Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax section 501(c), 527, or 4947(a)(1) of the Internal Boundary State of the Internal Boundary State

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Open to Public , Inspection

_	_	nue Service	Oto to www.as.gov/Formssoc2 for instructions and the latest information	la		
_			ar year, or tax year beginning , 2018, and ending C Name of organization		, 20	
	Check If ap	•	Employer id	entification number		
=	Address o	•	42-1331888			
$\overline{}$	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	Telephone n	umber	
	initial retu Final ceter	m m/terminated	PO Box 9	71	2 382-2341	
_	Amended		City or town, state or province, country, and ZIP or foreign postal code	Group Exe	mption	
=		n pending	Hamburg, IA United States 51640	Number I	•	
G	Account	ting Method:		neck ▶ 🔲	f the organization is not	
	Vebsite	-			ach Schedule B	
J T	ах-ехеп	not status (che		-	0-EZ, or 990-PF),	
			· ☑ Corporation ☐ Trust ☐ Association ☐ Other	•		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets		
			500,000 or more, file Form 990 instead of Form 990-EZ		•	
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in		for Port I	
	arcı					
	T		the organization used Schedule O to respond to any question in this Part I.		<u> </u>	
	1		ons, gifts, grants, and similar amounts received	. 1		
	2	_	ervice revenue including government fees and contracts	· 2	0	
	3		ip dues and assessments	. 3	0	
	4	Investment		. 4	0	
_	5a		unt from sale of assets other than inventory 5a		•	
67.72	b		or other basis and sales expenses		,	
Į.	C	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5c</u>	0	
3	6	Gaming an				
귝 _	a		ome from gaming (attach Schedule G if greater than			
ڲٙڎ		\$15,000) .				
カルト Curry Connewed	Ь	Gross inco	me from fundraising events (not including \$of contributions			
<u>.</u>	ì	from fundr	alsing events reported on line 1) (attach Schedule G if the			
۲Ţ.		sum of suc	th gross income and contributions exceeds \$15,000) 6b		•	
7	C	Less: direc	t expenses from gaming and fundraising events 6c			
7	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	act	•	
Ć	i	line 6c) .		. 6d	0	
į	7a	Gross sale	s of inventory, less returns and allowances		<u>_</u>	
1	Ь		of goods sold			
	c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	0	
	8		nue (describe in Schedule O)	. 8	<u> </u>	
	9		· · · · · · · · · · · · · · · · · · ·	▶ 9		
_	10	Grants and	similar amounts paid (list in Schedule O)	. 10		
•	11	Benefite no	aid to or for members	11	- 0	
	1	Dononto po	that companies and ampleuse bandits	. 12		
<u> </u>	13		al fees and other payments to independent contractors . DEC .1 9 2019 :	. 13	0	
Expense	14		y, rent, utilities, and maintenance	. 14		
·X	15		h Handland and a half-half-handland	. 15	0	
_			Orden Ulai	. 16		
	16		enses (describe in Schedule O)	<u>→ 10</u>	0	
_	17		onses. Add lines 10 through 16		0	
Ş	18		(deficit) for the year (Subtract line 17 from line 9)	. 18		
88	19		or fund balances at beginning of year (from line 27, column (A)) (must agree v			
₹		•	r figure reported on prior year's return)	· 19	21,099	
Net Assets	20		iges in net assets or fund balances (explain in Schedule O)	. 20	0	
	21		or fund balances at end of year. Combine lines 18 through 20	▶ 21	21,099	
For	Paper	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 106421		Form 990-EZ (2018)	



	990-EZ (2							Page 2
Pa	rt II	Balance Sheets (see th						
		Check if the organization	used Schedule	O to respond to a	ny question in this			
00	Ok					(A) Beginning of year	-	(B) End of year ,
22 23		n, savings, and investments				<u> </u>	22	21,099
23 24		l and buildings					23	
24 25		er assets (describe in Sched I l assets					25	
26		il liabilities (describe in Sch					26	21,099
20 27		assets or fund balances (li	•				27	
	t III	Statement of Program				Part IIN	2"	21,099
	`	Check if the organization					ılı	Expenses
Vha	t is the	organization's primary exer						pulred for section
		•	· · ·					(c)(3) and 501(c)(4) anizations; optional for
		e organization's program s id by expenses. In a clear					othe	
pers	ons ber	nefited, and other relevant in	nformation for ea	ich program title.	b solvidos pievide	o, are number of		•
		zations in Hamburg, IA from					<u> </u>	
					40 90 90 A A A A A A A A A A A A A A A A	, , , , , , , , , , , , , , , , , , ,		
						, p. 10 20 20 20 20 20 20 20 20 20 20 20 20 20	ļ	1
	(Grants	s\$) If this amount	includes foreign gra	ants, check here	> 🗆	28a	ni d
29								
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	
							-	
	(Grants	s \$) If this amount	includes foreign gra	ants, check here	▶ □	29a	ı o
30	-							
							Ι.	

	(Grant:	s \$) If this amount	includes foreign gra	ants, check here	▶ □	30a	
31		program services (describe	in Schedule O)				30a	
	Other (Grants	program services (describe s \$	in Schedule O)) If this amount	includes foreign gra	ants, check here	▶□	30a 31a	
32	Other (Grants Total	program services (describe s \$ program service expenses	in Schedule O)) If this amount s (add lines 28a t	includes foreign gra hrough 31a)	ants, check here		31a	
32	Other (Grants	program services (describe s \$ program service expenses List of Officers, Directors, 7	in Schedule O)) If this amount s (add lines 28a t Trustees, and Key	includes foreign gra hrough 31a)	ants, check here	npensated—see the	31a	
32	Other (Grants Total	program services (describe s \$ program service expenses	in Schedule O)) If this amount s (add lines 28a t Trustees, and Key	includes foreign gra hrough 31a)	ants, check here h one even if not cor	npensated—see the	31a 32 instru	
32	Other (Grants Total	program services (describe s \$ program service expenses List of Officers, Directors, T Check if the organization	in Schedule O)) If this amount s (add lines 28a t Trustees, and Key	includes foreign gra hrough 31a) . Employees (list eac O to respond to a	nnts, check here h one even if not con ny question in this (c) Reportable compensation	npensated—see the is Part IV	31a 32 instruc	ctions for Part IV)
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	- ! 4		age o
- arc	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		v .	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No.
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or Indirect, as described in the Instructions ▶ 37a	~		
b	Did the organization file Form 1120-POL for this year?	37b		\
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	• •	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved '. 38b			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
. Ь	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			·
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Melinda Gilbert Telephone no. ▶	712 38	2-2341	<u> </u>
	Located at ► 1020 Main St, Hamburg, IA ZIP + 4 ► .	510	40.	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country	,		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Ļ
	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42 c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► <u> </u>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	105	No.
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		¥.
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
. b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ, See instructions	45b		_ ✓

Form 98	90-EZ (2018) .						P	age '
40	. Did the organization engage, directly or i	ndirectly in nelticel		hoholf of a	r in opposi	tion —	Yes	No
46	to candidates for public office? If "Yes,"				r in opposi	. 46		
Part		s Only		-	mplete th		or line	es ·
	Check if the organization used So	hedule O to respond	to any question in	this Part VI	<u> </u>	<u></u>		
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) election	on in effect	during the		Yes	No
48	is the organization a school as described in			Schedule F	• • •	47		*
49a	Did the organization make any transfers	, , , , , , ,	-			. 49a		7
ь	if "Yes," was the related organization a s					. 49b		
50	Complete this table for the organization's							d key
	employees) who each received more than	T			benefits,	e, emter ⁻r	ione."	
•	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions	to employee and deferred	(e) Estimate other con		
				ļ				
							· 	
		+						
f 51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp	. ▶ensated independent one, enter "None."	contractors	who each	received	more	thar
	(a) Name and business address of each indepen	dent contractor	(b) Type of ser	vice	(c) Compensati	on	•
				·	_			
			-	· .	<u></u>			
	Total number of other independent contr	actors each receiving	over \$100,000					
52	Did the organization complete Sched completed Schedule A	_			nust attacl	ha. .▶∐ Yes		No
	penalties of perjury, I declare that I have examined this rrect, and complete. Declaration of preparer (other tha					nowledge and	bellef,	it is
	Meluda St	eller				2-19		$\overline{}$
Sign Here	Manual Chiese W 11 State Chiese			Dat	• 			
	Type or print name and title	Preparer's signature		ate	T	. PTIN	·	<u> </u>

Print/Type preparer's name

Firm's address >

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Paid

Preparer Use Only

▶ ☐ Yes ☐ No

Check If self-amployed

Fim's EIN ▶

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(5) organization or a section 4947(a)(1) nonexempt charitable trust.

> Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer Identification number

Da	Bassan for Dublic Cha	-th. Chatres /All			40 4bio -	ort \ Coo inch- catic		
Par							ons.	
ine c	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
2	_		•			• •	•	
3	A hospital or a cooperative ho						## F-116-	
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oral desc	inded in a	section 170(b)(1)(A)	(iil). Enter the	
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in	
6.	☐ A federal, state, or local gover	nment or govern	mental unit described	in secti e	on 170(b)	(1)(A)(v).		
7	An organization that normally			port from	n a gover	nmental unit or fron	the general public	
	described in section 170(b)(1	(A)(vi). (Complet	te Part II.)					
8	A community trust described	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	☐ An agricultural research organ	ization described	d in section 170(b)(1)	(A)(Ix) op	erated in	conjunction with a l	and-grant college	
	or university or a non-land-gra university:	int college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or	
10	☐ An organization that normally	receives: (1) mor	e than 331/3% of its si	ipport fro	m contri	butions, membershi	p fees, and gross	
	receipts from activities related support from gross investmen	to its exempt ful	nctions—subject to c	ertain exc	ceptions,	and (2) no more tha	n 331/3% of its '	
	acquired by the organization a						DU311105505	
11	☐ An organization organized and	•	•		•	•		
12	☐ An organization organized and	•		-			TV out the purposes	
	of one or more publicly supp	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).	
	Check the box in lines 12a thro							
a	Type I. A supporting organ	nization operated	l. supervised, or contr	olled by i	ts suppo	rted organization(s).	typically by giving	
_	the supported organization							
	supporting organization. Y	• •			-			
b	☐ Type II. A supporting orga	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having	
_	control or management of							
	organization(s). You must				•		•	
C	Type III functionally integrits supported organization	r ated. A support (s) (see instructio	ting organization oper	rated in c lete Part	onnection	n with, and functions ions A, D, and E.	ally integrated with,	
· · d							orted organization(s)	
	that is not functionally inte							
	requirement (see instruction							
е	☐ Check this box if the organ	ization received	a written determination	on from ti	he IRS th	at it is a Type I. Type	a II. Type III	
7	functionally integrated, or						., .,po	
f	Enter the number of supported							
g	Control of the Control of the control of	-	orted organization(s).					
	(i) Name of supported organization	(II) EIN				(v) Amount of monetary		
			(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see- instructions)	
			anna (see menornomen				ii isa dodorisj	
				Yes	No			
(A)					İ			
					<u> </u>			
(B)					· .			
(C)								
		 	<u></u>	 	 		. 	
(D)	_							
(E)								
Tota					ه المساولات			

Schedu Part							
	(Complete only if you checked the Part III. If the organization fails to						ality under
	on A. Public Support						
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			•			-
4	Total. Add lines 1 through 3			,			10.00
. 5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						10:
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	0.00	0.00	10.00	0.00	0.00	10:00
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0.00	0.00	0.00	0.00	0,00	0.00
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.00	0.00	0.00	0.00		. 0.00
10	Other income. Do not include galn or loss from the sale of capital assets (Explain in Part Vi.)	0.00	0.00	. 0.00	0.00	0,00	. 0.00
11	Total support. Add lines 7 through 10						0.00
12 .13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here.	ne organization	's first, secon				
Secti	on C. Computation of Public Suppor	rt Percentage	•				
14	Public support percentage for 2019 (line 6					14	1 %
1,5 16a	Public support percentage from 2018 Sch 3312% support test—2019. If the organi box and stop here. The organization qua	zation did not	check the box	c on line 13, an	d line 14 is 33		
b	331/a% support test—2018. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33¹മ% or m	ore, check
17 a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circu	-and-circumsta umstances" te	ances" test, chest. The organia	eck this box azation qualifies	and stop here. s as a publicly	Explain in supported
b		ation meets the neets the "fact	e "facts-and-d s-and-circums	circumstances" stances" test.	test, check the creation of th	this box and a on qualifies as	a publicly
18	Private foundation. If the organization di instructions						

	is A (Form 990 or 990-EZ) 2019			- F00/-V0\			Page 3
Part						4 4	·
	(Complete only if you checked to						der Part II:
04	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	.) <u> </u>	<u> </u>
	on A. Public Support	, 					/
	dar 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.")						<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	1		J	j		
	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	K		_		1	
4	Tax revenues levied for the						
	organization's benefit and either paid to					l i	
	or expended on its behalf			}		1 1	
5	The value of services or facilities				,		
	furnished by a governmental unit to the	\				i i	
	organization without charge	\ \ \				i i	
6	Total. Add lines 1 through 5					-	
	Amounts included on lines 1, 2, and 3						•
	received from disqualified persons .		\			1	
	Amounts included on lines 2 and 3					 	
b	received from other than disqualified	1	\				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		\wedge				
	•						
_	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from	[1			
	line 6.)	:	<u></u>	نـــــــــــــــــــــــــــــــــــــ		<u> </u>	
	on B. Total Support	/		A			
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
. 9	Amounts from line 6					<u> </u>	
10a				\		·	•
•	payments received on securities loans, rents,			\]	
	royalties, and income from similar sources.						
Ь	Unrelated business taxable income (less			\		1	
	section 511 taxes) from businesses	. /		\ \			• ,
	acquired after June 30, 1975 /	`L					
C	Add lines 10a and 10b /				<u> </u>		 .
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			1	7		
•	loss from the sale of capital assets	~			\		
•	(Explain in Part VI.) /					<u> </u>	
13	Total support. (Add lines 9, 10c, 11,		-				
	and 12.) · /				\ \		_
14	First five years. If the Form 990 is for the	he organization	's first, secon	d, third, fourth	, or fifth tax\y	ear as a section	501(c)(3)
	organization, check this box and stop he	re			\		▶ 🗆
Secti	on C. Computation of/Public Suppo	rt Percentag	e			<u> </u>	
15	Public support percentage for 2019 (line			13. column (f))		15	%
16	Public support percentage from 2018 Sc					16	96
-	on D. Computation/of Investment In						
17	Investment income percentage for 2019			oy line 13. colu	mn (f))	17\	<u> </u>
18	Investment income percentage from 201					18	%
19a	331/3% support tests—2019. If the organ	ization did not	check the box	c on line 14. a	nd line 15 is m		
. ••	17 is not more than 331,3%, check this box	and stop here.	The organizati	on qualifies as	a publicly supp	orted organization	on . ▶ 🗀
b	331's% support tests—2018. If the organiz						
U	line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization d		_	-			.—
20	/ Ivale roundation is the organization of	IG HOL CHOCK &	DUA UII III 14	, 10a, <u>U</u> 190, ($\overline{}$
	<i>i</i>				acı	nedule A (Form 990	UN DEC: EAJ 2018

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			il Il
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	440	-	
L	below, the governing body of a supported organization?	11a 11b		╁
	A family member of a person described in (a) above? 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	\vdash	
	on B. Type I Supporting Organizations	1110		
	on by Type I capper and capparation		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		1) {	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	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.			
•	Did the organization operate for the benefit of any supported organization other than the supported			
2	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		li .	
	the supported organization(s).		l:	
Secti	on D. All Type III Supporting Organizations	<u> </u>	Ь.	L
	on brain type in cupperaing organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	-		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (I) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
. •	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
<u>Secti</u>	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	is).
a	☐ 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.			
b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	struc	tions).
2	Activities Test. Answer (a) and (b) below.	,000		No
_ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	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			i
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3ь	l	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			•
1 Check here if the organization satisfied the Integral Part Test as a qualifying Instructions. All other Type III non-functionally integrated supporting organ	j tru	st on Nov. 20, 1970 (expla	ons 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		<u> </u>
b Average monthly cash balances	1b	<u> </u>	
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		<u> </u>
3 Subtract line 2 from line 1d.	3	<u> </u>	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	ا ۔ ا		
see instructions).	4	 -	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u> </u>	
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-functional instructions).	y Int	tegrated Type III supportin	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Sect	on D—Distributions	·		Current Year ·
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted .	
	organizations, in excess of income from activity			•
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	·
4_	Amounts paid to acquire exempt-use assets		<u> </u>	· ,
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	···-		
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6		• • •	
10	Line 8 amount divided by line 9 amount		•	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 20 <u>1</u> 9
<u>T</u>	Distributable amount for 2019 from Section C, line 6	l s rejerses egementés		
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			
a	From 2014			
b	From 2015			
	From 2016			
d	From 2017			
•	From 2018			
f	Total of lines 3a through e			
· g.	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from		,	. *
	Section D, line 7:			<u></u>
a	Applied to underdistributions of prior years			
<u> </u>	Applied to 2019 distributable amount			
<u>c</u>	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 and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add ilnes 3j and 4c.			
8	Breakdown of line 7:	<u></u>		
а	Excess from 2015	<u> </u>		<u></u>
<u>b</u> ,	Excess from 2016	<u> </u>		ļ
<u>c</u>	Excess from 2017	,		
<u>d</u>	Excess from 2018			
	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 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 lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	/, Section s 1c, 2a, 2b,

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