			EXTENDED TO AUGUST 17, 202		
	0	00	Return of Organization Exempt From		OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (^{s)} 2018
		of the Treasury enue Service	Do not enter social security numbers on this form as it may be a security number on this form as it may be a security of the security of th		Open to Public Inspection
-			► Go to www.irs.gov/Form990 for instructions and the late ar year, or tax year beginning OCT 1, 2018 and ending	SEP 30, 2019	Inspection
B	Check if	C Name of	organization	D Employer identific	ation number
ء 	applicab — Addre				
	Chang Name Chang		NTUM, INC.	52-13	312495
	Initial			uite E Telephone number	
	Final returr	1120	20TH STREET NW, NO. 520S		509-0465
	termii ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	11,005,790.
	Amer	WASH	INGTON, DC 20036	H(a) Is this a group re	
	Appli tion pendi	F Name a	nd address of principal officer: CHRISTINE SOW		? Yes X No
	-	SAME	AS C ABOVE	H(b) Are all subordinates ind	
		empt status:			list. (see instructions)
			HUMENTUM.ORG X Corporation Trust Association Other ► L Y	H(c) Group exemption	
	art I	Summary		ear of formation: 1977 M	State of legal domicile: DC
	1	-	e the organization's mission or most significant activities: <u>330 INT</u>	L NGOS AND DEV	TELOPMENT &
e	.		COMMUNITY SECTOR EXPERTS WORKING TO AC		
nan	2		x if the organization discontinued its operations or disposed of m		
Governance	3		ing members of the governing body (Part VI, line 1a)		9
		Number of ind	9		
Activities &	5	Total number	5	17	
viti	6	Total number	of volunteers (estimate if necessary)		9
Acti	7 a		d business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, line 38		0.
		O		Prior Year 6,693,379.	<u>Current Year</u> 3,416,992.
ne	8		and grants (Part VIII, line 1h)	5,639,303.	5,583,535.
Revenue	10		ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	212,200.	125,567.
Be	11		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	0.	13,511.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,544,882.	9,139,605.
	13		nilar amounts paid (Part IX, column (A), lines 1·3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
Ś	15	Colorian other	componentian employee herefits (Dort IV, esturns (A) lines 5 10)	4,216,602.	3,681,081.
Expenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)	0.	0.
ad x	. ь	Total fundraisi	ng expenses (Part IX, column (D), line 25) 110,763.		
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	9,205,707.	6,565,541.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,422,309.	10,246,622.
	19	Revenue less	expenses. Subtract line 18 from line 12	-877,427.	-1,107,017.
Assets or A Balances		-		Beginning of Current Year	<u>End of Year</u> 4,671,900.
Asse Rala	20	Total assets (F		5,502,665. 2,214,839.	2,494,765.
Net A	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20	3,287,826.	2,177,135.
	art II	Signature		5,20,,020.	2,2,1,1233.
		-	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of mv	knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which prepa		c , , , , ,
<u>.</u> .		Signature	a of officer	Date	

Sign	Signature of officer	Date		
Here	CHRISTINE SOW, CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check X PTIN
Paid	PATRICK YU, CPA			self-employed P00675982
Preparer	Firm's name BAKER TILLY US, 1	LLP	Firm	'sEIN ▶ 39-0859910
Use Only	Firm's address DONE PENN PLAZA,	SUITE 3000		
	NEW YORK, NY 101	Phor	ne no.212.697.6900	
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No
	A 40 LUA For Departwork Poduction Act Notic	a and the concrete instructions		Earm 990 (2018)

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Form	n 990 (2018) HUMENTUM, INC.	52-1312495 Page 2
Pa	rt 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:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed	on the
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?
U	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program se	ruises as measured by expenses
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio	ns to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a		_) (Revenue \$ 5,583,535.)
	EACH YEAR, HUMENTUM DELIVERS SERVICES TO SUPPORT OP	
	DEVELOPMENT IN THE NGO SECTOR. THESE SERVICES INCLU	
	EVENTS, INCLUDING CONFERENCES, IN-PERSON TRAINING,	
	ELEARNING COURSES THAT ADDRESS TOPICS SUPPORTING CO	
	CAPABILITIES AND BEST PRACTICES FOR NGOS. IN ADDITI	· · · · · · · · · · · · · · · · · · ·
	CONVENES ITS MEMBERS IN PERSON AND THROUGH ONLINE P	
	PRACTICE TO SHARE INSIGHTS, PRACTICAL TOOLS, AND RE	LEVANT RESOURCES.
	THE ORGANIZATION ALSO PROVIDES CONSULTING SERVICES	TO MEMBERS TO
	SUPPORT OPERATIONAL NEEDS UNIQUE TO THE NGO SECTOR.	HUMENTUM
	COLLABORATES WITH PARTNERS AS WELL AS OTHER CONSORT	IA AND ALLIANCES
	SERVING THE GLOBAL HUMANITARIAN AND DEVELOPMENT SEC	TOR TO ADVANCE THE
	OPERATIONAL PRACTICES AND OVERALL OPERATIONAL EXCEL	LENCE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4-		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 8,277,971.	
		= 000 (as (a)

Form	990	(2018)	
	000	(2010)	

Form 990 (2018) HUMENTUM, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			- v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			- v
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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	11c		x
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u		11d		x
<u>م</u>	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	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	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form 990 (2018) HUMENTUM, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on									
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J	23	Х							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the									
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
	Schedule K. If "No," go to line 25a	24a		X						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?									
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease									
	any tax-exempt bonds?	24c								
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d								
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit									
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and									
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete									
	Schedule L, Part I	25b		X						
26	Did the organization report any amount on Part X, line 5, 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,"			1						
	complete Schedule L, Part II	26		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% controlled entity or family member									
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV									
	instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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 thereof) 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 Schedule M	29	Х	<u> </u>						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation									
	contributions? If "Yes," complete Schedule M	30		X						
31	Did the organization liquidate, terminate, or dissolve and cease operations?									
	If "Yes," complete Schedule N, Part I	31		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 Regulations									
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37							
o-	Part V, line 1	34	X							
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х							
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		v						
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v						
~7	If "Yes," complete Schedule R, Part V, line 2	36		X						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v						
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	1						
Pa	Note. All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	Ĺ						
	Check if Schedule O contains a response or note to any line in this Part V									
			V							
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 142		Yes	No						
		1								
u	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b									

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2018) HUMENTUM, INC. 52–1312	495	P	age 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 17		х								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
	Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>							
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 Accounts (FBAR).	_		v							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>x</u> x							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		х							
b	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>							
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch									
7	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х							
		7b									
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10									
U	to file Form 8282?	7c		х							
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
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										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders 11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10									
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.										
D	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 13c										
		14a		x							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 11							
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140									
15	• • • • • • • •	15		х							
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		~>							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х							
	If "Yes," complete Form 4720, Schedule O.										
-											

Form **990** (2018)

Form	990 (2018) HUMENTUM, INC.		312495		age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thro	ugh 7b below, and	for a "No" r	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		I.	•	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	9		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	vith 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				
	of officers, directors, or trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	:s?		37	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 app				37
	more members of the governing body?		<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				v
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			v	
a	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		<u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				x
Sec	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		9		_ <u>A</u>
000	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Code.)		Vac	No
100	Did the organization have local chapters, branches, or affiliates?		10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				- 23
D			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body l	pefore filing the form	······	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		·····	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				
-	in Schedule O how this was done	,	12c	х	
13	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approval l				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization			Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent 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 organiz	ation's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed 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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other <i>(explain ii</i>				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, confl	ict of interest policy	, and financ	ial	
	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 book				
	JOCELYN BOUGHTON, GLOBAL FINANCE DIRECTOR - (202)	09-0465			
	1120 20TH ST, NW, WASHINGTON, DC 20036				

Form 990 (2	2018) HUMENTUM, INC.	52-1312495	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		X
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.

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

(A)	(B)	l	mea	(C		1001	ourc	(D)	(E)	(F)
Name and Title	Average Position						ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		Jer an	uad	recto	r/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper		(112/1000 11100)		and related
	below	idual	Institutional trustee	er	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) RICHARD COLLIER KEYWOOD	2.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(2) SUSAN DORSEY	2.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(3) TAMI WARD-DAHL	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(4) SABA AL MUBASLAT	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(5) HELEN MCEACHERN	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(6) BRUCE WILKINSON	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(7) CHRISTOPHER PIRIE	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) JOYCE TAMALE	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(9) PETER DONALDSON	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(10) THOMAS DENTE	40.00									
CEO/PRESIDENT TO 7/19 & SECRETARY	0.00			Х				244,115.	0.	985.
(11) CHRISTOPHER PROULX	40.00									
INTERIM CEO/SECRET 8/1/19/GLOBAL DIR	0.00				Х			207,390.	0.	20,013.
(12) MICHELLE JONES	40.00									
DIR OPERATIONS & ADMIN TO 1/19	0.00					X		150,532.	0.	33,016.
(13) ELIZABETH SPADER	40.00									
DIRECTOR WORKSHOPS	0.00					Х		148,281.	0.	27,489.
(14) MICHAEL CULLIGAN	40.00									
DIR OF LEARNING SOLUTIONS ARCH.	0.00					X		128,100.	0.	18,537.
(15) TAMMY HETTINGER	40.00									
DIR, MEMBERSHIP ENGAG/DEV TO 4/19	0.00					X		136,679.	0.	21,347.
(16) MARK NILLES	40.00									
PROGRAM DIRECTOR TO 5/19	0.00					X		122,264.	0.	32,490.
(17) MARIE MCNAMEE	40.00									
HR PROGRAM DIRECTOR TO 5/18	0.00						Х	127,372.	0.	8,160.

Form 990 (2018) HUMENTUM									52-13	124	95	Р	age 8				
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		, ,								
(A) Name and title	(B) Average hours per week	Average hours per box			Average hours per box,			verage Constition (do not check more than one box, unless person is both an			an	(D) Reportable compensation from	(E) Reportable compensation from related	n Estir		(F) timate tount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest com pensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om th anizat d relat inizati	ie tion ted				
		-															
		-															
										_							
										_							
										-							
		-															
1b Sub-total	•							1,264,733.			162	2,0	37.				
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0.1,264,733.		0.	16	2 0	<u>0.</u> 37.				
2 Total number of individuals (including but r compensation from the organization ►							o re	•	000 of reportable		101	<u> </u>	<u>970</u>				
												Yes	No				
3 Did the organization list any former officer			,		•			0	. ,			v					
 line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the s 	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3	X v					
 and related organizations greater than \$15 5 Did any person listed on line 1a receive or 	accrue comper	nsati	on fr	om	any	unre	late	ed organization or individ	lual for services		4 5	X	x				
rendered to the organization? <i>If</i> "Yes." con Section B. Independent Contractors	nplete Schedule	<u>e J 1</u>	<u>or sl</u>	icn ț	bers	<u>on .</u>					5		21				
1 Complete this table for your five highest co the organization. Report compensation for										ensati	on fro	m					
(A) Name and business	address							(B) Description of s	ervices	Co	(C omper		'n				
YOUR PART-TIME CONTROLLER STREET, SUITE 1200, PHILE	ADELPHIA	,	PA	1				TEMPORARY ACO SERVICES	COUNTING		14	3,1	85.				
SHANNON MEEHAN, 1238 HILI POMPANO BEACH, FL 33062	LSBORO M	IL 	E	#3	02	'		TRAINING SER	VICES		12	1,0	17.				
KAEPE SOLUTIONS 210 CLINTON AVENUE, 4C, 1	BROOKLYN	,	NY	1	12	05		TRAINING SER	VICES		11'	7,3	23.				
2 Total number of independent contractors (\$100,000 of compensation from the organ	•	ot lir	nitec	d to t	thos 3		ted	above) who received mo	ore than								

orm 990 Part VI		NTUM, INC	•			52-1312	2 495 Page
							_
	Check if Schedule O con	tains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
<u></u> છ 1 a	Federated campaigns	1a					
un b	Membership dues						
and Other Similar Amounts 4 6 4 9 7 7 8	Fundraising events	1c					
b ar	Related organizations						
e <u>Mi</u>	Government grants (contribu	tions) 1e	31,850.				
ۍ ۲	All other contributions, gifts, gra	nts, and					
the	similar amounts not included ab	ove 1f	3,385,142.				
O g	Noncash contributions included in lines	s 1a-1f: \$	2,409,680.				
h an	Total. Add lines 1a-1f			3,416,992.			
			Business Code				
2 a	WORKSHOPS, TRAINING AN	ID ANNUAL CO	833199	3,419,059.	3,419,059.		
a b	MEMBERSHIP		869900	1,897,463.	1,897,463.		
2 a b c d e f	RECRUITMENT SERVICES		561312	138,701.	138,701.		
d e	CONSULTING SERVICES		541618	94,077.	94,077.		
, е	PUBLICATIONS AND SURVE	YS	511120	34,235.	34,235.		
f	All other program service rev	enue					
g	Total. Add lines 2a-2f		►	5,583,535.			
3	Investment income (including						
	other similar amounts)		🕨	49,798.			49,7
4	Income from investment of ta	ax-exempt bond p	oroceeds 🕨 🕨				
5	Royalties		🕨				
		(i) Real	(ii) Personal				
6 a	Gross rents						
b	Less: rental expenses						
с	Rental income or (loss)						
d	Net rental income or (loss)		🕨				
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	1,941,954.					
b	Less: cost or other basis						
	and sales expenses						
с	Gain or (loss)	75,769.					
d	I Net gain or (loss)		►	75,769.			75,7
_ນ 8 a	Gross income from fundraising	ng events (not					
	including \$	of					
anua du b	contributions reported on line	e 1c). See					
	Part IV, line 18	a					
Ě b	Less: direct expenses	b					
c	Net income or (loss) from fun	•	· •				
9 a	Gross income from gaming a						
	Part IV, line 19						
	Less: direct expenses						
	Net income or (loss) from gar		▶				
10 a	Gross sales of inventory, less						
	and allowances						
	Less: cost of goods sold						
c	Net income or (loss) from sal						
	Miscellaneous Reven	le	Business Code	10 511			10 -
	CREDIT CARD REWARDS		900099	13,511.			13,5
b)						
С							
d							
	• Total. Add lines 11a-11d			13,511.		-	
12	Total revenue. See instructions		🕨	9,139,605.	5,583,535.	0	. 139,0 [°]

	Check if Schedule O contains a respon		his Part IX		<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	547,870.	449,324.	98,295.	251.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,482,990.	2,036,370.	445,481.	1,139.
8	Pension plan accruals and contributions (include	1	100 010		- 4
	section 401(k) and 403(b) employer contributions)	155,841.	127,810.	27,960.	<u>71.</u> 128.
9	Other employee benefits	276,907.	227,098.	49,681.	128.
10	Payroll taxes	217,473.	178,356.	39,017.	100.
11	Fees for services (non-employees):				
а	Management	10 015	660	10 200	
b	Legal	18,015.	660.	17,355.	
		43,000.	8,020.	34,980.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	15,207.		15,207.	
f	Investment management fees	15,207.		15,207.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1,438,527.	1,187,031.	233,189.	18,307.
10	column (A) amount, list line 11g expenses on Sch 0.)	1,430,327.	1,107,031.	255,109.	10,507.
12 13	Advertising and promotion	186,863.	10,974.	175,115.	774.
13 14	Office expenses Information technology	2,822,676.	2,563,823.	208,334.	50,519.
15	Royalties	2702270701	2750570251	200,0010	5075151
16	Occupancy	290,366.	1,190.	289,176.	
17	Travel	413,320.	332,549.	78,362.	2,409.
18	Payments of travel or entertainment expenses				_,,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	105,903.	15,058.	90,845.	
23	Insurance				
24	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 0.)				=
а	TRAINING SUPPORT, FACIL	1,140,865.	1,101,394.	38,952.	519.
b	DUES AND OTHER	90,799.	38,314.	15,939.	36,546.
С					
d					
	All other expenses	10 246 622	0 077 071	1 057 000	110 760
25	Total functional expenses. Add lines 1 through 24e	10,246,622.	8,277,971.	1,857,888.	110,763.
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 Fight if following SOP 98-2 (ASC 958-720)				
	Oneux nere P II tollowing SOP 98-2 (ASU 958-720)				- 000 (22.2.2)

HUMENTUM, INC. 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).

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	HUMENTUM,	INC.	
e Sheet			

		Check if Schedule O contains a response or not	e to any li	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			362,094.	1	449,970.
	2	Savings and temporary cash investments	94,098.	2	194,759.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			201,292.	4	773,997.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ted empl	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958(c)(3	B)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ß		employees' beneficiary organizations (see instr).	Complete	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Š	8	Inventories for sale or use				8	
	9	B			687,128.	9	289,021.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		757,025.			
	b	Less: accumulated depreciation	10b	221,727.	626,143.	10c	535,298.
	11	Investments - publicly traded securities			3,531,910.	11	2,360,484.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	68,371.
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		5,502,665.	16	4,671,900.
	17	Accounts payable and accrued expenses			766,029.	17	607,405.
	18	Grants payable				18	
	19	Deferred revenue		681,127.	19	1,165,735.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV of	Schedule D		21	
se	22	Loans and other payables to current and former					
ii ti		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela		Г		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	i 17-24). C	Complete Part X of			
		Schedule D			767,683.	25	721,625.
	26				2,214,839.	26	2,494,765.
		Organizations that follow SFAS 117 (ASC 958		here 🕨 🗴 and			
ses		complete lines 27 through 29, and lines 33 an			2 207 026		0 177 125
anc	27	Unrestricted net assets			3,287,826.	27	2,177,135.
Bal	28	Temporarily restricted net assets				28	
pa	29					29	
Fu		Organizations that do not follow SFAS 117 (A	SC 958),	check here ▶			
Net Assets or Fund Balances		and complete lines 30 through 34.				-	
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ec		Г		31	
Vet	32	Retained earnings, endowment, accumulated in		F	3,287,826.	32	2 177 125
-	33	Total net assets or fund balances		I	5,502,665.	33	2,177,135. 4,671,900.
	34	Total liabilities and net assets/fund balances			5,504,005.	34	Form 990 (2018)

Form 990 (2018) Part X Balance

	<u>990 (2018)</u> HUMENTUM, INC.	52-1	312495	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,139		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,246	5,6	22.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,107	7,0	17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,287		
5	Net unrealized gains (losses) on investments	5	-3	3,6	74.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,177	7,1	<u>35.</u>
Pa	t 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: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2018)

SCI	HED	UL	Ε.	Α
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(Form	990	or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service				 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 					Open to Public Inspection		
Name	e of t	the organizati								identification number	
Par	t I	Reason		<u>NTUM, INC.</u> Charity Status(All organizations must co	omplete th	is part) Se	e instruction		2-1312495	
					For lines 1 through 12, c				5.		
1	iyan				on of churches described			()(A)(i)			
2		-						יለጥለማ			
3		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state	-								
5 [•		or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)	с ,	•	, ,				
6					nental unit described in	section 17	70(b)(1)(A)	(v).			
7	Х				ntial part of its support fi				ne general p	oublic described in	
				omplete Part II.)							
8 [A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9 [An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
_		university:									
10		An organizati	on that norma	lly receives: (1) more	than 33 1/3% of its sup	port from a	contributio	ns, members	hip fees, an	d gross receipts from	
		activities relation	ted to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	rom gross investment	
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	fter June 30, 1975.	
г				mplete Part III.)							
11 [-	-	-	ively to test for public sa	•					
12		-	-		ively for the benefit of, to				-		
			••	•	ed in section 509(a)(1) o					Check the box in	
		-	-	• •	f supporting organizatior		-		-		
а					upervised, or controlled						
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting	
		¬ ~		complete Part IV, Se							
b				-	l or controlled in connect			-		-	
			-		anization vested in the sa	ame perso	ns that co	ntroi or mana	ge the supp	orted	
-		¬ ~		t complete Part IV,		in connoct	tion with	and functions	lly into grata	d with	
С			-		g organization operated). You must complete I				ily integrate	a with,	
d			•	. , .	orting organization oper			-	tod organi-	ration(s)	
u		•••	-	•	zation generally must sat				•	(<i>)</i>	
			-		nplete Part IV, Sections	•				61655	
е		- ·			written determination fro				II Type III		
č	L		•		nally integrated supporti			rype i, rype	n, rype m		
f	Ente	er the number		ranizationa							
			• •	about the supporte							
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other	
		organization	I		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)	
Total											

11

12

13

business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital

assets (Explain in Part VI.)

Total support. Add lines 7 through 10

organization, check this box and stop here

Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

Schedule A (Form 990 or 990-EZ) 2018 H	UMENTUM,	INC.				2495 Pa
Part II Support Schedule for	-		•			
(Complete only if you checke			° °	n failed to qualify u	nder Part III. If the	organization
fails to qualify under the tests	s listed below, plea	se complete Part I	II.)			
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Tota
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	1148295.	1365013.	1695751.	6693379.	3416992.	143194:
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3	1148295.	1365013.	1695751.	6693379.	3416992.	143194:
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)						1 4 2 1 2 4
6 Public support. Subtract line 5 from line 4.						1431943
Section B. Total Support	1					
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Tota
7 Amounts from line 4	1148295.	1365013.	1695751.	6693379.	3416992.	143194.
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,	105 001	110 000	71 547	70 227	40 700	
and income from similar sources	195,001.	118,900.	71,547.	79,337.	49,798.	514,58
9 Net income from unrelated business						
activities, whether or not the						1

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)

15 Public support percentage from 2017 Schedule A, Part II, line 14

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

52-1312495 Page 2

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3416992.14319430.

3416992.14319430.

(f) Total

14319430.

(f) Total

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► X

13,511.

12

14

15

d 170(b)(1)(A)(vi)

Schedule A (Form 990 or 990-EZ) 2	2018 HUMENTUM,	INC
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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.)

Calendar year (or fined year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 of they grants, contributions, and membership teses received. (Do not include any Nursual grants) 's include any Nursual grants's 's include any Nursual grants	Se	ction A. Public Support	,, ,, ,,	,				
are methodical provides from activities pre- formed, or facilities furnishes in any activity that is related to the organization is tax-exempt purpose image it is related to the organization is tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus- iness under services or stallities trade and the services or stallities furnished by a governmental unit to the organization without charge image it is related to the organization without charge 5 Than Value of any activity the services or stallities furnished by a governmental unit to the organization without charge image it is related to the organization without charge 6 Total. Addi ines 1 through 5 image it is related to the organization structure is the services or stallities furnished by a governmental unit to the organization without charge image it is related to the organization without charge 9 Amounts included on lines 1, 2, and 3 received for disqualified persons image it is related to the organization is the services or service to the services or services to the services or services to the services or services to the services or services or stall support image it is related to the organization is the services or services or stall support Callered ryzer (or fiscal year beginning in) 0 divided by services or services or the service or services or services or the services or services or the services or services or services or the services or services or the services or servic	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
Include any "unusual grants.")	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions, performed, or facilities tumbed in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions and the section 513 december of the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 december of the organization's tax-exempt purpose 3 Gross receipts and etches paid to or expended on its behalf 5 The value of services or facilities 1 mouth of the organization's the section 513 december of the organization without charge 6 Total. Additions 1 to 2, and 3 received from disqualified persons 1 december of the organization without charge 6 Total. Additions 1 to 2, and 3 received from disqualified persons 1 december of the organization without charge 6 Total. Additions 1 and 1 december of the organization without charge 6 Total. Additions 1 december of the organization without charge 6 Total. Additions 1 december of the organization without charge 6 Total. Additions 1 december of the organization without charge 6 Total. Additions 1 december of the organization without charge 6 Total. Additions 1 december of the organization without charge 6 Total. Additions 1 december of the organization without charge 6 Total. Addition 1 december of the organization without charge 6 Total. Addition 1 december of the organization without charge 6 Total. Additions 1 december of the organization without charge 6 Total. Support 1 december of the organization without the		membership fees received. (Do not						
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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2018 HUMENTUM, INC.
Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
<u> </u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
с 2	The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a government entity (see insti</i> Activities Test. Answer (a) and (b) below.	ructions,	Yes	No
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the supported organization(s) to which the organization was responsive? If eves, then in Part Vildentity 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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	24		
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	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</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

	(Form 990 or 990-EZ) 2018			
Part V	Type III Non-Function	onally Integrate	d 509(a)(3)	Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b /	Average monthly cash balances	1b		
сF	Fair market value of other non-exempt-use assets	1c		
d 1	Fotal (add lines 1a, 1b, and 1c)	1d		
е[Discount claimed for blockage or other			
f	actors (explain in detail in Part VI):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 8	Subtract line 2 from line 1d	3		
4 (Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
s	see instructions)	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 1	Multiply line 5 by .035	6		
7 F	Recoveries of prior-year distributions	7		
8 1	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3 N	Vinimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	Enter greater of line 2 or line 3	4		
5 I	ncome tax imposed in prior year	5		
	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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 $$ HU	UMENTUM,	INC
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Fa	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		ч <i>т</i>	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	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)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	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:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 HUMENTUM, INC.

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CREDIT CARD REWARDS

2018 AMOUNT: \$ 13,511.

Schedule B

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

Name of the organization

Organization type (check one):

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

Employer identification number

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HUMENTUM, INC	2.	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

HUMENTUM, INC.

Employer identification number

<u>52-1312495</u>

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NETDIMENSIONS C/O LEARNING TECHNOLOGY GROUP 17/F, SIU ON CENTRE, 188 LOCKHART ROAD WAN CHAI, HONG KONG	\$909,432.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ARTICULATE GLOBAL INC 244 5TH AVE STE 2960 NEW YORK, NY 10001	\$200,046.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CEGOS <u>19 RUE REN JACQUES</u> ISSY-LES-MOULINEAUX CEDEX, FRANCE <u>92798</u>	\$ <u>209,757.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
<u>4</u>	Name, address, and ZIP + 4 SKILLSOFT CORPORATION 300 INNOVATIVE WAY, SUITE 201 NASHUA, NH 03062	\$ <u>421,595.</u>	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SPEEXX, DIGITAL PUBLISHING AG TUMBLINGERSTR. MUNICH, GERMANY 32 80337	\$668,850.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CATHOLIC RELIEF SERVICES-LC 228 WEST LEXINGTON ST. BALTIMORE, MD 21201	\$ <u>95,477.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

HUMENTUM, INC.

Employer identification number

52-1312495

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HUMANITARIAN LEADERSHIP ACADEMY 1 ST JOHN'S LANE LONDON, UNITED KINGDOM EC1M 4AR	\$ <u>97,933.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE WORLD BANK GROUP CORPORATE EXPENSE SERVICES DIVISION, 1818 H STREET NW WASHINGTON, DC 20433	\$626,902.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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lame of or	Page Employer identification number			
UMEN	FUM, INC.		52-1312495	
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
1	SOFTWARE LICENSE AND COURSE CONTENT			
		\$909,432	2. 12/31/19	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
2	SOFTWARE LICENSE AND COURSE CONTENT			
		\$200,040	5	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
3	SOFTWARE LICENSE AND COURSE CONTENT			
		\$209,75'	7. 12/31/19	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
4	SOFTWARE LICENSE AND COURSE CONTENT			
		\$421,599	5. 12/31/19	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
5	SOFTWARE LICENSE AND COURSE CONTENT			
		\$668,850	<u>12/31/19</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Page **4**

Name of or	rganization		Employer identification number
HUMEN	TUM, INC.		52-1312495
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	 h) through (e) and the following line ent charitable, etc., contributions of \$1,000 or 	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	Relationship of transferor to transferee
-	Transferee's name, address, a		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

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.



Nam	e of the organization HUMENTUM, INC •		Employer identification number 52-1312495
Pa		Funds or Other Similar Fund	
I U	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	witing that the second hold in denoy advi	 inod fundo
5	Did the organization inform all donors and donor advisors in w	-	
6	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa		anization answord "Voc" on Form 000	Part IV line 7
	-		, Fait IV, line 7.
1	Purpose(s) of conservation easements held by the organization Preservation of land for public use (e.g., recreation or ec		storically important land area
			ertified historic structure
	Protection of natural habitat	Preservation of a ce	enned historic structure
•	Preservation of open space	ad concernation contribution in the form	of a concervation accoment on the last
2	Complete lines 2a through 2d if the organization held a qualified		Held at the End of the Tax Yea
•	day of the tax year. Total number of conservation easements		
a L			
b			
ر ام	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af		
2	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	le organization during the tax
4	year ► Number of states where property subject to conservation ease	mont is located	
- 5	Does the organization have a written policy regarding the period		-
5	violations, and enforcement of the conservation easements it l		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
U			iscivation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	ation easements during the year
•	S		ation casements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17(
U	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
Ũ	include, if applicable, the text of the footnote to the organization		
	conservation easements.		s the organization s accounting for
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi	<i>·</i> · ·	
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		nt and balance sheet works of art. historical
-	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990. Part VIII. line 1	,	▶ \$

b Assets included in Form 990, Part X

► \$

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued). 9 Using the organization accession, and other records, check any of the following that are a significant use of its collection items a Public exhibition d Lan or exchange programs b Check at trat apply. d Loan or exchange programs c Provide acciption of the organization solution or and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solution or cervice donations of art, historical treasures, or other similar assets to be solid to raise funds rainfands 7 Provide acciption of the organization solution or cervice donations of art, historical treasures, or other similar assets to be solid the organization answered "Yes" on Form 900, Part X, line 21. Ta Is the organization an agent, fusitee, custodial or other infermediary for contributions or other assets not included on Form 900, Part X, line 21. for the solution of the solution of the solution of the solution of part and the solution of part and the organization and explain the arrangement in Part XIII check here if the solution of Part XIII to continue the solution of the solution of the solution of the solution of Part XIII 0 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account fability? Yes No 10 Tyes, "explain the arrangement in Part XIIII check here if the expl	Sche	dule D (Form 990) 2018 HUMENTU							12495		ge 2
etecks at thist apply: Debice exhibition General exhibition Control the comparison of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. Provide description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. Part I Encore or the rest in the argument and and the organization is collection? Yes No Part I Encore or the rest in the argument in the argument in the organization is collection? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Interpret in the explain the arrangement in Part XIII and complete the following table: Contributions or other assess not included on form 900, Part X, line 21, for secrew or custodial account liability? Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endor yea	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or	Other S	imilar A	Assets	(continu	ed)	
a Public exhibition d Lean or exchange programs b Scholary research e Other	3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following that	are a signit	ficant use	of its co	ollection it	ems	
b Scholary research e Other 2 Preservation for future generations 4 Provide a description of the organization solic or receive donations of art, historical treasures, or other similar assets to be solid the organization solic or receive donations of art, historical treasures, or other similar assets 2 During the year, did the organization solic or receive donations of art, historical treasures, or other similar assets to solic other 2 Description of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an anount on Form 990, Part X, line 21, line 2		(check all that apply):									
c Prevendant for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No Part IV Excrement AC Statistics No Personal Collections and explain how they further the organization's exempt purpose in Part XIII. 1a Is the organization and part, trustee, custodial arrangements. Complete if the organization or other assets not included on Form 990, Part X, line 21. Is the organization and part, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 24. Intervent intermediary for contributions or other assets not included on Form 990, Part X, line 24. c Beginning balance Intervent intermediary for contributions or custodial account liability? Yes No b If Yes, "explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Image: Part XIII Check here if the explanation has been provided on Part XIII Image: Part XIII Check here if the explanation in the part XIII Check here if the explanation in the part XIII Check here if the explanation in the part XIII Check here if the explanation has been provided on Part XIII Image: Part XIII Check here if the explanation in the part XIII Check here if the explanation in the part XIII Check here if the explanation in the part XIII Check here if the explanation in the part XIII Check here if the explanati	а	Public exhibition	c	l 🗌 Loan or e	xchange progra	ims					
4 Provide a description of the organization's collections and explain how they further the organization's seemet propose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Ves" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 1a Is the organization angent. In Part XIII and complete the following table:	b	Scholarly research	e	• 🗌 Other							
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part M Escrow and Oustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustsec, subsidian or other intermediary for contributions or other assets not included on Form 990, Part XP Is the organization and or other intermediary for contributions or other assets not included on Form 990, Part XP Is the organization and or other intermediary for contributions or other assets not included on Form 990, Part XP Is the organization and or other intermediary for contributions or other assets not included on Form 990, Part XP Is the organization and or other intermediary for contributions or other assets not included on Form 990, Part XP Is the organization and or other intermediary for contributions or other assets not include an amount Is ending balance Is ending balan	с	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete (the organization answered "Yes" on Form 990, Part X, line 10. Is the organization on a set (e) Four years back (d) Three years back (e) Four years back for facilities and programs a Beginning of year balance [a] Current year end balance (line 19, column (a)) held as: Beard designated or quasi-station in the possession of the organization that are held and administered for the organization by: Yes No	4	Provide a description of the organization's co	ollections and explai	n how they further	the organizatio	n's exempt	purpose	in Part 3	KIII.		
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other infermediary for contributions or other assets not included on Form 990, Part X (IIII and complete the following table: Image: Complete IIII and complete the following table: b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	asures, or othe	r similar as	sets		_		
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance 1d d Additions during the year 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. (e) Four years back (d) Three years back (e) Four years back if (d) Three years back if (d) Three years back if (d) Three years back if (e) Four years back if (d) Three years back if (e) Four years back if (d) Three years back if (e) Four years back if (d) Three years back if (e) Four years back if									_		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table:	Par			ete if the organizat	ion answered "	Yes" on Fo	rm 990, F	°art IV, li	ne 9, or		
on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d d Additions during the year 1d d Distributions during the year 1t e Distributions 1th Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance (e) Four years back (e) Four years back if (c) Thre years back if (e) Four years back if (e) Four years back if (e) Thre years back if (e) Four years back if (e) Four years back if (e) Four years back if (e) Thre years back if (e) Four years back if (e) Thre year back if (e) Four years back if (e) Thre years back if (e) Four year balance 0 Conthouc											
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a								-		
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back in the posses i								L	Yes		No
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e Distributions during the year 1e f Ending balance 1f 2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) four years back for an answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) four years back for an answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back for an answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (d) Current year (e) Two years back for an an answered "Yes" on Form 990, Part V (a) Current year 1a Grants or scholarships (d) Grants or scholarships (e) Two years back for an answered "Yes" (ho years back for the estimated percentage of the current year end balance (line 1g, column (a) held as: a Board designated or quasi-endowment \stepsimand for the organization for	С	Beginning balance					1c				
f Ending balance							1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered 'Yes'' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes'' on Form 990, Part V, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions 0 0 0 0 0 0 1a Contributions 0<	е						1e				
b. If 'Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b. Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b. Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c. Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (e) Four years back c. Net investment earnings, gains, and losses (a) Two years back (d) Three years back (e) Four years back c. Net investment earnings, gains, and losses (c) Two years back (d) Two years back (e) Four years back d. Additional controls (a) Control year (c) Two years back (d) Two years back (e) Four years back f. Administrative expenses (f) the expenditures for facilities (f) Two years back (f) Two years back (f) Two years back four years back f. Administrative expenses (f) Four yea	f										
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Control year (c) Two years back (d) Three years back (d) Three years back (d) Three years back Ge that of year balance (f) Two years back (f) Three years back (f)		-				-	• • • • • • • • • • • • • • • • • • • •	L	Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Retrivestion (c) Two years back (d) Three years back (e) Four years back c Grants or scholarships (c) Two years back (d) Three years back (e) Four years back c Text year Contributions (in year) (in year) (in year) (in year) (in year) c Temporarily restricted endowment ▶							<u></u>	<u></u>			
1a Beginning of year balance	Par	Endowment Funds. Complete	<u>т</u>							<u> </u>	
b Contributions			(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three yea	rs back	(e) Four y	ears ba	ack
c Net investment earnings, gains, and losses	1a										
d Grants or scholarships	b										
e Other expenditures for facilities and programs	C.										
and programs											
f Administrative expenses	е										
g End of year balance	-										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a a Are there endowment Imuds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations isted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land											
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations isted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings								l			
b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations			•	e (line 1g, column	(a)) held as:						
c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:				%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization's endowment funds. (iii) Part XIII the intended uses of the organization's endowment funds. (iii) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i)	С										
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or 65, 394.	2-			tion that are hold	and administer	ad far tha a	rachizatia	~~			
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 528,385. 118,419. 409,966. c Leasehold improvements 119,876. 59,938. 59,938. e Other 108,764. 43,370. 65,394.	38		ssion of the organiza	alion that are neid	and administer	ed for the d	rganizatio	ווכ		/00	
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 528 , 385 . 118 , 419 . 409 , 966 . b Buildings 119 , 876 . 59 , 938 . 59 , 938 . e Other 108 , 764 . 43 , 370 . 65 , 394 .		-								<u>es </u>	NU
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 528,385. 118,419. 409,966. c Leasehold improvements 5128,385. 59,938. 59,938. e Other 108,764. 43,370. 65,394.										+	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (c) Accumulated depreciation c Leasehold improvements 528,385. d Equipment 119,876. e Other 108,764.	h	•								+	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	1				•				00		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par		<u>u</u>	which tunus.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land). Part IV. line 11a	See Form 990	Part X, line	e 10.				
basis (investment) basis (other) depreciation 1a Land									(d) Book	value	
1a Land		becomption of property		. , .		• •				raide	
b Buildings 528,385. 118,419. 409,966. c Leasehold improvements 528,385. 118,419. 409,966. d Equipment 119,876. 59,938. 59,938. e Other 108,764. 43,370. 65,394.	1a	Land		,	. ,						
c Leasehold improvements 528,385. 118,419. 409,966. d Equipment 119,876. 59,938. 59,938. e Other 108,764. 43,370. 65,394.											
d Equipment 119,876. 59,938. 59,938. e Other 108,764. 43,370. 65,394.				5	28,385.	11	8,419	.	40.9	,96	6.
e Other											

Schedule D (Form 990) 2018

Part VII	Investments -	- Other Securities.	
	(Form 990) 2018	HUMENTUM,	INC

Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11b. See Form 990, Part X, li	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, li	<u>ne 11c. See Form 990, Part X, li</u>	ne 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Part X, li	ne 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 Part X Other Liabilities.	<u>: 15.)</u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11e or 11f. See Form 990. Pa	art X, line 25.
1. (a) Description of liability		(b) Book value	•
(1) Federal income taxes			
(2) DEFERRED RENT		721,625.	
(3)		,	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	721,625.	
<u> </u>	∠∪., F	, • - • •	

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 X

Sche	dule D (Form 990) 2018 HUMENTUM, INC.			52-	1312495 Page 4
Pa	t XI Reconciliation of Revenue per Audited F	inancial Statements With	Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial	statements		1	9,120,724.
2	Amounts included on line 1 but not on Form 990, Part VIII, lin	ne 12:			
а	Net unrealized gains (losses) on investments	2a	-3,674.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-3,674.
3	Subtract line 2e from line 1			3	9,124,398.
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, lin	e 7b 4a	15,207.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	15,207.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 99	0. Part I. line 12.)		5	9,139,605.
	Total revenue. Add lines 3 and 4c. (This must equal Form 99 t XII Reconciliation of Expenses per Audited	Financial Statements With	Expenses per R		<u>9,139,605.</u> n.
	Total revenue. Add lines 3 and 4c. (This must equal Form 99 t XII Reconciliation of Expenses per Audited Complete if the organization answered "Yes" on Form	Financial Statements With n 990, Part IV, line 12a.	Expenses per R	etur	n.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 99</i> T XII Reconciliation of Expenses per Audited Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements	Financial Statements With n 990, Part IV, line 12a.	Expenses per R		9,139,605. n. 10,231,415.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 99 t XII Reconciliation of Expenses per Audited Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, lin	Financial Statements With n 990, Part IV, line 12a. 	Expenses per R	etur	n.
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 99</i> t XII Reconciliation of Expenses per Audited Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, lin Donated services and use of facilities	Financial Statements With n 990, Part IV, line 12a.	Expenses per R	etur	n.
Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 99</i> t XII Reconciliation of Expenses per Audited Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, lin Donated services and use of facilities Prior year adjustments	Financial Statements With n 990, Part IV, line 12a. e 25: 2a 2b	Expenses per R	etur	n.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 99</i> t XII Reconciliation of Expenses per Audited Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, lin Donated services and use of facilities	Financial Statements With n 990, Part IV, line 12a. e 25: 2a 2b 2c	Expenses per R	etur	n.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 99 TXII Reconciliation of Expenses per Audited Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, lin Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Pinancial Statements With n 990, Part IV, line 12a. e 25: 2a 2b 2c 2d	Expenses per R	etur	n.
Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 99</i> t XII Reconciliation of Expenses per Audited Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, lin Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Za Za 25: 2a 2b 2c 2d 2d	Expenses per R	1 2e	n. <u>10,231,415.</u> 0.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 99 TXII Reconciliation of Expenses per Audited Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, lin Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	Za Za 25: 2a 2b 2c 2d 2d	Expenses per R	1	n.
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 99</i> t XII Reconciliation of Expenses per Audited Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, lin Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Za Za 2b 2c 2d 2d	Expenses per R	1 2e	n. <u>10,231,415.</u> 0.
Pa 1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 99 T XII Reconciliation of Expenses per Audited Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, lin Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on I Investment expenses not included on Form 990, Part VIII, line	Za Za 25: 2a 2b 2c 2c 2d ine 1: 4a	Expenses per R	1 2e	n. <u>10,231,415.</u> 0.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 99 t XII Reconciliation of Expenses per Audited Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, lin Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on I Investment expenses not included on Form 990, Part VIII, lin Other (Describe in Part XIII.)	Za Za e 25: 2a 2b 2c 2d 2d	Expenses per R	1 2e	n. 10,231,415. 0. 10,231,415.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 99 TXII Reconciliation of Expenses per Audited Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, lin Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on I Investment expenses not included on Form 990, Part VIII, lin Other (Describe in Part XIII.)	Financial Statements With n 990, Part IV, line 12a. e 25: 2a 2b 2c 2d ine 1: ie 7b 4a 4b	Expenses per R	etur 1 2e 3 4c	n. <u>10,231,415.</u> <u>0.</u> <u>10,231,415.</u> 15,207.
Pa 1 2 a b c d e 3 4 b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 99</i> T XII Reconciliation of Expenses per Audited Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, lin Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on I Investment expenses not included on Form 990, Part VIII, lin Other (Describe in Part XIII.)	Financial Statements With n 990, Part IV, line 12a. e 25: 2a 2b 2c 2d ine 1: ie 7b 4a 4b	Expenses per R	2e 3	n. 10,231,415. 0. 10,231,415.

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

PART X, LINE 2:

MANAGEMENT HAS EVALUATED HUMENTUM'S TAX POSITIONS AND CONCLUDED THAT IT

HAS NOT TAKEN ANY UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE

CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF FASB

ASC 740.

INC.

(Form 990) 2018	HUMENTUM,
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Name of the organization					Employer identifi	cation number
HUMENTUM, INC.					52-131249	5
Part I General Infor	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
 Form 990, Part I\			1	5		
1 For grantmakers. Does	the organizatior	n maintain recor	ds to substantiate the amount of its gra	ints and other a	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes 🗌 No
-	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outsi	de the
United States.				ll \		
3 Activities per Region. (TI (a) Region	(b) Number of	(c) Number of	an be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) negion	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	independent	gram services, investments, grants to		e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAINING/RE	SOURCES	18,956.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAINING/RE	COUDCEC	20 727
	0	0	FROGRAM SERVICES	IKAINING/ KE	BOOKCES	20,727.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	3	PROGRAM SERVICES	TRAINING/RE	SOURCES	96,806.
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAINING/RE	SOURCES	92,281.
SUB-SAHARAN AFRICA	0	7	PROGRAM SERVICES	TRAINING/RE	SOURCES	393,523.
3 a Subtotal	0	10				622,293.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	10				622,293.

Statement of Activities Outside the United States

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

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

Schedule F (Form 990) 2018

OMB No. 1545-0047

Open to Public

Inspection

8

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

832072 10-31-18

Schedule F (Form 990) 2018 HUMENTUM, INC.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f					1
by the IRS, or for whic 3 Enter total number of			ion 501(c)(3) equivalency letter					

2495

Page 2

Schedule F (Form 990) 2018

52-1312495

Schedule F (Form 990) 2018 HI	JMENTUM, INC			<u>.</u>	52-1312495		Page
Part III Grants and Other Assistance			ates. Complete if			IV, line 16.	
Part III can be duplicated if ad	ditional space is neede		,				1
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 HUMENTUM, INC.	52-1312495	Page 5
Part V Supplemental Information		<u> </u>
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account		
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting metho)
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	nation. See instructions.	
PART I, LINE 2:		
ALL PAYMENTS ARE FOR HOTELS, AIRLINES, MEETING VENUES AND	CATERING, ETC	*
AMOUNTS ALSO INCLUDED ESTIMATED STAFF TIME ALLOCATED TO TH	E VARIOUS	
DEGIONG		
REGIONS.		

SCHEDULE J	Compensation Information	1	OMB No. 154	5-0047
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2018		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	10
Department of the Treasury	Attach to Form 990.	_	Open to P	
nternal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspect	
Name of the organizatio		Employer ic		number
Part I Question	HUMENTUM, INC.	5 <u>7</u> -7	312495	
	s negarating compensation			
1. Chaoli the entrony	ate hav(as) if the averagization required any of the following to av fax a narrow listed on Farm (000	Y	<u>'es No</u>
	ate box(es) if the organization provided any of the following to or for a person listed on Form S	990,		
	line 1a. Complete Part III to provide any relevant information regarding these items.			
First-class or o				
Travel for com				
	ation and gross-up payments Health or social club dues or initiation fees			
Discretionary	spending account Personal services (such as maid, chauffeur	r, chet)		
•	on line 1a are checked, did the organization follow a written policy regarding payment or		41	
	provision of all of the expenses described above? If "No," complete Part III to explain		1b	
	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	_
	ny, of the following the filing organization used to establish the compensation of the organizat			
	ector. Check all that apply. Do not check any boxes for methods used by a related organizatio	n to		
	ation of the CEO/Executive Director, but explain in Part III.			
Compensation				
	compensation consultant Compensation survey or study			
X Form 990 of o	ther organizations Approval by the board or compensation co	ommittee		
4 During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
organization or a re	lated organization:			
	e payment or change-of-control payment?			<u> </u>
	ceive payment from, a supplemental nonqualified retirement plan?			X
	ceive payment from, an equity-based compensation arrangement?		4c	X
If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501()(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatior	ו		
contingent on the r				
a The organization?			. 5a	X
b Any related organiz	ation?		. 5b	X
If "Yes" on line 5a	or 5b, describe in Part III.			
6 For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatior	ı		
contingent on the r	et earnings of:			
a The organization?			. 6a	X
b Any related organiz				X
If "Yes" on line 6a	or 6b, describe in Part III.			
7 For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
not described on li	nes 5 and 6? If "Yes," describe in Part III		. 7	X
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
				X
	id the organization also follow the rebuttable presumption procedure described in			
9 If "Yes" on line 8, d	a the organization also follow the rebuildble prescription procedure described in			

52-1312495

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) THOMAS DENTE	(i)	244,115.	0.	0.	0.	985.	245,100.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTOPHER PROULX ((i)	207,390.	0.	0.	18,000.	2,013.	227,403.	0.
INTERIM CEO/SECRET 8/1/19/GLOBAL DIR	ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHELLE JONES ((i)	150,532.	0.	0.	13,800.	19,216.	183,548.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH SPADER ((i)	148,281.	0.	0.	15,089.	12,400.	175,770.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(5) TAMMY HETTINGER ((i)	136,679.	0.	0.	4,372.	16,975.	158,026.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARK NILLES	(i)	122,264.	0.	0.	18,500.	13,990.	154,754.	0.
PROGRAM DIRECTOR TO 5/19	ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARIE MCNAMEE	(i)	127,372.	0.	0.	4,403.	3,757.	135,532.	0.
HR PROGRAM DIRECTOR TO 5/18	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
(i	ii)							
	(i)							
(i	ii)							
((i)							
(i	ii)							
((i)							
(i	ii)							
((i)							
(i	ii)							
((i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2018 Open to Public Inspection

ior

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Employer identification number
52-1312495

Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 2,409,680.COST 5 (SOFTWARE LICE) Х 25 Other 🕨 26 Other 🕨 () 27 Other ► (Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement _____ 29 0 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) 2018

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



HUMENTUM, INC.

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

HUMENTUM'S MISSION IS TO INSPIRE AND STRENGTHEN OPERATIONAL EXCELLENCE

IN HUMANITARIAN AND DEVELOPMENT WORK GLOBALLY. HUMENTUM BELIEVES THAT

ACHIEVING AND SUSTAINING EXCELLENCE IN CORE OPERATIONAL CAPABILITIES BY

NGOS ALLOWS THESE ORGANIZATIONS TO BETTER DELIVER RESULTS AND IMPACT.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION HAS "INSTITUTIONAL MEMBERS" AND SUCH OTHER MEMBERS AS THE BOARD OF DIRECTORS DEEMS APPROPRIATE. INSTITUTIONAL MEMBERS SHALL CONSIST OF ORGANIZATIONS, NON-GOVERNMENTAL ORGANIZATIONS, AND/OR COOPERATIVES THAT AGREE AND COMPLY WITH THE PURPOSES OF THE CORPORATION. IN ADDITION, THE INSTITUTIONAL ORGANIZATION MUST PAY DUES, AND FULFILL ANY OTHER MEMBERSHIP CRITERIA ESTABLISHED BY THE BOARD OF DIRECTORS. EACH INSTITUTIONAL MEMBER SHALL DESIGNATE AT LEAST ONE INDIVIDUAL AFFILIATED WITH ITS ORGANIZATION TO REPRESENT THE INSTITUTIONAL MEMBER.

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

THE FORM IS REVIEWED BY THE GLOBAL FINANCE DIRECTOR AND THE FINANCE

IRS.

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

 THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED BY THE CHIEF

 EXECUTIVE OFFICER. ALL OF THE BOARD OF DIRECTORS SIGN THE CONFLICT OF

 INTEREST STATEMENT ANNUALLY. THE BOARD MEMBER IS TO DECLARE ANY CONFLICT OF

 INTEREST AND DOES NOT VOTE OR PARTICIPATE IN SUCH A DISCUSSION. IF THE

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

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization HUMENTUM, INC.	Employer identification number 52-1312495
ORGANIZATION BECOMES AWARE OF ANY CONFLIT OF INTEREST, THI	S IS RAISED WITH
THE PERSON DIRECTLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE CHIEF EXECUTIVE OFFICER IS EVALUATED ANNUALLY BY THE B	OARD OF
DIRECTORS. THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS R	EVIEWED AND SET
AT THE BEGINNING OF THE CALENDAR YEAR. STAFF ARE EVALUATED	ANNUALLY AND
SALARIES SET AT THE BEGINNING OF THE FISCAL YEAR. COMPENSA	TION IS MEASURED
BY AN INDEPENDENT CONSULTANT AGAINST SALARIES AT OTHER, SI	MILAR
ORGANIZATIONS SO THAT THE COMPENSATION IS KEPT WITHIN FAIR	MARKET VALUE FOR
THE INDUSTRY.	

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

ALL GOVERNING DOCUMENTS INCLUDING THE CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE KEPT AT HUMENTUM'S OFFICE AND ARE AVAILABLE FOR

INSPECTION DURING NORMAL BUSINESS HOURS UPON REQUEST.

FORM 990, PART VII

CHRIS PROULX WAS INTERIM CEO AND SECRETARY FROM AUGUST 1, 2019 TO

NOVEMBER 17, 2019.

SCHED	ULE R
(Earm C	2001

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

OMB No. 1545-0047 2018

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service Name of the organization

HUMENTUM, INC.

Employer identification number 52-1312495

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

				-	
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
		·····;;			
	-				
	4				
	4				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) (c) (d) (e) (f) (g) (
			501(c)(3))		Yes	No
HUMENTUM UK						
23-38 HYTHE BRIDGE STREET	MANAGEMENT ACCOUNTING FOR		Public charity Direct controlling controlled status (if section entity entity 501(c)(3)) Yes No			
OXFORD, ENGLAND, UNITED KINGDOM	NGOS	UNITED KINGDOM		HUMENTUM	Х	
	-					
	-					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 HUMENTUM, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	· · · · · · · · · · · · · · · · · · ·										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
	1										
											+
	1										
	{										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) b)(13) rolled tity?
		country)		01 (1001)				Yes	No
	1								

Schedule R (Form 990) 2018 HUMENTUM, INC.

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)	<u>1e</u>		Ŧ
Dividends from related organization(s)	1f		
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>	X	
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	<u>1r</u>	x	_
Conter transfer of cash or property from related organization(s)	1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HUMENTUM UK	0	210,397.	Cost
(2) HUMENTUM UK	R	607,043.	соят
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2018 HUMENTUM, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(0)	<u> </u>	C	(d)	1-		(f)	(a)		•	(1)	(i)	(14)			
(a)	(b)	(c)	(d)	(e Are partners 501(c orgs	all	(f)	(g) Share of		ר) החסיי-	(i) Code V URI	(j)	(k)			
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner: 501(c	s sec. ;)(3)	Share of total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin				
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?				
		country)	sections 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes No	·			
				$\left \right $											

Schedule R (Form 990) 2018

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

5471 Information Return of U.S. Persons With Respect to Certain Foreign Corporations					OME	OMB No. 1545-0123				
(Rev. December 2018)	Information furnished for the foreign cornoration's annual accounting period (tay year required by						Attachment			
Department of the Treasury Internal Revenue Service	Information furnished for the foreign corporation's applial accounting period (tay year required by						ience No.	121		
Name of person filing this retu					A Identifying num	ber				
HUMENTUM, INC	_				52-1312	495				
Number, street, and room or suite n		er if mail is not	delivered to street addres	ss)	B Category of filer		tions. Check	applicable	oox(es)):	
1120 20TH STR	EET NW,	NO. 52	205			1 X 2		4 [X]	. ,,	
City or town, state, and ZIP co					C Enter the total p	-	-	-		
WASHINGTON, DO	<u>c 20036</u> OCT 1		,2018 , and en	dina S	you owned at th SEP 30		<u>nnual accour</u> 19	nting period	100	.00 %
D Check box if this is a final		e foreign cor				,•				
E Check if any excepted spec				orm (see	instructions)					
F Person(s) on whose behal	f this information	return is file	d:					(4) Ohaa	l. annliagh l	- h()
(1) Name			(2) Add	dress		(3) Identifyi	ing number	(4) UNEC Shareholder	k applicabl Officer	Director
									0111001	Director
Important: Fill in all ap	nliachta linea an	daabadula	All information	muet h	a in English All analy	mta must h	a atatad in l			
	erwise indicated.		s. All information	must D	e in English. Ali amou	nust D	e stated in t	J.S. 0011ar	5	
1a Name and address of fore HUMENTUM UK	eign corporation						ployer identif) – 0 0 0 0 0		nber, if any	
C/O CRITCHL OXFORD OX12	EP	23-38	8 HYTHE BF	RIDGI	E STREET		erence ID nu J MO 0 1 U I		nstructions)
UNITED KING	DOM						intry under w			d
incorporation	ncipal place of bu		f Principal business activity code number 611000		g Principal business ac DUCATION/TR.	tivity		h Function	al currency	
2 Provide the following info				eriod sta	ted above.				GDOM,	
a Name, address, and ident						b If a U.S.	income tax i	return was	filed, enter:	
						(i) Taxable i	ncome or (lo		J.S. incom (after all cr	
c Name and address of for in country of incorporatio		s statutory or	resident agent		d Name and address person (or persons corporation, and the) with custod	y of the book	s and reco	ds of the f	oreign
Schedule A Stock	of the Fore	an Cor	oration							
						(b) Ni	umber of sha	res issued a	and outstar	Iding
	(a) Descr	iption of eac	h class of stock			(i) Beginr	iing of annua iting period	1	(ii) End of a ccounting	nnual
								0		0
LHA For Paperwork Reduct	ion Act Notice, so SEE STAT			SEE	STATEMENT	2		Form	5471 (Re	v. 12-2018)

HUMENTUM, INC.				52-	1312495
Form 5471 (Rev. 12-2018)					Page 2
Schedule B Shareholders of Foreig					
Part I U.S. Shareholders of Foreign (a) Name, address, and identifying number of shareholder	(b) Des Note	cription of each class of stock held by shareholder. This description should match the corresponding escription entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
HUMENTUM, INC. 1120 20TH STREET NW 520S WASHINGTON DC 20036 52-1312495			2	2	
					-
Part II Direct Shareholders of Fore					
(a) Name, address, and identifying number of shareholder. Also include country of incorporation or formation, if applicable.		(b) Description of each class of stock held Note : This description should match the description entered in Schedule A, c	corresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period

Form **5471** (Rev. 12-2018)

Page 3

HUMENTUM, INC.

Form 5471 (Rev. 12-2018)

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

			Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
	b Returns and allowances			
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold			
	3 Gross profit (subtract line 2 from line 1c)			
e	4 Dividends			
Income	5 Interest		1,799.	2,299.
Ľ	6a Gross rents	6a		
	b Gross royalties and license fees			
	7 Net gain or (loss) on sale of capital assets	7		
	8a Foreign currency transaction gain or loss - unrealized		56,563.	72,270.
	b Foreign currency transaction gain or loss - realized			
	9 Other income (attach statement) SEE STATEMENT 3	9	1,701,322.	2,173,760.
	10 Total income (add lines 3 through 9)		1,759,684.	2,248,329.
	11 Compensation not deducted elsewhere		768,621.	982,059.
	12a Rents		41,827.	53,442.
	b Royalties and license fees			-
S	13 Interest			
tio	14 Depreciation not deducted elsewhere		2,876.	3,675.
Deductions	15 Depletion		-	-
Dec	16 Taxes (exclude income tax expense (benefit))			
	17 Other deductions (attach statement - exclude income tax expense			
	(benefit)) SEE STATEMENT 4	17	1,037,570.	1,325,692.
	18 Total deductions (add lines 11 through 17)	18	1,850,894.	<u>1,325,692</u> . 2,364,868.
	19 Net income or (loss) before unusual or infrequently occurring items, and			
ē	income tax expense (benefit) (subtract line 18 from line 10)	19	-91,210.	-116,539.
Net Income	20 Unusual or infrequently occurring items			
Ĕ	21a Income tax expense (benefit) - current	21a		
Net	b Income tax expense (benefit) - deferred	21b		
_	22 Current year net income or (loss) per books (combine lines 19 through 21b)		-91,210.	-116,539.
	23a Foreign currency translation adjustments		,	- ,
Comprehensive Income	b Other			
Duner Iprehens Income	c Income tax expense (benefit) related to other comprehensive income			
nore D	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less			
õ	line 23c)	24		

Form 5471 (Rev. 12-2018)

Form 5471 (Rev. 12-2018)

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period		(b) End of annual ccounting period
1	Cash	1	293,451	_	55,030.
2a	Trade notes and accounts receivable	2a	487,716		341,660.
b	Less allowance for bad debts	2b) ()
3	Derivatives	3			
4	Inventories	4			
5	Other current assets (attach statement) SEE STATEMENT 5	5	129,192	,	106,357.
6	Loans to shareholders and other related persons	6			
7	Investment in subsidiaries (attach statement)	7			
8	Other investments (attach statement)	8			
9a	Buildings and other depreciable assets	9a	64,544		3,679.
b	Less accumulated depreciation	9b	(-64,544	•) (3,679.)
10a	Depletable assets	10a			
b	Less accumulated depletion	10b) ()
11	Land (net of any amortization)	11			
12	Intangible assets:				
a	Goodwill	12a			
b	Organization costs	12b			
C	Patents, trademarks, and other intangible assets	12c			17,924.
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	() ()
13	Other assets (attach statement)	13			
14		14	1,039,447		520,971.
	Total assets Liabilities and Shareholders' Equity				
15	Accounts payable	15	260,311		212,895.
16	Accounts payable Other current liabilities (attach statement) SEE STATEMENT 6	16	195,704		114,807.
17	Derivatives	17			
18	Loans from shareholders and other related persons	18			
19	Other liabilities (attach statement)	19			
20	Capital stock:				
a	Preferred stock	20a			
b	Common stock	20b			
21	Paid-in or capital surplus (attach reconciliation)	21			
22	Retained earnings	22	454,344		193,269.
23	Less cost of treasury stock	23	() ()
24	Total liabilities and shareholders equity	24	910,359	•	520,971.
Sc	nedule G Other Information				
					Yes No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in partnership?		•		X
~	If "Yes," see the instructions for required statement.				
2	During the tax year, did the foreign corporation own an interest in any trust?				X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as a owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own				
	· · · · · · · · · · · · · · · · · · ·	-	-		
	branch (see instructions)?				
4.	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions	,	an		
4a	During the tax year, did the filer pay or accrue any base erosion payment under section $59A(d)$ to i		•		
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to				
	payment made or accrued to the foreign corporation (see instructions)?				
	If "Yes," complete lines 4b and 4c.			• •	
b	Enter the total amount of the base erosion payments				
C	Enter the total amount of the base erosion tax benefit			▶ \$_	
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the				
	allowed under section 267A?				
	If "Yes," complete line 5b.				
_	Enter the total amount of the disallowed deductions (see instructions)				

UN	IENTUM, INC.	52-1312	495
rm	5471 (Rev. 12-2018)	F	Page 5
Scl	nedule G Other Information (continued)		
		Yes	No
ia	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect		
	to any amounts listed on Schedule M?		X
	If "Yes," complete lines 6b, 6c, and 6d.		
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction		
	eligible income (FDDEI) (see instructions)	\$	
C	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included		
	in its computation of FDDEI (see instructions)	\$	
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in		
	its computation of FDDEI (see instructions)	\$	37
	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		X
•	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?		X
	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that		v
	was in effect before January 5, 2009?		X
	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under		v
	Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?		X
	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars	\$	
	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to		
	determine the price of the platform contribution transaction(s):		
	Comparable uncontrolled transaction method Acquisition price method	bc	
	Market capitalization method Unspecified methods		
	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		v
	section 1.358-6(b)(2))?		X
a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		v
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		X
	If "Yes," go to line 14b.	•	
D	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year	\$	
	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		X
	1.7874-12(a)(9)?		Δ
	If "Yes," see instructions and attach statement.		
	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		v
	section 1.6011-4?		X
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
	During the tax year, due the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
			X
	foreign taxes that were previously suspended under section 909 as no longer suspended? Did you answer "Yes" to any of the questions in the instructions for line 19?		X

Form 5471 (Rev. 12-2018)

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item F on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of	U.S. shareholder Identify	ving number 🕨	
1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corp	poration	
	(see instructions)	1a	
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instruct	ctions) 1b	
C	Other Subpart F income (enter the result from Worksheet A in the instructions)	10	
2	Earnings invested in U.S. property (enter the result from Worksheet B in the instructions)		
3	Previously excluded export trade income withdrawn from investment in export trade assets (en		
	result from Worksheet C in the instructions)		
4	Factoring income		
	See instructions for reporting amounts on lines 1 through 4 on your income tax return.		
5	Dividends received (translated at spot rate on payment date under section 989(b)(1))	5	
6	Exchange gain or (loss) on a distribution of previously taxed income		
• Did an	ny income of the foreign corporation blocked? ny such income become unblocked during the tax year (see section 964(b))? swer to either question is "Yes," attach an explanation.		Yes No

Form **5471** (Rev. 12-2018)

HUMENTUM, I	NC.			52-1312495
FORM 5471	AMOUNT AND TYPE OF CORPORATION TO THE RI IN REGULATIONS SEG	ELATED PERSONS I	DESCRIBED	STATEMENT 1
AMOUNT	DESCRIPTION			
	N/A			
FORM 5471	NAME, ADDRESS, IDENTIF SHARES SUBSCRIBED TO THE STOCK OF THE	O BY EACH SUBSCH	RIBER TO	STATEMENT 2
	NAME AND ADDRESS		IDENTIFYI NUMBER	NG NUMBER OF SHARES
N/A				
FORM 5471	OTHEI	R INCOME		STATEMENT 3
DESCRIPTION		FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
WORKGHODG	TRATING AND ANNUAL CONF	676 022	702662	062 716

DESCRIPTION	CURRENCY	RATE	U.S. DOLLAR
WORKSHOPS, TRAINING AND ANNUAL CONF CONSULTING SERVICES CORPORATE SUPPORT OTHER CONTRIBUTIONS	676,022. 960,629. 27,889. 21,032. 15,750.	.782663 .782663 .782663 .782663 .782663 .782663	863,746. 1,227,385. 35,633. 26,872. 20,124.
TOTAL TO 5471, SCHEDULE C, LINE 9	1,701,322.	-	2,173,760.

FORM 5471 OTHER	DEDUCTIONS		STATEMENT 4
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
TRAINING SUPPORT, FACILITIES AND MA	171,590.	.782663	219,239.
CONSULTANTS AND CONTRACTORS FOR CLI	692,201.	.782663	884,418.
TRAVEL	90,818.	.782663	116,037.
OFFICE EXPENSES	7,452.	.782663	9,521.
TECHNOLOGY SUPPLIES AND SUPPORT	9,247.	.782663	11,815.
DUES AND OTHER	15,644.	.782663	19,988.
CREDIT CARD AND BANK SERVICE CHARGE	4,086.	.782663	5,221.
PROFESSIONAL SERVICES FEES	46,532.	.782663	59,453.
TOTAL TO 5471, SCHEDULE C, LINE 17	1,037,570.		1,325,692.

FORM 5471	OTHER CUI	RENT	ASSETS	3	STATEMENT 5
DESCRIPTION				BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PREPAID EXPENSES AND OT	HER CURRENT AS	SETS		129,192.	106,357.
TOTAL TO 5471, PAGE 4,	SCHEDULE F, LIN	VE 5		129,192.	106,357.
FORM 5471	OTHER CURREN	чт. гт.	ABILITI		STATEMENT 6
DESCRIPTION				BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
DEFERRED REVENUE				195,704.	114,807.
TOTAL TO 5471, PAGE 4,	SCHEDULE F, LII	JE 16		195,704.	114,807.

- -

SCHEDULE H

(Form 5471)
(December 2018)
Department of the Treasury
Internal Revenue Service

Current Earnings and Profits

OMB No. 1545-0123

Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

	of person filing Form 5471 ENTUM,INC •	-	ng number 52-1312495					
	of foreign corporation ENTUM UK		I (if any) 00-0000000			nce ID number (see instr.)		
а	Separate Category (Enter code-see instructions.)						GEN	
b							UK	
IMPO	DRTANT: Enter the amounts on lines 1 through 5c in function	nal _{curren}	cy.					
1	Current year net income or (loss) per foreign books of accoun	ıt				1	-91,210.	
2	Net adjustments made to line 1 to determine current							
	earnings and profits according to U.S. financial and tax							
	accounting standards (see instructions):		Net Additions	Net Subt	ractions			
а	Capital gains or losses	2a						
b	Depreciation and amortization	2 b						
с	Depletion	. 2c						
d	Investment or incentive allowance	2d						
е	Charges to statutory reserves	2e						
f	Inventory adjustments	2f						
g	Income taxes (see Schedule E, Part I, line 9, column (j))	2g						
h	Foreign currency gains or losses	2h		56	,563.			
i	Other (attach statement)	2i						
3	Total net additions	3						
4	Total net subtractions			56	<u>,563.</u>			
5a	Current earnings and profits (line 1 plus line 3 minus line 4)					5a	-147,773.	
b	DASTM gain or (loss) for foreign corporations that use DASTM	И (see inst	ructions)			5b		
с	Combine lines 5a and 5b					5c	-147,773.	
d	Current earnings and profits in U.S. dollars (line 5c translated							
	defined in section 989(b)(3) and the related regulations (see in	structions	5))	<u></u>		5d	-188,808.	
	Enter exc	82663						

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (12-2018)

Foreign Corporation HUMENTUM UK

00 - 0000000

Schedule I Shareholder's Income From Foreign Corporation	
Name of shareholder described in Category 5 HUMENTUM , INC •	Identifying number $52 - 1312495$
Shareholder's income from foreign corporation	
1a Section 964(e)(4) Subpart F dividend income from the sale of stock of lower-tier foreign corporation 1	a
b Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporation	b
c Other Subpart F income	c
2 Earnings invested in U.S. property 2	
3 Previously excluded export trade income withdrawn from investment in export trade assets3	
4 Factoring income 4	
5 Dividends received (translated at spot rate on payment date under section 989(b)(1)) 5	
6 Exchange gain or (loss) on a distribution of previously taxed income 6	

SCHEDULE I-1 (Form 5471)

(December 2018)

Information for Global Intangible Low-Taxed Income

Attach to Form 5471.

Departm Internal F	ent of the Treasury Revenue Service Go to www.irs.gov	/Form54	171 for instruction	ons and	the latest information	tion.		
	of person filing Form 5471 ENTUM,INC.					Identifying number 52-1312495		
	of foreign corporation ENTUM UK		EIN (if a 0 0 – 0 (00	Reference ID HUM001UK	number (see instr.)	
	Separate Category (enter code - see instructions)		GEN		Functional Currency	Conversion Rate	U.S. Dollars	
1	Gross income			1	1703087.			
2	Exclusions							
а	Effectively connected income	2a						
b	Subpart F income	2b						
с	High-tax exception income per section 954(b)(4)	2c						
d	Related party dividends	2d						
е	Foreign oil and gas extraction income	2e						
3	Total exclusions (total of lines 2a-2e)			3				
4	Gross income less total exclusions (line 1 minus lin	ne 3)		4	1703087.			
5	Deductions properly allocable to amount on line 4			5	1850892.			
6	Tested income (loss) (line 4 minus line 5) (see instr	uctions f	or line 6)	6	-147,805.	1.27768	8-115,682.	
	Other Amounts (see instructions)							
7	Tested foreign income taxes			7		1.27768		
8	Qualified business asset investment (QBAI)			8		1.27768	8	
9	Interest expense					1.27768	8	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (12-2018)

(For	IEDULE J m 5471)	Accumulated Earn	•	ration	OMB No. 1545-0123						
Departn	ecember 2018) nent of the Treasury Revenue Service		F	Attach to Form 5471			•••				
_	f person filing Form 5471	► Go t	o www.irs.gov/Form5	4/1 for instructions a	ind the l	latest informa	tion.			Identifvi	ng number
										laonary	
ним	ENTUM, INC.									52-	1312495
	of foreign corporation					EIN (if any)		Referen	ce ID number		
HUM	IENTUM UK					00 - 000	0000		MOOlUK		
-		code - see instructions.)									GEN
		line a, enter the country code for the s							>		UK
		&P of Controlled Foreign Co		,							
	Check the box if person	filing return does not have all U.S. Sha	reholders' information	to complete amount fo	or colum	ns (e)(ii)-(e)(iv) a	and (e)(vii)-(ix) (se	e instri	uctions).		
	rtant: Enter amounts in fu		(a) (b) (d)		(c)	(d)			Taxed I	E&P (see instructions)	
			Post-2017 E&P Not	Post-2017 E&P Not Post-1986 Pre-19			Hovering Def		(i) Earnings In		(ii) Section 965(a)
			Previously Taxed (post-2017 section	(post-1986 and pre-2018 section		ously Taxed 987 section	and Deduction for Suspender				
			959(c)(3) balance)	959(c)(3) balance)		(3) balance)	Taxes		(section 959(c)(1)((section 959(c)(1)(A))
1 a	Balance at beginning of	year (as reported on prior									
				355,598.							
1b	Beginning balance adju	stments (attach statement)									
1c	Adjusted beginning bala	ance (combine lines 1a and 1b)		355,598.							
2a		suspended under anti-splitter rules									
2b	Disallowed deduction for	or taxes suspended under									
			004 005								
3		ficit in E&P)	-204,335.								
4		ributions of previously taxed									
		ign corporation									
<u>5a</u>		recognition transaction									
5b		e as hovering deficit after									
		ion									
6	Other adjustments (atta										
7		nulated E&P (combine lines	-204,335.	355,598.							
8		agation OEO/a)/2) F&D from	-204,333.	222,220.							
o		section 959(c)(2) E&P from									
9											
10	Amounts reclassified to										<u> </u>
.0		&P									
11		arnings invested in U.S. property									
		on 959(c)(1) E&P (see instructions)									
12	Other adjustments (atta										
13 Hovering deficit offset of undistributed											
-	posttransaction E&P (se										
14	1	next year (combine lines 7									
	through 13)		-204,335.	355,598.							

Sche	dule J (Form 5471) (Rev.							
Par	t I Accumulated	E&P of Controlled	I Foreign Corporation	on (continued)				
			(e) Previo	usly Taxed E&P (see inst	tructions)			(f)
	(iii) Section 965(b)(4)(A) (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(vi) Subpart F Income (section 959(c)(2))	(vii) Section 965(a) Inclusion (section 959(c)(2))	(viii) Section 965(b)(4)(A) (section 959(c)(2))	(ix) Section 951A Inclusion (section 959(c)(2))	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(ix))
1a								355,598.
1b								
1c								355,598.
2a								
2b								
3								
4								
5a								
5b								
6								
7								
8								
9								
10								
11								
12								
13								
14								151,263.
Par	t II Nonprevious	ly Taxed E&P Subj	ect to Recapture a	s Subpart F Income	e (section 952(c)(2)			
Enter	amounts in functional cu	irrency.						
1	Balance at beginning of	year					►	
2	Additions (amounts subj							

Schedule J (Form 5471) (Rev. 12-2018)

►

3 Subtractions (amounts recaptured in current year)

4 Balance at end of year (combine lines 1 through 3)

SCHEDULE M (Form 5471)

(Rev. December 2018) Department of the Treasury Internal Revenue Service

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

		ie ie in in in engenne en							
Nai	ne of person filing Form 5471							ldent	ifying number
н	JMENTUM, INC.							52-	1312495
Nai	ne of foreign corporation			EIN (if any)		Refere	nce ID number		
н	JMENTUM UK			00-00000	00	HUM	001UK		
Im	oortant: Complete a separate Schedule	M for each controlled	forei	n corporation Fr	ter the totals fo	r each	type of transactio	on that	t occurred durina
	annual accounting period between th								
do	lars translated from functional currenc	y at the average excha	nge i	rate for the foreigr	corporation's	tax year	. See instruction	s.	
Ent	er the relevant functional currency and the	exchange rate used throu	ghou	t this schedule 🕨	UNITED H	KING	DOM, POUNI	D	.782663
				(C) Any domestic	(d) Any other fo	oreian	(e) 10% or more	U.S.	(f) 10% or more U.S.
	(a) Transactions of	(b) U.S. person filing this return	corp	oration or partnership controlled by	corporation or part	tnership	shareholder of cont foreign corporati		shareholder of any corporation
	foreign corporation	reign corporation U.S. person U.S. person filing this return filing this return		ń	(other than the U person filing this re		controlling the foreign corporation		
1	Sales of stock in trade (inventory)				g			,	
	Sales of tangible property other than								
2									
	stock in trade								
3	Sales of property rights (patents,								
4	trademarks, etc.) Platform contribution transaction payments								
	received								
-	Cost sharing transaction payments received								
6	Compensation received for technical,								
	managerial, engineering, construction,								
	or like services								
7	Commissions received								
	Rents, royalties, and license fees received								
9	Hybrid dividends received (see instr.) \ldots								
10	Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)								
11	Interest received								
	Premiums received for insurance or								
	reinsurance								
13	Add lines 1 through 12								
-	Purchases of stock in trade (inventory)								
	Purchases of tangible property other								
	than stock in trade								
16	Purchases of property rights								
10	(patents, trademarks, etc.)								
17	Platform contribution transaction payments paid								
	Cost sharing transaction payments paid								
	Compensation paid for technical, managerial, engineering, construction, or like services	210,397.							
20	Commissions paid								
	Rents, royalties, and license fees paid								
	Hybrid dividends paid (see instructions)								
	Dividends paid (exclude hybrid dividends paid)								

210,397.

607,043.

26 Add lines 14 through 25

OMB No. 1545-0123

Electronic Filing PDF Attachment

	571	2	International Boycott Report		OMB No. 1545-0216
Form		J			Attachment
(Rev. De	ecember 20	010)	For tax year beginning, 20,	, ,	Sequence No. 123 Paper filers must file in
	ent of the Trea		and ending, 20	·•	duplicate (see When and Where
Name	Revenue Servi	lice	Controlled groups, see instructions.		to File in the instructions) ng number
Numb				laonary	
Number	r, street, and	d room o	r suite no. If a P.O. box, see instructions.		
City or t	town, state,	, and ZIP	code		
Address	s of service	center w	here your tax return is filed		
	of filer (ch	heck or	e):		
] Individu		Partnership Corporation Trust	Estate	Other
1	Individu	uals—E	nter adjusted gross income from your tax return (see instructions)		
2	Partner	rships a	and corporations:		
а	Partners	ships—	Enter each partner's name and identifying number.		
b	Corpora	ations-	Enter the name and employer identification number of each member of t	he control	led group (as defined in
	section	993(a)(3)). Do not list members included in the consolidated return; instead, atta		
			e controlled group not included in the consolidated return.		
			corporations below or if you attach Form 851, you must designate a		
	the han	ne and	employer identification number of the corporation whose tax year is		
			Name	Identii	ying number
	If more	space	s needed, attach additional sheets and check this box		
		•	Code		Description
с	Enter pr	rincipal	business activity code and description (see instructions)		
d	IC-DISC	s—Ente	principal product or service code and description (see instructions)		
3	Partner	rships-	-Each partnership filing Form 5713 must give the following information:		
а	Partners	ship's t	otal assets (see instructions)		
b	Partners	ship's d	ordinary income (see instructions)		
4	Corpora	ations	-Each corporation filing Form 5713 must give the following information:		
а	Type of	form file	ed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.)		
b	Commo	on tax y	ear election (see instructions)		
	• •		prporation ►		
			dentification number		
			x year beginning, 20, and ending		<u>,</u> 20
С	-		ling this form enter:		
			s (see instructions)		
	(2) Тала				
5	Estates	or tru	sts—Enter total income (Form 1041, page 1)		
6			amount (before reduction for boycott participation or cooperation) of the	followina t	ax benefits (see instructions).
a					
b	-		nings of controlled foreign corporations		
c					
d			reign trade income		
е		•	ncome qualifying for the extraterritorial income exclusion		
Plea		Under p	enalties of perjury, I declare that I have examined this report, including accompanying schedu	les and state	ments, and to the best of my
Sign		knowled	Ige and belief, it is true, correct, and complete.		
Here					
			gnature Date	Title	
For Pa	perwork I	Reducti	on Act Notice, see separate instructions. Cat. No. 1	2030E	Form 5713 (Rev. 12-2010)

Form 5	713 (Rev. 12-2010)				Р	Page 2						
7a	7a Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)? Yes											
b	•	a is "Yes," is any foreign cor		ontrolled foreign corporation (as defined in								
С	Do you own any stock of ar	IC-DISC?										
d	Do you claim any foreign ta	x credit?										
е				n (other than a corporation included in this								
	year that ends with or within	your tax year?		rnational boycott at any time during its tax								
f				rson (other than a person included in this								
	that ends with or within you	r tax year?										
g	-			rtable operations under section 999(a)? .		 						
h				section 999(a)?		<u> </u>						
j	Are you excluding extraterri	torial income (defined in section	n 114(e), as ir	as in effect before its repeal)?								
Part	0	elated to a Boycotting Cou				L						
8	•			untry (or with the government, a company,	Yes	No						
•				srael which is on the list maintained by the								
	Secretary of the Treasury un	nder section 999(a)(3)? (See Bo	vcotting Co	untries in the instructions.)								
		•		additional sheets using the exact format and	check							
			 1									
	Name of country	Identifying number of person having operations	O a da	Principal business activity	IC-DI only—	Enter						
	(1)	(2)	Code (3)	Description (4)	product (5							
a												
b												
C												
d												
e												
f												
g												
h												
i												
j												
k												
<u> </u>												
m												
n												
ο												

9 Nonlisted countries boycotting Israel – Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel? If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

	Name of country	Identifying number of	Principal business activity					
	(1)	person having operations (2)	Code (3)	Description (4)	only- produc (
а								
b								
с								
d								
е								
f								
g								
h					Yes	1		
rea If '	ason to know requires p "Yes," complete the fol	articipation in or cooperation with a	n international b eded, attach ac	any other country which you know or have boycott other than the boycott of Israel? dditional sheets using the exact format and	check			
	Name of country	Identifying number of		Principal business activity	IC-E only-)ISCs -Ente		
	(1)	person having operations (2)	Code (3)	Description (4)	produ			
а								
b								
b								
b c								
b c d								
b c d e								
b c d e f								
b c d e f g h		articipate in or cooperate with an	international b	ovcott?	Yes	N		

12 Did you participate in or cooperate with an international boycott?

If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

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Part		R	equests for and	d Acts of Particip	ation in o	r Cooperation With a	an Intern	ational	Req	uests	Agree	ments	
		B	oycott						Yes	No	Yes	No	
13a	Did	you re	eceive requests to e	enter into, or did you	enter into, a	any agreement (see instru	ctions):						
	(1)			ng business directly al of a country to –	/ or indired	tly within a country or v	vith the go	overnment, a					
	 (a) Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country? (b) Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country? 												
		(c)	whole or in part,	of individuals of a pa	articular na	whose ownership or man tionality, race, or religion, duals of a particular nation	or to remo	ove (or refrain					
		(d)			•	lar nationality, race, or re	•						
	(2)			•	-	ment, a company, or a n		• ·					
				ig or insuring produce ate in or cooperate		rrier owned, leased, or o ernational boycott?	perated b	y a person					
b		-	-		• •	of 13a is "Yes," compleand check this box .		•					
	N	lame o	f country	Identifying number of	Prin	cipal business activity	IC-DISCs	Type of coo	peratio	n or pa	rticipat	ion	
			loounay	person receiving the request or having the			only- Enter	Number of req	uests	Number	of agree	f agreements	
		(1)	agreement (2)	Code (3)	Description (4)	product code (5)	Total (6)	Code (7)	то ⁻ (8		Code (9)	

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