or	checked "Other," explain in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an i	ndependent accountant?		2a	Ш_	X
	If "Yes," check a box below to indicate whether the financial statements for	r the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:					
		d and separate basis				
b	Were the organization's financial statements audited by an independent a	ccountant?		2t	X	
	If "Yes," check a box below to indicate whether the financial statements for					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidate	d and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assu	mes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection	n of an independent accountant?		20	: X	
	If the organization changed either its oversight process or selection process	ss during the tax year, explain in				
	Schedule O.					
3а	As a result of a federal award, was the organization required to undergo a	n audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the o	rganization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any sten	s taken to undergo such audits		31	、	

Form **990** (2018)

SCHEDULE A (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.

OMB No. 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attention, Inc.

► Attach to Form 990 or Form 990-EZ,

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

on. Inspection
Employer identification number

84-0571145

8	ant	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instructio	ns					
Γhe	orga	nization is not	t a private foundation becaus	se it is: (For lines 1 through 12, o	check only	y one box	<u></u>)						
1		A church, co	nvention of churches, or ass	sociation of churches described	in sectio i	n 170(b)(ʻ	1)(A)(i).						
2			,	(A)(ii). (Attach Schedule E (Forn									
3		,	·	ice organization described in sec			•						
4				d in conjunction with a hospital of	described	in sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,					
5		city, and state An organizat		of a college or university owned	or operat	ed by a g	overnmental unit described in	•••••					
		section 170	(b)(1)(A)(iv). (Complete Part	t II.)									
6				governmental unit described in s									
7	X	described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8				170(b)(1)(A)(vi). (Complete Part									
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												
		university:											
10	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												
	r1	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	H				-								
12	Ш			exclusively for the benefit of, to zations described in section 50!									
				hat describes the type of suppor									
	а			erated, supervised, or controlled	-			ng					
				wer to regularly appoint or elect		of the di	rectors or trustees of the						
	b			complete Part IV, Sections A an apervised or controlled in connect		ite eunno	rted organization(s) by having						
	b			rting organization vested in the s			,						
			• ,,	Part IV, Sections A and C.	·								
	C			supporting organization operated structions). You must complete				ith,					
	d			d. A supporting organization ope				• •					
				e organization generally must sa				ess					
		·1		must complete Part IV, Section eived a written determination fro									
	е	functiona	ally integrated, or Type III no	n-functionally integrated support	ing organ	ization.	sa rypen, rypen, rypem						
	f		mber of supported organizati										
	g	Provide the f	ollowing information about the	ne supported organization(s).				<u> </u>					
(e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) is the o	organization	(v) Amount of monetary support (see	(vi) Amount of					
	0,5	janzanon		above (see instructions))		ment?	instructions)	other support (see instructions)					
					Yes	No							
(A)													
(B)													
(C)													
(D)	-												
(E)		·											
ota	el												

Schedule A (Form 990 or 990-EZ) 2018 At:

Part II Support Schedule for C

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			, , ,			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,238,775	716,699	1,205,128	1,656,832	1,812,526	6,629,960
2	Tax revenues levied for the organization'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	1,238,775	716,699	1,205,128	1,656,832	1,812,526	6,629,960
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						6,629,960
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,238,775	716,699	1,205,128	1,656,832	1,812,526	6,629,960
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-2,090	4,351	18,653	6,871	20,702	48,487
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	287,825	190,077	340,120	307,645	481,986	1,607,653
11	Total support. Add lines 7 through 10						8,286,100
12	Gross receipts from related activities, etc.						2,019,932
13	First five years. If the Form 990 is for the	-		•			
S	organization, check this box and stop her				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	· · · · · · · · · · · · · · · · · · ·	
	tion C. Computation of Public Su	 		(0)			
14	Public support percentage for 2018 (line 6			ın (t))			80.01%
15	Public support percentage from 2017 Scho			40 and line 44 is 6	22.4/20/		80.21%
ıva	33 1/3% support test—2018. If the organ box and stop here. The organization quality				os 1/5% or more, c	neck this	► X
b	33 1/3% support test—2017. If the organ	• •			5 is 33 1/3% or m		× 🔼
	this box and stop here . The organization of			nization		•	▶ □
17a	10%-facts-and-circumstances test201			,,,,,,,,,,	ia or 16h and line		🗀
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa organization	acts-and-circumsta	nces" test. The org	ganization qualifies	as a publicly supp	oorted	> [
b	10%-facts-and-circumstances test—201	-					
	15 is 10% or more, and if the organization				-		
							> [
18	Private foundation. If the organization did instructions						> [

Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	tion A. Public Support	quamy arrast t		olow, places a	ompioto i are i			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
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.)							
Sec	tion B. Total Support				I		*****	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	Τ (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							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)		<u> </u>		<u> </u>			
14	First five years. If the Form 990 is for the	_		-				
Sec	organization, check this box and stop her tion C. Computation of Public Su		tage					🕨 🛄
<u> </u>	Public support percentage for 2018 (line 8			nn (f))			5	%
16	Public support percentage from 2017 Sch	edule A. Part III. lii	ne 15 .					
	tion D. Computation of Investme						- 1	
17	Investment income percentage for 2018 (I			B, column (f))		1	7	%
18	Investment income percentage from 2017	Schedule A, Part	III IIma 47				8	%
19a	33 1/3% support tests—2018. If the orga	nization did not ch	eck the box on line	14, and line 15 is	more than 33 1/3	%, and line		
	17 is not more than 33 1/3%, check this be							▶ □
b	33 1/3% support tests—2017. If the orga							
	line 18 is not more than 33 1/3%, check th		_			-		P
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions		▶ ∐

Schedule A (Form 990 or 990-EZ) 2018

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

- 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.
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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<u>Sche</u> d	ule A (Form 990 or 990-EZ) 2018 Attention, Inc.	84-05/1145	Page 5
4	nt IV Supporting Organizations (continued)		
		Y	es No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	, , , , , , , , , , ,		
	below, the governing body of a supported organization?	11a	
	A family member of a person described in (a) above?	11b	
Seaf	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Partition B. Type I Supporting Organizations	<i>VI.</i> 11c	
Seci	ion B. Type I Supporting Organizations		
1	Did the directors trustees or membership of any or more supported experientions have the review to	Ye	es No
ı	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
Sect	ion C. Type II Supporting Organizations		
		Ye	es No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Sect	ion D. All Type III Supporting Organizations		
		Ye	es No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the price	**************************************	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of t		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided	7000000000 1000000	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	900000000000000000000000000000000000000	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI has a supported organization maintained a close and continuous working relationship with the contracted arrangement in (s).	***************************************	
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2	
J	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	
Sect	ion E. Type III Functionally-Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).	
а	The organization satisfied the Activities Test. Complete line 2 below.	,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government	t entity (see instructions).	
2 /	Activities Test. Answer (a) and (b) below.	Ye	es No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	e	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
_	activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e	I	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L

chedule A (Form 990 or 990-EZ) 2018 Attention, Inc.		84-0571	.145 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov. 20, 1	970 (explain in Part VI). \$	See
instructions. All other Type III non-functionally integrated supporting organization	s must compl	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	-	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		_
5 Depreciation and depletion	5		_
6 Portion of operating expenses paid or incurred for production or			_
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			, , , , , , , , , , , , , , , , , , ,
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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	<u>-</u>	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integr		supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

	ule A (Form 990 or 990-EZ) 2018 Attention, Inc.	·	84-0571	145 Page 7
Pai	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported exemplations to accomplish exempt your			
2	Amounts paid to supported organizations to accomplish exempt purp			
2	Amounts paid to perform activity that directly furthers exempt purpose	es oi supported		
3	organizations, in excess of income from activity			
4	Administrative expenses paid to accomplish exempt purposes of sup Amounts paid to acquire exempt-use assets	ported organizations		
5	Qualified set-aside amounts (prior IRS approval required)			
6				
7	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.		<u> </u>	
8		rotlan la reconscius	<u> </u>	
· ·	Distributions to attentive supported organizations to which the organiz (provide details in Part VI). See instructions.	auon is responsive		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Line o amount divided by line a amount	(i)	/BN	/:::\
	Section E - Distribution Allocations (see instructions)	Excess Distributions	(ii) Underdistributions	(iii)
	Geotion E - Distribution Andcations (See Instructions)	Excess Distributions	Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		F16-2010	Athount for 2018
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3_	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
<u>c</u>	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (For	m 990 or 990-EZ) 2018	Attention,	Inc.		84-0571145	Page 8
Part VI	III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V,	Section A, lines 1, 2 art IV, Section C, lin line 1; Part V, Sect	2, 3b, 3c, 4b, 4c e 1; Part IV, Sec ion B, line 1e; P	, 5a, 6, 9a, 9b, 9c, 11a, ction D, lines 2 and 3; P	10; Part II, line 17a or 17b 11b, and 11c; Part IV, Sec art IV, Section E, lines 1c, , 6, and 8; and Part V, Sec estructions.)	ction 2a, 2b,
Part I	I, Line 10 -	Other Incom	e Detail			
Net sp	ecial events		\$	1,588,477		
Miscel	laneous		\$	19,176		
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

2018

Name of the organization

Attention, Inc.

Employer identification number

84-0571145

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note: Only a section 501(c)(7) instructions.	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a dibutions.						
Special Rules							
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
-	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, t answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its						

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Name of the organization Employer identification number Attention, Inc. 84-0571145 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year _____ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? _______ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

|--|

Sche	edule D (Form 990) 2018 Attentic	on, Inc.		84-	-0571145			Pa	age 2
Pa	ırt III — Organizations Maintainiı	ng Collections of	Art, Historical Tr	easures, or Ot	her Similar /	Assets	continu		
3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and other records	, check any of the follo	owing that are a sig	nificant use of i	ts			
а	Public exhibition	d 🗍 L	oan or exchange prog	ırams					
b	Scholarly research	V	Other						
С	Preservation for future generations					•			
4	Provide a description of the organization's	collections and explain	how they further the o	rganization's exem	pt purpose in Pa	art			
	XIII.	•	•	·					
5	During the year, did the organization solicit	or receive donations o	f art, historical treasure	es, or other similar					
	assets to be sold to raise funds rather than						Ye	s	No
Pa	art IV Escrow and Custodial A		<u> </u>						1
2000000000	Complete if the organization	on answered "Yes"	on Form 990, Par	t IV, line 9, or re	eported an a	mount o	n Form	ı	
	990, Part X, line 21.			, ,	•				
1a	Is the organization an agent, trustee, custo	dian or other intermedi	ary for contributions or	other assets not					
	included on Form 990, Part X?						Ye	s	No
b	If "Yes," explain the arrangement in Part XI							-	
							Amoun		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1 <u>f</u>				
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or custo	odial account liabili	ty?		Ye	s	No
	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	planation has been pro	ovided on Part XIII		<u> </u>	<u> </u>		
Pa	irt V Endowment Funds.								
	Complete if the organization	on answered "Yes"	on Form 990, Par	t IV, line 10.					
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Fou	years l	back
	Beginning of year balance	72,550	69,038	63,63	39 6	1,086		65,	022
b	Contributions								
C	Net investment earnings, gains, and								
	losses	2,214	3,512	5,39	99	2,553		_	741
d	Grants or scholarships								
е	Other expenditures for facilities and			•					
	programs							3,	195
f	Administrative expenses								
g	End of year balance	74,764	72,550	69,03	38 6	3,639		61,	086
	Provide the estimated percentage of the cu		(line 1g, column (a)) h	neld as:					
	Board designated or quasi-endowment ▶								
	Permanent endowment ▶%								
С		%							
	The percentages on lines 2a, 2b, and 2c sh								
3a	Are there endowment funds not in the poss	ession of the organizat	ion that are held and a	administered for the	e				
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(li), are the related organi						3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Pa	rt VI Land, Buildings, and Equ								
	Complete if the organization				ee Form 990), <u>P</u> art X	<u>, line 1</u>	<u>0.</u>	<u>-</u>
	Description of property	(a) Cost or other ba	''	1	(c) Accumulated		(d) Book	value	
		(Investment)	(other	·	depreciation				
1a	Land			10,340					340
	Buildings		93	39,893	433,81	LO	5()6, ₍	083
С	Leasehold improvements				4 00 -	-		-	
d	Equipment		22	26,388	163,1	9		3,	219
<u>e</u>	Other								-
rotal	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	x, column (B), line 10d	5. <i>)</i>			60	9,	<u>642</u>

Schedule D (Form 990) 2018 Attention, Inc. 84-0571145 Page 3 Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives _____ (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, (a) Description of liability (b) Book value Federal income taxes (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

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

Sche	dule D (Form 990) 2018 Attention, Inc.		84-0571145	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Fin	ancial Statements With Re	evenue per Return.	
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1:	2a.	
1	Total revenue, gains, and other support per audited financial staten	nents	1	2,731,969
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			··· ·
а	Net unrealized gains (losses) on investments	2a	4,012	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			4,012
3	Subtract line 2e from line 1		3	2,727,957
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par	t I, line 12.)	5	2,727,957
Pŧ	rt XII Reconciliation of Expenses per Audited Fir			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1:	2a	
1	Total expenses and losses per audited financial statements		1	2,495,767
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			2,495,767
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pa	art I, line 18.)	5	2,495,767
	rt XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, line	s 1a and 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line	e
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete t	his part to provide any additional ir	nformation.	
P	art V, Line 4 - Intended Uses for	Endowment Funds		
D	uring 1998, the Organization ente	red into an agree	ement with The	Community
F	oundation serving Boulder County	("The Foundation"). The agreem	ent
e	stablished a designated agency end	dowment fund to b	e known as th	e Judge
Н	orace B. Holmes Attention Homes En	ndowment (the "Fu	ınd") within T	he
F	oundation with the intention that	its net income b	e distributed	at least
aı	nually to the Fund's beneficiary	, Attention Homes	. The Foundat	ion has

been granted variance power permitting the Board of Trustees of the

if, in the sole judgment of the Board, such restriction or condition

Foundation to modify any restriction or condition on the distribution of

funds for any specified charitable purpose or to a specified organization

becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent

Schedule D (i	Form 990) 2018	Attention	, Inc.		84-0571145	Page 5
Part XIII	Supplemer	ntal Information	(continued)			
with o	charitabl	e needs of	the commun	nity served		

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Department of the Treasury Internal Revenue Service

SCHEDULE G (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

Open to Public

Name of the organization Employer identification number Attention, Inc. 84-0571145 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ili) Did fund-(v) Amount paid to (vi) Amount pald to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in control of organization contributions? col. (i) Yes No 1 2 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2018 84-0571145 Attention, Inc. 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 The Gala Sleep Out 3 (add col. (a) through (event type) (total number) col. (c)) 322,150 118,272 1 Gross receipts 91,687 532,109 2 Less: Contributions 3 Gross income (line 1 minus 322,150 118,272 91,687 532,109 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 50,442 3,849 3,684 57,975 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 57,975 11 Net income summary. Subtract line 10 from line 3, column (d) 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 Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue : 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes 6 Volunteer labor 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) 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? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2018	Attention,		84-057114	15	Pag	<u>е</u> 3
11 12	Does the organization conduct gaming Is the organization a grantor, beneficia	activities with nonmen ary or trustee of a trust,	nbers?		Ye	es 🗌	No
	formed to administer charitable gamin	g?			Ye	es 🗌	No
13	Indicate the percentage of gaming act						
а	The organization's facility	•		13a	1		%
b				13b			%
14	Enter the name and address of the pe	rson who prepares the	organization's gaming/spe	cial events books and			
	records:						
	Name ►						
	Address ▶		***************************************				
15a	Does the organization have a contract						1
	revenue?				Ye	es 💹	No
b	If "Yes," enter the amount of gaming re	evenue received by the	organization ► \$	and the			
	amount of gaming revenue retained by			••			
С	If "Yes," enter name and address of th	e tnird party:					
	Name ▶						
	Address ►				,,,,,		
16	Gaming manager information:						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶	•••••					
	Director/officer Em	ployee	ndependent contractor				
17	Mandatory distributions:						
а	Is the organization required under state	e law to make charitabl	e distributions from the ga	ming proceeds to			
	retain the state gaming license?				Y	es 🗍	No
b	Enter the amount of distributions requi	red under state law to b	e distributed to other exe	mpt organizations or			
	spent in the organization's own exemp	t activities during the ta	x year ▶ \$				
Pa				d by Part I, line 2b, columns (iii) and (
	•), 15b, 15c, 16, and	l 17b, as applicable.	Also provide any additional informatio	n.		
	See instructions.						
			• • • • • • • • • • • • • • • • • • • •				
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Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Open To Public Inspection

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

Attention, Inc

Employer identification number 84-0571145

D.	Types of Property	1, 111	<u></u>		84-03/11	
·	Types of Froperty	(-)	(1.)	(c)	4.0	
		(a) Check if	(b) Number of contributions or	Noncash contribution	(d)	_
		applicable	Items contributed	amounts reported on	Method of determining noncash contribution amo	
		applicable	items continuated	Form 990, Part VIII, line 1g	Tioncast continution artic	
1	Art — Works of art					
2	Art — Historical treasures					
3	Art Fractional interests					
4	Books and publications					
5	Clothing and household					
	goods	X		75,056		
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities — Publicly traded					
10	Securities — Closely held stock					
11	Securities — Partnership, LLC,	1				
	or trust interests					
12	Securities — Miscellaneous					
13	Qualified conservation					
	contribution — Historic					
	structures					
14	Qualified conservation	!				
	contribution — Other		<u> </u>			
15	Real estate — Residential					
16	Real estate — Commercial					
17	Real estate — Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts			'		
23	Scientific specimens					
24	Archeological artifacts			"		
25	Other ►(
26	Other ►(-	
27	Other ►(
28	Other ►(
29	Number of Forms 8283 received by	the organiz	zation during the tax yea	for contributions for		
	which the organization completed Fo	_			29	
	-					Yes No
30a	During the year, did the organization	receive by	contribution any proper	ty reported in Part I, lines	1 through	
	28, that it must hold for at least three	years fro	m the date of the initial o	ontribution, and which isn't	required	
	to be used for exempt purposes for t					30a X
b	If "Yes," describe the arrangement in	Part II.				
31	Does the organization have a gift acc		oolicy that requires the re	view of any nonstandard		
				·		31 X
32a	Does the organization hire or use thi	rd parties	or related organizations	o solicit, process, or sell n	oncash	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
		•	_			32a X
b	If "Yes," describe in Part II.					
33	If the organization didn't report an an	nount in co	olumn (c) for a type of pr	operty for which column (a)) is checked.	
5 5	describe in Part II.		namin (o) for a type of pi	sporty for willon column (a	, io dilockou,	
	WOOD IN COUNTY					**************************************

Schedule M (For	m 990) 2018	Attention,	Inc.	84-0571145 Page 5
Part II	Suppler the orga	<mark>nental Informatio</mark> r nization is reporting	ı. Provide ı in Part I,	e the information required by Part I, lines 30b, 32b, and 33, and whether , column (b), the number of contributions, the number of items received, lete this part for any additional information.
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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2018

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization **Employer identification number** Attention, Inc. 84-0571145 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Upon review and approval by the finance committee, the return is provided to the entire board of directors for final approval prior to filing. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Board members are regularly asked if any potential conflicts exist. Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board of Directors Executive Committee conducts an annual evaluation and review of the Executive Director's performance. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing and financial documents are available upon request.