

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.

A For the 2019 calendar year, or tax year beginning **NOV 1, 2019** and ending **OCT 31, 2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return (terminated)
 Amended return
 Application pending

C Name of organization: **MISSOURI HUMANITIES COUNCIL**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **105 N. MAIN 108**
 City or town, state or province, country, and ZIP or foreign postal code: **ST. CHARLES, MO 63301**

D Employer identification number: **43-1103937**

E Telephone number: **314-781-9660**

G Gross receipts \$: **2,260,679.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.MOHUMANITIES.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1971** **M** State of legal domicile: **MO**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENRICH LIVES AND STRENGTHEN COMMUNITIES BY CONNECTING MISSOURIANS WITH THE PEOPLE, PLACES, AND	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 21
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 14
	6 Total number of volunteers (estimate if necessary)	6 20
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 39	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 11c)	Prior Year 1,813,252. Current Year 2,205,224.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,818. 804.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	50,740. 54,651.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,865,810. 2,260,679.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	231,871. 589,502.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	933,177. 938,136.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	130,325.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,050,532. 948,080.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,215,580. 2,475,718.
19 Revenue less expenses. Subtract line 18 from line 12	349,770. 215,039.	
Part Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,765,962. End of Year 1,623,263.
	21 Total liabilities (Part X, line 23)	368,399. 435,453.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,397,563. 1,187,810.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: **WILLIAM BELKO, EXECUTIVE DIRECTOR**
 Date: _____
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **JEANNE DEE** Preparer's signature: _____ Date: _____
 Firm's name: **ANDERS MINKLER HUBER & HELM LLP** Firm's EIN: **43-0831507**
 Firm's address: **800 MARKET STREET, SUITE 500 ST. LOUIS, MO 63101-2501** Phone no. (314) 655-5500

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO ENRICH LIVES AND STRENGTHEN COMMUNITIES BY CONNECTING MISSOURIANS WITH THE PEOPLE, PLACES, AND IDEAS THAT SHAPE OUR SOCIETY. IN ADDITION TO OFFERING COMPETITIVE GRANTS TO MISSOURI-BASED NOT-FOR-PROFIT ORGANIZATIONS, THE COUNCIL'S PROGRAMS ENCOURAGE FAMILY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,228,877. including grants of \$ 589,502.) (Revenue \$ 54,651.) GRANTS: IN FY20, MISSOURI HUMANITIES COUNCIL (MHC) AWARDED \$589,502 IN GRANTS AND SPONSORSHIPS STATEWIDE, SUPPORTING SEVERAL MISSOURI NON-PROFIT ORGANIZATIONS. THE PROJECTS FUNDED BY THESE ANNUAL AWARDS REACH APPROXIMATELY 150,000 INDIVIDUALS EACH YEAR.

FAMILY: MISSOURI HUMANITIES COUNCIL'S FAMILY READING PROGRAM, READ FROM THE START (RFTS), ENCOURAGES PARENTS/CAREGIVERS TO READ TO THEIR YOUNG CHILDREN REGULARLY - HELPING THEM TO FORM EARLY HABITS THAT FOSTER A LIFELONG LOVE OF READING. MHC CONTINUES TO PARTNER WITH ITS ESTABLISHED RURAL AND URBAN HOST SITES, WHILE EXTENDING RFTS TO OTHER COMMUNITIES ACROSS THE STATE, INCLUDING THE MORE UNDER-REPRESENTED RURAL AREAS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,228,877.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 21 numbered questions regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, bond issues, and organizational structure.

Note: All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1099-B, W-2G, and backup withholding.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employment, tax returns, business income, foreign accounts, prohibited transactions, and organizational status.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 9 regarding governing body members, family relationships, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a through 16b regarding local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- 17 I 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-E (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual officer	Key employee	Highest compensated employee	Former				
(1) JOHN M. ROBINSON, III CHAIR	2.00	X	X				0.	0.	0.	
(2) MARCI BENNETT VICE CHAIR	2.00	X	X				0.	0.	0.	
(3) SUZANNE EVENA TREASURER	2.00	X	X				0.	0.	0.	
(4) THOMAS M. BRANDOM DIRECTOR	1.00	X					0.	0.	0.	
(5) ADAM CRIBLEZ DIRECTOR	1.00	X					0.	0.	0.	
(6) BETTY COLEMAN DIRECTOR	1.00	X					0.	0.	0.	
(7) ERICA A. DOERHOFF DIRECTOR	1.00	X					0.	0.	0.	
(8) TRISH ERZFELD DIRECTOR	1.00	X					0.	0.	0.	
(9) LAURA DIERBERG AYERS DIRECTOR	1.00	X					0.	0.	0.	
(10) J. HOWARD FLEK DIRECTOR	1.00	X					0.	0.	0.	
(11) LESLEY HUNT DIRECTOR	1.00	X					0.	0.	0.	
(12) NICHOLAS INMAN DIRECTOR	1.00	X					0.	0.	0.	
(13) CARLA GORDON DIRECTOR	1.00	X					0.	0.	0.	
(14) BETTA MADDEN DIRECTOR	1.00	X					0.	0.	0.	
(15) SIGRID MANESS DIRECTOR	1.00	X					0.	0.	0.	
(16) BLAKE SCHENKER DIRECTOR	1.00	X					0.	0.	0.	
(17) MARVIN SILLIMAN DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Financial officer or trustee	Individual trustee	Officer	Key employee	Highest compensated employee	Former			
{18} DEBORAH TAFFA DIRECTOR	1.00	X						0.	0.	0.
{19} GAY WILSON DIRECTOR	1.00	X						0.	0.	0.
{20} MARILYNN BRADORD DIRECTOR	1.00	X						0.	0.	0.
{21} PETER HOPKERN DIRECTOR	1.00	X						0.	0.	0.
{22} WILLIAM BELKO EXECUTIVE DIRECTOR	40.00			X				92,857.	0.	15,266.
1b Subtotal								92,857.	0.	15,266.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								92,857.	0.	15,266.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	2,119,373.				
	f	All other contributions, gifts, grants, and similar amounts not included above	85,851.				
	g	Noncash contributions included in lines 1a-1f	\$ 20,036.				
	h	Total. Add lines 1a-1f	2,205,224.				
				Business Code			
Program Service Revenue	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	804.			804.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
		b	Less: cost of goods sold	10b			
		c	Net income or (loss) from sales of inventory				
			Business Code				
Miscellaneous Revenue	11 a	OTHER	900099	54,651.	54,651.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	54,651.				
12	Total revenue. See instructions	2,260,679.	54,651.	0.	804.		

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

Do not include amounts reported on lines 8b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	589,502	589,502		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	114,762.	103,286.	11,476.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	636,331.	537,634.	35,554.	63,143.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,663.	34,123.	2,547.	3,993.
9 Other employee benefits	91,060.	76,721.	5,893.	8,446.
10 Payroll taxes	55,320.	46,882.	3,667.	4,771.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,474.	1,280.	64.	130.
c Accounting	18,100.		18,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,403.	2,863.	229.	311.
12 Advertising and promotion	40,344.	36,865.	170.	3,309.
13 Office expenses	84,512.	77,290.	2,209.	5,013.
14 Information technology	33,571.	29,033.	1,952.	2,586.
15 Royalties				
16 Occupancy	86,780.	73,872.	5,817.	7,091.
17 Travel	43,779.	35,245.	6,305.	2,229.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	536.	46.	490.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,441.	4,682.	322.	437.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	191,375.	191,375.		
b SERVICES	159,526.	155,836.	1,534.	2,156.
c PARTNERSHIP PROGRAM	137,931.	136,668.	364.	899.
d HONORARIA	36,910.	36,910.		
e All other expenses	104,398.	58,764.	19,823.	25,811.
25 Total functional expenses. Add lines 1 through 24e	2,475,718.	2,228,877.	116,516.	130,325.
26 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 if following HDP 99-2 (AOL 99-770)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	177,419.	1	272,856.
	2 Savings and temporary cash investments	362,041.	2	263,134.
	3 Pledges and grants receivable, net	996,569.	3	850,313.
	4 Accounts receivable, net	1,185.	4	4,199.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(n)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	87.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	211,517.	11	216,804.
	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	17,144.	15	15,957.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,765,962.	16	1,623,263.	
Liabilities	17 Accounts payable and accrued expenses	148,701.	17	116,824.
	18 Grants payable	219,698.	18	137,596.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	181,033.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	368,399.	26	435,453.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	280,030.	27	331,106.
	28 Net assets with donor restrictions	1,117,533.	28	856,704.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,397,563.	32	1,187,810.	
33 Total liabilities and net assets/fund balances	1,765,962.	33	1,623,263.	

Part 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	2,260,679.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,475,718.
3	Revenue less expenses. Subtract line 2 from line 1	3	-215,039.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,397,563.
5	Net unrealized gains (losses) on investments	5	5,286.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,187,810.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		