PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

A F	or th	e 201	9 calendar year, or tax year begin	nning 07/	01 ,2019 ,	and endi	ng		06/3	30 ,20 ₂₀			
R ch	ook if on	nliaahla	C Name of organization				D	Employer ide	entificati	ion number			
B Check if a			EMBRELLA, INC.										
	Addre chang		Doing Business As					22-2152					
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	5)	Room/suite		Telephone nu					
	Initial	return	101 COLLEGE ROAD EAST			FLR 3	(609) 520	00				
	Termi	nated	City or town, state or province, country, a	and ZIP or foreign postal code									
	Amen return		PRINCETON, NJ 08540				G	Gross receipt	Gross receipts \$,361.		
	Applic pendi		F Name and address of principal officer:	CORINNE LEBAR	.ON		н	(a) Is this a grou subordinates?		or Yes	X No		
			101 COLLEGE ROAD EASTI	FLR 3, PRINCETON	0, NJ 08	3540	н	(b) Are all subordi		led? Yes	No		
1 -	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 52	27	If "No," attac	h a list. (s	ee instructions)			
J	Vebsi	te: 🕨	WWW.EMBRELLA.ORG				н	(c) Group exemp	tion numb	ber >			
K	orm o	of organ	nization: X Corporation Trust	Association Other >		L Year	of formation	n: 1972 M	State of	legal domicile:	NJ		
Pa	rt I	Su	mmary	-				<u>'</u>					
	1	Briefly	y describe the organization's mission o	r most significant activities:	: TO PRO	VIDE AI	OVOCAC	Y AND EN	RICHI	ING			
ė			GRAMS AND SERVICES TO EM										
Governance													
ern	2	Check	k this box	iscontinued its operations	 s or dispose	d of more th	 nan 25% of	f its net assets	 3.				
36			per of voting members of the governing	•	•			1	3		14.		
			per of independent voting members of t						4		14.		
ies			number of individuals employed in cale						5		45.		
Activities &			number of volunteers (estimate if necess						6		47.		
Act			unrelated business revenue from Part V						7a		0		
			nrelated business taxable income from						7b				
		ivet ui	inelated business taxable income from	1 01111 990-1, 11116 34				Prior Year	75	Current Y	ear		
	8	Contri	ibutions and grants (Part VIII line 1h)					4,271,64	0		7,135		
ne	9	Drogr	ibutions and grants (Part VIII, line 1h)		COP	Y FOR		1,2,1,01	0.	1,05	7,133		
Revenue			am service revenue (Part VIII, line 2g)		PUBLIC IN	ISPECTION		6,00		3 (9,226		
Re			tment income (Part VIII, column (A), line				J	0,00	0.		7,220		
			revenue (Part VIII, column (A), lines 5,					4,277,64	• •	4 094	5,361		
-			revenue - add lines 8 through 11 (must					1,216,11			8,811		
			s and similar amounts paid (Part IX, colu		0.		Ι, ΙΙ						
			fits paid to or for members (Part IX, colu		2,091,56		2 17	2,588					
ses			es, other compensation, employee bene					2,091,50	0.	۷,1/2	-, 500		
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	i (A), line 11e)	01 060				0.				
EX			fundraising expenses (Part IX, column (I					074 16	1	0.00	0 1 5 7		
			expenses (Part IX, column (A), lines 11					874,16			8,157		
			expenses. Add lines 13-17 (must equal		5)			4,181,83	_		9,556		
_ s	19	Rever	nue less expenses. Subtract line 18 from	n line 12				95,81			3,195		
Net Assets or Fund Balances								ng of Current Y	_	End of Yea			
sse								1,333,95			$\frac{9,709}{4,000}$		
at A			liabilities (Part X, line 26)					305,93	_		4,880		
			ssets or fund balances. Subtract line 21	from line 20	· · · · · ·	<u></u>		1,028,02	4.	944	4,829		
Pa			gnature Block										
Und	er per . corre	nalties o ct. and	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	is return, including accompa n officer) is based on all inforn	nying schedu nation of whic	lles and state ch preparer h	ements, and las anv knov	I to the best of wledae.	my kno	wledge and b	elief, it is		
	·	ĺ	1 44	Ca				Ĭ					
Sig	n		connec 11. 2"	aurc				12/17/20:	20				
Her			Signature of officer / /					Date					
1161	C		Corinne LeBaron, CEO										
		L .	Type or print name and title	Preparer's signature		Date							
Paid		Print/	Type preparer's name		Check if PTIN								
Prep		MIC:	HAEL PINTABONE	MICHAEL PINTAB	7/2020								
Use		Firm's	s name > WITHUMSMITH+BROW	N, PC			F			27092			
	Jy	Firm's	s address ONE TOWER CENTER BLVD 1	4TH FL EAST BRUNSWICK,	NJ 08816		Р	hone no.	732-8	328-1614			
May	the II	RS dis	cuss this return with the preparer show	n above? (see instructions)) <u></u>		<u></u>	<u> </u>		X Yes	No		
For	Paper	work	Reduction Act Notice, see the separat	e instructions.						Form 99	0 (2019)		

22-2152414

EMBRELLA, INC. Form 990 (2019) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO PROVIDE ADVOCACY AND ENRICHING PROGRAMS AND SERVICES TO EMPOWER FAMILIES AND YOUTH TO THRIVE. 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?..... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 2,869,063. including grants of \$) (Revenue \$ WE PROVIDE SERVICES, SUPPORT AND TRAINING OPPORTUNITIES FOR FOSTER, ADOPTIVE AND KINSHIP FAMILIES, AND OTHERS HAVING THE RESPONSIBILITY FOR AND/OR THE INTEREST IN THE WELL-BEING OF CHILDREN. 4b (Code: 1,118,811. including grants of \$ PROVIDED SCHOLARSHIPS TO FOSTERED AND ADOPTED YOUTH THROUGH THE NJ FOSTER CARE SCHOLARS PROGRAM AND PRIVATE SCHOLARSHIP FUNDS.) (Expenses \$) (Revenue \$ **4c** (Code: including grants of \$ 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ▶ 3,987,874. JSA 9E1020 2.000

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Part	V 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 (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	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	l		37
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		37
	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	4.0		v
4-7	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			v
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		Х
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Λ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		Х
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Λ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	aomosto governinent on rattix, column (A), ine r: ii 165, complete ochedule i, raits rand il	4	1	

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Part	IV Checklist of Required Schedules (continued)			-9
			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	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			37
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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?	051		v
20	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	20		Х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		21
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
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 Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(2019)
9E1030	2.000 4755NW M998 12/17/2020 7:26:12 AM V 19-7.7F	rorm		(2019) AGE
	1.001 1.550 12/1/2020 / 20·12 12/1 v 15/1/1		1.7	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
	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 45		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	_		3.7
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	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).	_		3.5
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u>م</u> ا		
	gifts were not tax deductible?	6b		
	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	7-		Х
	and services provided to the payor?	7a		Λ.
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		Х
	required to file Form 8282?	7с		71
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 11		
	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		Х
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Part VI

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

Sect	ion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14					
iu	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?	2	X			
3	Did the organization delegate control over management duties customarily performed by or under the direct					
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
ı a		7a		X		
h	one or more members of the governing body?					
b		7b		X		
•	stockholders, or persons other than the governing body?	7.5				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:	0-	Х			
а	The governing body?	8a	X	-		
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	-		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v		
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	,	Х		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae		N.		
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?	12b	Χ			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
_	describe in Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13	Х			
14	Did the organization have a written document retention and destruction policy?	14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by					
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_		15a	Х			
a	The organization's CEO, Executive Director, or top management official	15b		X		
b	Other officers or key employees of the organization	.00				
40.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х		
_	with a taxable entity during the year?	Tua				
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	466				
01	organization's exempt status with respect to such arrangements?	16b				
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup rac{ ext{NJ}}{ ext{r}}$,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	(Sec	tion 5	601(c)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,		
	and financial statements available to the public during the tax year.			•		
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s 🕨				

Form **990** (2019)

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

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

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

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

	Check this box if	neither	the organizati	on nor anv	related	organization	compensate	ed anv curre	nt officer.	director, or	trustee.

(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) CORINNE LEBARON	40.00										
CEO	0.			Х				99,162.	0.	18,268.	
(2)MARY GRACE DONDIEGO	5.00										
CHAIR	0.	Х		Х				0.	0.	0.	
(3) DENA BILLUPS	1.00										
MEMBER	0.	Х						0.	0.	0.	
(4) SUE DONDIEGO	5.00										
MEMBER	0.	Х						0.	0.	0.	
(5) MARY SUE DONDIEGO	1.00										
MEMBER	0.	Х						0.	0.	0.	
(6) MARY HALLAHAN	1.00										
MEMBER	0.	Х						0.	0.	0.	
(7) MARIA LONGO	1.00										
TREASURER	0.	X		X				0.	0.	0.	
(8)LISA MACALUSO	1.00										
MEMBER	0.	Х						0.	0.	0.	
(9) MICHAEL MIGUEL	1.00										
MEMBER	0.	X						0.	0.	0.	
(10) GEORGE BLUE	1.00										
VICE CHAIR	0.	X		X				0.	0.	0.	
(11) SANJAY MITTAL	1.00										
MEMBER	0.	X						0.	0.	0.	
(12) COLLEEN OTREMSKY	1.00										
SECRETARY	0.	Х	L	X	L	L	L	0.	0.	0.	
(13) MILLIE SMITH	1.00										
MEMBER	0.	Х	L	L	L	L	L	0.	0.	0.	
(14) DANIELLE ROSEN	1.00										
MEMBER	0.	X						0.	0.	0.	

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JSA

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employ	yees (c	ontinued)	
(A) Name and title	(B) Average hours per week (list any	(do ı box,	not ch	Pos neck ss pe	sition more	than o	ne an	(D) Reportable compensation from	(E) Reporta compensation	able on from	(F) Estima amoun othe	t of
	hours for related organizations below dotted line)	of or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		compens from ti organiza and rela organiza	ne ation ated
15) KIM MCNEAR MEMBER	1.00	Х						0.		0.		0
4.01								99,162.		0.	1 Ω	,268.
1b Sub-total c Total from continuation sheets to Part VII, Se	ection A						>	99,162.		0.		0.
d Total (add lines 1b and 1c)	limited to t		liste				re		\$100,000			,200.
3 Did the organization list any former offic	er, directo	r, or	tru								Ye	s No
 employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sorganization and related organizations graindividual 	sum of repeater than	ortab \$15	ole c 50,0	om 00?	pen	satior <i>"Ye</i> s	n a	nd other compens	sation from le J for	the such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	from	any	un	related organization	on or indivi	dual	5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest com compensation from the organization. Report c year.												
(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) ompensatio	n

(A) Name and business address	(B) Description of services	(C) Compensation
APPLE INC 1 APPLE PARK WAY CUPERTINO, CA 95014	TECHNOLOGY	129,307.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

EMBRELLA, INC. 22-2152414 Form 990 (2019) Page 9

Part VIII Statement of Revenue

Pal	t VIII	Check if Schedule O contains a respon	se or note to an	v line in this Part \	/III		
		Oncok ii Goneddic O Gontains a respon	se of flote to aff	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c	1,822.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations	3,901,815.				
ributior Other S	f g	All other contributions, gifts, grants, and similar amounts not included above • 1f Noncash contributions included in	153,498.				
Cont	h	lines 1a-1f		4,057,135.			
•			Business Code				
Program Service Revenue	2a b						
ogram Reve	d e						
	f g	All other program service revenue		0.			
	3	Investment income (including dividends, other similar amounts)		39,226.			39,226.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	(ii) Personal	0.			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c d	Rental income or (loss) 6c Net rental income or (loss)	•	0.			
	7a	Gross amount from (i) Securities sales of assets	(ii) Other				
evenue	b	other than inventory 7a Less: cost or other basis and sales expenses 7b					
Reve	С	Gain or (loss) 7c					
Other R		Net gain or (loss)	•	0.			
ŏ	8a	events (not including \$ of contributions reported on line					
	b	1c). See Part IV, line 18 8a Less: direct expenses 8b	0.				
	c	Net income or (loss) from fundraising events	▶	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b C	Less: direct expenses		0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	b c	Less: cost of goods sold	0. ▶	0.			
Sno			Business Code				
Miscellaneous Revenue	11a b						
cell; eve	C						
Mis	d	All other revenue		0.			
_	<u>е</u> 12	Total. Add lines 11a-11d		4,096,361.			39,226.
JSA			l.				Form QQ((2010)

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,118,811.	1,118,811.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	_			
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	117,514.	110,420.	2,413.	4,681.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,634,699.	1,526,763.	34,367.	73,569.
	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	269,336.	262,620.	4,686.	2,030.
10	Payroll taxes	151,039.	140,633.	2,638.	7,768.
11	Fees for services (nonemployees):				
a	Management	0.			
	Legal	0.			
c	Accounting	0.			
c	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.	2 226		
1	f Investment management fees	2,236.	2,236.		
Q	Other. (If line 11g amount exceeds 10% of line 25, column	120 756	101 150	20 606	
	(A) amount, list line 11g expenses on Schedule O.)	130,756.	101,150.	29,606.	
	Advertising and promotion	6,000.	6,000.	6 071	1 602
	Office expenses	236,511.	227,957.	6,871.	1,683.
	Information technology	0.			
	Royalties	243,591.	224,199.	17,358.	2,034.
	Occupancy	25,234.	25,214.	20.	2,031.
	Payments of travel or entertainment expenses	23,2311	23,2211	201	
10	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
21	Payments to affiliates	0.	44 - 40		
	Depreciation, depletion, and amortization	11,803.	11,542.	157.	104.
	Insurance	27,078.	25,731.	1,347.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	LOCAL FPA ASSISTANCE	75,007.	74,657.	350.	
•	•	129,941.	129,941.	330.	
~	PROGRAM EXPENSES	149,941.	149,341.		
c					
	All other expenses	4,179,556.	3,987,874.	99,813.	91,869.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	2,2,2,330.	2,20.,0,1.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21,002.
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

_		Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u> .	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,046,484.	1	1,087,931.
	2	Savings and temporary cash investments	125,000.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
⋖	9	Prepaid expenses and deferred charges	55,885.	9	66,992.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 202, 940.	F0 21F		46 510
		Less: accumulated depreciation	58,315.		46,512.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	48,274.	14	48,274.
	15	Other assets. See Part IV, line 11	1,333,958.	15	1,249,709.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	163,491.	16	140,135.
	17	Accounts payable and accrued expenses	142,443.	17 18	152,145.
	18 19	Grants payable	0.	19	0.
	20	Deferred revenue	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.		0.
S	22	Loans and other payables to any current or former officer, director,	-	21	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	12,600.
	24	Unsecured notes and loans payable to unrelated third parties	0.		0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.		0.
	26	Total liabilities. Add lines 17 through 25	305,934.	26	304,880.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	712,324.	27	661,447.
Ä	28	Net assets with donor restrictions	315,700.	28	283,382.
Fun		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	1,028,024.	32	944,829.
<u>z</u>	33	Total liabilities and net assets/fund balances	1,333,958.	33	1,249,709.
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	(2013)				· u	gc • =
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			96,3	
2	Total expenses (must equal Part IX, column (A), line 25)	4 150				
3	Revenue less expenses. Subtract line 2 from line 1	3			83,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,0	28,0	24.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		9	44,8	329.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
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 cor	npiled	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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	n a 📗			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ınt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				37	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b	Х	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

EME	BRE	LLA, INC.					22-21524	14
Pai	rt I	Reason for Public Cha	rity Status (All o	rganizations must o	omplet	e this pa	art.) See instructions	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated f	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ited to its exempt finent income and un on after June 30, 1	unctions - subject to on the subject to one of the subject to subj	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
11		An organization organized	•	•	•		` '` '	1
12		An organization organized	•	•	•			
		of one or more publicly su					, , , ,	. , , ,
		Check the box in lines 12a t	=				•	_
а		Type I. A supporting orga	•	•			• , ,	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	•					
b		Type II. A supporting org	-					· · · · -
		control or management of		=	the sam	e person	is that control or man	age the supported
		organization(s). You must	-					
С		☐ Type III functionally integrated integrated in the property of the prop						ly integrated with,
		$_{_}$ its supported organization		•				
d		Type III non-functionally			•		• • •	• , ,
		that is not functionally into			-		•	d an attentiveness
		_ requirement (see instruct	· ·	=				
е		Check this box if the orga					•••	I, Type III
	_	functionally integrated, or		ionally integrated sup	porting o	organizat	ion.	
Ť		ter the number of supported	-					
g		ovide the following information						())
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,621,416.	3,737,495.	4,121,641.	4,244,240.	4,057,137.	19,781,929.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,621,416.	3,737,495.	4,121,641.	4,244,240.	4,057,137.	19,781,929.
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)						0.
6	Public support. Subtract line 5 from line 4						19,781,929.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3,621,416.	3,737,495.	4,121,641.	4,244,240.	4,057,137.	19,781,929.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,915.	3,001.	5,668.	6,009.	39,226.	58,819.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						19,840,748.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup						99.70%
14	Public support percentage for 2019 (li		•			14	99.70%
15	Public support percentage from 2018					15	
16a	331/3% support test - 2019. If the org	•					
h	box and stop here . The organization quality 331/3% support test - 2018. If the organization	•		•			
D	this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2	-		-			
174	10% or more, and if the organization	_					
	Part VI how the organization meets t			•		•	•
	organization			•	•		
h	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	•	•		•		
	Explain in Part VI how the organization						-
	supported organization				-		
18	Private foundation. If the organization						
	instructions		•				

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ıa	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b						
0							
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	Amounts from line 6	(4) 2010	(2,2010	(0, 2017	(4, 2010	(0, 2010	(1) 10101
9 10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>		<u> </u>		<u> </u>	▶ 🔲
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
15	Public support percentage for 2019 (line 8,	column (f), divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lir			13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
	331/3% support tests - 2019. If the or						
	17 is not more than 331/3%, check thi	-					. —
b	331/3% support tests - 2018. If the orga	· ·	-	•			
~	line 18 is not more than 331/3%, check						
20	Private foundation If the organization of		-	•			

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

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.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	9a		
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fit	9c		
on			
ed			
	10a		
to	10b		
orm		990-F7	7) 2040

Schedule A (Form 990 or 990-EZ) 2019

22-2152414

EMBRELLA, INC.

Schedu	lle A (Form 990 or 990-EZ) 2019		F	Page 5
Part	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		
	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		
Secti	on 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		
Secti	on 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		
Secti	on D. All Type III Supporting Organizations			
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
			Yes	
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <i>Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
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 organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
_ <u>i</u> _	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
<u>а</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
6	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
7	and 4c.			
8	Breakdown of line 7:			
o a	Excess from 2015			
a b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e e	Excess from 2019			
e	LAUGOO HUIH ZUTU			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 8

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

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

Department of the Treasury Internal Revenue Service Name of the organization

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

2019

Employer identification number

EMBRELLA, INC. 22-2152414 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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, 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 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).

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

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

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

Name of organization EMBRELLA, INC.

Employer identification number 22-2152414

Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$, 3,901,815.	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
		\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization EMBRELLA, INC.

Employer identification number 22-2152414

art II	Noncash Property	(see instructions).	. Use duplicate copie	es of Part II if additiona	I space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Name of organization EMBRELLA, INC. Employer identification number 22-2152414

	(10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	e year from any ns completing Party year. (Enter this in	one contributor. Ill, enter the tota formation once.	Complete columns (a) through (e) and I of exclusively religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transf ZIP + 4	-	onship of transferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transf ZIP + 4		onship 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, and ZIP + 4 Relationship of transferor to transf				
				•	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transf ZIP + 4	sfer of gift Relationship of transferor to transferee		

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

EME	RELLA, INC.		22-2152414
Pa	rt I Organizations Maintaining Donor Advised Funds or O	ther Similar Funds of	or Accounts.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 6.	
	(a) Donor	advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held	d in donor advised
	funds are the organization's property, subject to the organization's ex	=	
6	Did the organization inform all grantees, donors, and donor advisor	-	
	only for charitable purposes and not for the benefit of the donor of		
	conferring impermissible private benefit?		Yes No
Pa	rt Conservation Easements.		
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply).	
	Preservation of land for public use (for example, recreation or education	n) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution i	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure i	ncluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7	7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	, extinguished, or term	ninated by the organization during the
	tax year >		
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the perio		-
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing	g conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of vi-	plations, and enforcing of	conservation easements during the year
_	\$		470 (1) (4) (7) (1)
8	Does each conservation easement reported on line 2(d) above satisfy to	•	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ease balance sheet, and include, if applicable, the text of the footnote to t		
	organization's accounting for conservation easements.	ne organization s illian	cial statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historic	al Treasures, or Otho	er Similar Assets
	Complete if the organization answered "Yes" on Form 9		
 1а			ue statement and halance sheet works
	If the organization elected, as permitted under FASB ASC 958, no of art, historical treasures, or other similar assets held for public	exhibition, education	, or research in furtherance of public
_	service, provide in Part XIII the text of the footnote to its financial sta		
b	If the organization elected, as permitted under FASB ASC 958, to art, historical treasures, or other similar assets held for public exhil provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 rela		
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	<u> </u>	▶ \$

Schedule D (Form 990) 2019

Page 2 Schedule D (Form 990) 2019

Pa	rt Organizations Maintaini	ng Collections	of Art, Histo	rical Tre	asures,	or Other	Similar Assets (continued)	
3	Using the organization's acquisition	n, accession, an	d other reco	ds, check	k any of t	he follow	ring that make sigi	nificant use	of its
	collection items (check all that app	ly):		_					
а	Public exhibition		d	Loan	or exchan	ge prograi	m		
b	Scholarly research		е	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collection	ons and expl	ain how t	they furth	er the or	ganization's exemp	t purpose i	n Part
	XIII.								
5	During the year, did the organization						_		
	assets to be sold to raise funds rath		intained as pa	rt of the	organizatio	on's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	•	'Yes" on For	m 990, F	Part IV, lir	ie 9, or r	eported an amou	nt on Form	
1a	Is the organization an agent, truste	e, custodian or c	ther intermed	liary for c	ontribution	ns or othe	r assets not		
	included on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and co	mplete the fo	llowing tab	ole:				
							Amount		
С	Beginning balance					С			
d	Additions during the year					d			
е	Distributions during the year					е			
f	Ending balance							1	
	Did the organization include an am							Yes	_ No
	If "Yes," explain the arrangement i	n Part XIII. Check	nere if the e	xpianation	nas been	provided	on Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation answered '	'Yes" on For	m 99∩ F	Part I\/ lin	ne 10			
	Complete if the organiza	(a) Current year	(b) Pric		(c) Two y		(d) Three years back	(e) Four year	re back
				n year	(6) 1110)	Jaio Daok	(u) Tillee years back	(e) i oui yeai	- Dack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
_	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g 2	End of year balance Provide the estimated percentage	of the current ve	or and halana	o (lino 1a	column (a)) hold oc			
a	Board designated or quasi-endown			e (iiile 19,	coluititi (a	ij) Helu as	•		
	Permanent endowment ▶	%							
	Term endowment ▶	%							
	The percentages on lines 2a, 2b, a	and 2c should equ	al 100%.						
3a	Are there endowment funds not in	the possession o	f the organiza	ation that	are held a	and admir	nistered for the		
	organization by:							Yes	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	J	•					3b	
4	Describe in Part XIII the intended u		ization's endo	wment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	Jipment. ation answered	"Yes" on Fo	rm 990 I	Part IV Iii	ne 11a S	See Form 990 Pa	art X line 1	0
	Description of property	(a) Cos	t or other basis		or other basis			Book value	
	Land	,	vestment)	(0	ther)	depr	eciation		
1a	Land								
b	Buildings								
C	Leasehold improvements				82,925		64,173.	10	752.
d	Equipment			1	20,925		92,255.		760.
	Other		orm 990 Part				92,255.		512.

22-2152414

EMBRELLA, INC. Schedule D (Form 990) 2019

Schedule D (Form 990) 2019			Page 3
Part VII Investments - Other Securities. Complete if the organization ans	swered "Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, I	line 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.,) >		
Part VIII Investments - Program Related.			
	swered "Yes" on Form 990	Part IV, line 11c. See Form 990, Part X, I	line 13
(a) Description of investment	(b) Book value	(c) Method of valuation:	10.
	(b) Book value	Cost or end-of-year market value	
_(1)			
(2)			
_(3)			
(4)			
(5)			
<u>(6)</u>			
_(7)			
_(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.,). ▶		
Part IX Other Assets.			
Complete if the organization ans	swered "Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, I	line 15.
	(a) Description	(b) Bo	ook value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, co	ol (B) line 15)	•	
Part X Other Liabilities. Complete if the organization ans		Part IV, line 11e or 11f. See Form 990, P	art X,
line 25.		T=	
	Description of liability	(b) Bo	ook value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I.	ine 25.)		
2. Liability for uncertain tax positions. In Part XIII. prov	ride the text of the footnote to the	e organization's financial statements that reports	the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2019 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,320,005. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 225,880. 2c c Recoveries of prior year grants............ Other (Describe in Part XIII.) 225,880. 2e 4,094,125. 3 3 Amounts included on Form 990. Part VIII. line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b **b** Other (Describe in Part XIII.) 2,236. 4c 4,096,361. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,403,200. 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 225,880. 2a 2b 2c c Other losses...... Other (Describe in Part XIII.) 225,880. 2e 4,177,320. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 2.236 a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 2,236. 4,179,556. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). . . . Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. SEE PAGE 5

Schedule D (Form 990) 2019 EMBRELLA, INC. 22-2152414 Page **5**

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART IX, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION HAS BEEN MADE FOR INCOME TAXES WITHIN THE STATEMENTS OF ACTIVITES AND CHANEGS IN NET ASSETS. THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS. IN ADDITION, THE ORGANIZATION HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS PRESENTED IN THESE FINANCIAL STATEMENTS.

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Open to Public

Inspection

Name of the organization **Employer identification number** EMBRELLA, INC. 22-2152414 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	307.	1,118,811.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART IV

SCHOLARSHIP AWARDS ARE BASED ON A STUDENT'S OUT OF HOME PAID PLACEMENT

HISTORY. THE NJFC SCHOLARS (TUITION WAIVER AND ETV) RECIEPENTS ARE

APPROVED BY DCF. THE PRIVATE SCHOLARSHIP RECEIPENTS ARE SELECTED BY THE

DONORS.

Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization EMBRELLA, INC.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

22-2152414

FORM 990, PART VI, LINE 11

THE ORGANIZATION PROVIDES FORM 990 TO THE FULL BOARD AND IT IS APPROVED BY VOTE.

FORM 990, PART VI, LINE 12C

THE ORGANIZATION OBTAINS WRITTEN DOCUMENTATION FROM ALL BOARD MEMBERS
ABOUT POSSIBLE CONFLICTS OF INTEREST ANNUALLY.

FORM 990 PART VI, LINE 15A

ALL INCREASES OF THE EXECUTIVE DIRECTOR ARE DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD, IN CONJUNCTION WITH, THE GOVERNANCE COMMITTEE.

FORM 990, PART VI, LINE 19

THE 990 IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, LINE 2

MARY GRACE DONDIEGO, SUE DONDIEGO, AND MARY SUE DONDIEGO HAVE A FAMILY

RELATIONSHIP.

ATTACHMENT 1

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION

BEGINNING
BOOK VALUE

BOOK VALUE

PREPAID INSURANCE

55,885.

9,342.

PREPAID EXPENSES

TOTALS

55,885.

66,992.