 Forr	<b>99</b>	0	Return of Organi	ization Exemp	t From I	ncome	Tax		OMB No. 154	
	^		Jnder section 501(c), 527, or 4947(	a)(1) of the Internal Rev	renue Code (e:	xcept privat	te foun	dations	201	9
•			► Do not enter social sec			-		~	Open to I	Public
Dep. Inter	artment of nai Revenu	the Treasury re Service	► Go to www.irs.gov/Fe					OUY	Inspect	
A	_		ar year, or tax year beginning		2019, and end		6-30		, <b>20</b> 20	
В	Check if a	applicable.	Name of organization WICQNI WAW	OKIYA INC.		-			yer identification	number
	Address	change	Doing business as		•			-	46-0354592	
	Name cha	ange	Number and street (or P O. box if mail	s not delivered to street ad	dress)	Room/suite		E Teleph	one number	
	Initial retu	ırn	PO BOX 49			57339			(605) 245-2471	
	Final retur	n/terminated	City or town, state or province, country	, and ZIP or foreign postal	code					
	Amended	l return	FORT THOMPSON, SD 573390049					<b>G</b> Gross	receipts \$	648,525
	Application	on pending	Name and address of principal officer.			H(a) Is	this a gro	up return for	subordinates? 🔲 Y	es 🔽 No
			Lisa Heth, PO Box 49, Fort Thompson			H(b) A	re ali su	bordinate	s included? 🔲 Y	es 🗌 No
<u> </u>	Tax-exem	npt status	501(c)(3) 501(c) ( )	(insert no.) 4947(	a)(1) or 527	<b>/</b>	"No," a	ttach a lis	t. (see instructions	š)
J		·	w.wiconiways.org						number ►	
	_	rganization 🗸		Other ▶	L Year of for	mation 19	987	M State	of legal domicile:	<u>SD</u>
Р	art I	Summa			\			<del></del>		
•	1	-	ribe the organization's mission of	=			er for a	bused an	d neglected indiv	ıduals
JC.	] .	and to provid	other services for victims of domestic	violence on the Crow Cre	eek Indian Rese	rvation				
Activities & Governance		Oh I - 4b								
o ve	1		oox ► ☐ if the organization disc					-	its net assets. <b>1</b>	_
Ğ	1		oting members of the governing			RECE	·VΞι	3	<del> </del>	3
Š	1		ndependent voting members of		1 1	D)		-4	<u> </u>	3
ij	1		er of individuals employed in cal		IWI.	jul 06	202	5 Ω	1	11
Ċ	1		er of volunteers (estimate if nece		17.51	30F A A	ָ בָטב	1 · · · · · · · · · · · · · · · · · · ·	1	55
⋖			ted business revenue from Part	• •		<u> </u>	<del></del>	7a (	: {	
	<u>b</u>	ivet unrelat	d business taxable income from	1 FORM 990-1, line 39		<del>GCD _</del>	or Year	<u>ı 7b</u>	1 6	0
		Contributio	es and grants (Bort \/III line 1h)		<u> </u>			<del></del> +	Current Yo	
E	1		s and grants (Part VIII, line 1h) . vice revenue (Part VIII, line 2g)					09,439	<del>-</del>	628,392
Revenue	1	-	ncome (Part VIII, column (A), lin					- 0		
æ			ue (Part VIII, column (A), lines 5,	·	 11a\	·		0.216		20 124
	1		e—add lines 8 through 11 (must		•			9,316		20,124 648,525
			similar amounts paid (Part IX, co					1,176		040,323
			d to or for members (Part IX, co					1,1707	<del></del>	
	1		er compensation, employee bene					95,116		319,212
enses			fundraising fees (Part IX, colum		9, 11100 0 10,			0		0
Per			sing expenses (Part IX, column							
ξĎ			ses (Part IX, column (A), lines 1			<del></del>		07,800		167,522
		•	ses. Add lines 13-17 (must equa	· · · · · · · · · · · · · · · · · · ·	line 25) .			04,092		486,734
		-	s expenses. Subtract line 18 fro		•			14,667	·	161,791
e o		· ·				Beginning	of Curre		End of Ye	
Net Assets or Fund Balances	20	Total asset	(Part X, line 16)					53,674		830,947
ASS	21	Total liabili	es (Part X, line 26)				4	65,850		481,331
골들	22	Net assets	r fund balances. Subtract line 2	1 from line 20			1	87,824		349,616
	art II	Signatu	Block							
			declare that I have examined this return,						y knowledge and	belief, it is
tru	e, correct,	and complete	Declaration of pleparer (other than office	r) is based on all information	on of which prepa	arer has any k	nowled	ge		
					·		01/0	4/2021		
Sig		Signati	of officer				Date			
He	re	Lisa He	n, Executive Director							
			orint name and title							
Pa	id	Print/Type	reparer's name Prep	parer's signature		Date		Check 🛴	7 if PTIN	
	eparer	Natalie Ar	erson U//	Dillethall	1800	01/04/2021		self-empl	oyed PO24	54735
	e Only	Currella man	<b>&gt;</b>	. , , , , ,			Firm's	EIN ▶		
_		Firm's add					Phone	no.		
Ma	y the IR	S discuss t	is return with the preparer show	n above? (see instru	ctions)					s □ No
For	Paperw	ork Reduct	n Act Notice, see the separate in	structions.	Cat	No 11282Y			Form S	90 (2019)

Part .	Checklist of Required Schedules			
<b>5</b> 4			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		ارا	
_	complete Schedule A	1	<b>V</b>	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		-
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		<b>✓</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		/
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		/
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		<b>✓</b>
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		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>/</b>
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		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		<b>✓</b>
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	<b>✓</b>	
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		/
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		<b>/</b>
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		/
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
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		<b>✓</b>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>✓</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			١,
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<b>Y</b>
		144		<b>_</b>
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		/
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<b>/</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		/
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		/
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<b></b>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	$\mid - \mid - \mid$	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Part I	V Checklist of Required Schedules (continued)		4	
			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		<u> </u>
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		<b>✓</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b>✓</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	<del>.</del>	<u> </u>
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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>_</b>
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		<b>✓</b>
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		<b>✓</b>
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		V,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>_</b>
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		<b>✓</b>
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		$\checkmark$
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	<b>✓</b>	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>	<u>.</u>	
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	i		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	-	
	reportable garning (garnoling) withings to prize withers		n 990	(2019)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
1			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		in Edward or	46, 20
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11	4	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		ALT.	3550
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<i>11</i>	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country ▶	14.00	<b>被称</b> :	703-07
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>子</b> 蒙		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Bearing .	(المنشئة)
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>Y</b>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>-</b>
C		30		<del></del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>_</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	OPPER A	Code da esta
7	Organizations that may receive deductible contributions under section 170(c).		*	2.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<b>_</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			,
	required to file Form 8282?	7c	-4	V
d	If "Yes," indicate the number of Forms 8282 filed during the year		老业	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>_</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	"Topen as a	# 34.3° /
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	The second		7. 1.
	sponsoring organization have excess business holdings at any time during the year?	8	y party.	5 E 25.20
9	Sponsoring organizations maintaining donor advised funds.	dimension.		1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ىدىنىڭ	Acr Gard
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	2 22	4.1	19 to 16
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	10	1	4
11	Section 501(c)(12) organizations. Enter:	1	T. W.	1000
а	Gross income from members or shareholders	1. The		5.4
b	Gross income from other sources (Do not net amounts due or paid to other sources	P.A.	<b>1</b>	
	against amounts due or received from them.)	أسألية	27.34.	100
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	640° m.	manager syral
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		1.00
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1100	(g) (es) ? tractions ?	£.1.3
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	altitus.	5
	Note: See the instructions for additional information the organization must report on Schedule O.	意義	200	
b	Enter the amount of reserves the organization is required to maintain by the states in which	器		First.
	the organization is licensed to issue qualified health plans	14.46A		4
С	Enter the amount of reserves on hand	7	45.4	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		L
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	<u> </u>	Į.
	If "Yes," see instructions and file Form 4720, Schedule N.		Tite.	I T
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes." complete Form 4720. Schedule O.	7.5	Mary.	المراجعة المراجعة

	0 (2013)			- age o						
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions'.						
Secti	on A. Governing Body and Management									
<del>9001.</del>	on 7.1 do ronning 2027 dita management		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year   1a									
	If there are material differences in voting rights among members of the governing body, or	1 '	-	:						
	if the governing body delegated broad authority to an executive committee or similar		,	+						
	committee, explain on Schedule O.	- •		1						
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 3									
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?	<u>:</u>		7						
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		<b>\</b>						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	V,						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	ļ	<b>/</b>						
6	Did the organization have members or stockholders?	6	├	<b>-</b>						
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		١.						
	stockholders, or persons other than the governing body?	7b	ļ <u> </u>	<b>!</b>						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	* .		1						
_	the year by the following:	8a		<del> </del>						
a	The governing body?	8b	<del>-</del>	$\vdash \neg$						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<b>-</b>	+						
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<u> </u>	_						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	T	1						
	Still and the bound of the boun	100	Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	├─	<b>/</b>						
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	L	<b>_</b>						
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	\\	<del> </del>						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>-</b>	-						
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	/							
13	Did the organization have a written whistleblower policy?	13	<b>/</b>							
14	Did the organization have a written document retention and destruction policy?	14	<b>_</b>	<u> </u>						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	سننت	.9 .	-						
а	The organization's CEO, Executive Director, or top management official	15a		Ţ						
b	Other officers or key employees of the organization	15b		<b>V</b>						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		7							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<u> </u>	7						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			Ţ-						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	<u>.</u>							
Secti	ion C. Disclosure	1		٠						
17	List the states with which a copy of this Form 990 is required to be filed ▶									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (Sec	ction	501(c)						
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict and financial statements available to the public during the tax year.	of inte	rest p	oolicy,						
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	; <b>&gt;</b>							
	ALECIA HETH PO BOX 170 FORT THOMPSON, SD 57339 (605) 245-2471									

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-	а	ч	c	

Form **990** (2019)

Part VII	Compensation of Officers, Director	s, Trustees,	, Key Employees,	Highest (	Compensated	<b>Employees</b>	, and
1	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 organization no	any relate	d orga	aniz	atio	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	(do n box, i	ot ch unles	Posi neck is pe d a d	tion more rson irect	e than o is both or/trust	one an ee)	(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) Shirley Crane	1.00									
Board Chairperson/President		<u> </u>		<b>_</b>			<u> </u>	0	0	0
(2) Letoy Fleury	1 00	_		١.						
Board Member.Vice President		<b>/</b>	_	<b>У</b>	_		_	0	0	
(3) Jolleen Laverdure	1.00	,						_		
Board Member/Secretary	10.00	<b>-</b>		<b>V</b>	$\vdash$	_	<u> </u>	0	0	0
(4) Alecia Heth	40 00	-		,				74 000		2.072
Executive Director				Y	$\vdash$	1		71,229	0	3,672
(5)		1								
(6)									· · · · · · · · · · · · · · · · · · ·	
(7)										
(8)										
(9)										
(10)							L			
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors,	rustees,	Key I	Emi			s, an	a F	lignest Compe	nsated	Emplo	yees (c	ontinued)
					•	C) ation					į	ĺ	
	(A)	(B)	(do n	ot ch			e than o	one	(D)		(E)		(F)
	Name and title	Average hours					ıs both		Reportable compensation	Report compen			ed amount other
		per week	-	_	_	$\overline{}$	or/trust	<u> </u>	from the	from re			ensation
		(list any	Individual trustee or director	Institutional	Officer	Key employee	결호	Former	organization	organiza			m the
		hours for related	rec vid.	Ē	er	e H	ioy est	ner	(W-2/1099-MISC)	(W-2/1099	-MISC)		ation and ganizations
		organizations	or all	ona		탕	8 8					Telated O	ganizations
		below	TS.	Ē		99	n pe						
		dotted line)	6	trustee			Highest compensated employee						
				Ľ			8.						
(15)					ļ								
				L									=
(16)			]										
				L	<u> </u>								
(17)			]			1							
		<u> </u>					ļ						
(18)			]						1			1	
(19)			1	ļ	ļ		1	1				ł	
						L		L	<u> </u>				
(20)		ļ					1					ļ	
			ļ										
(21)					l		Ì	ļ					
		<u> </u>					}						
(22)													
				<u> </u>			1						
(23)	_		]										
												<u></u>	
(24)			]			ļ							
						$oxed{oldsymbol{oldsymbol{oldsymbol{eta}}}}$							
(25)			]			1							
		<u> </u>					<u> </u>	<u> </u>					
1b	Subtotal												
C	Total from continuation sheets to Part			•	•								
d	Total (add lines 1b and 1c)	<del></del>	<u> </u>	•	<u>.</u>		<u> </u>	<u> </u>	71,229		0		3,672
2	Total number of individuals (including bu		d to th	nose	e list	ted	abov	e) w	ho received mor	e than \$1	00,000	of	
	reportable compensation from the organ	izatıon ►							0				·····
													Yes No
3	Did the organization list any former						-	mp	loyee, or highes	st compe	ensated		
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual					3	
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	n a	and other compe	nsation fr	om the	) [ ]	
	organization and related organizations	greater th	an \$	150	,000	)? /	f "Ye	s, "	complete Sched	dule J fo	r such		
	ındividual				•							4	
5	Did any person listed on line 1a receive of									tion or inc	lsubivit		
	for services rendered to the organization	? If "Yes," o	comp	lete	Scl	hed	ule J	for s	such person .	<u></u>	<u> </u>	5	
Secti	on B. Independent Contractors												
1	Complete this table for your five high												
	compensation from the organization. Rep	ort comper	nsatio	n fo	r the	e ca	lenda	r ye	ear ending with or	within th	e orgar	nization's	s tax year.
	(A)								(B)			(C)	_
	Name and business add	ress						<u> </u>	Description of sen	/ices		Compensa	ation
								↓_					
								<u> </u>		<del></del>			. <u></u>
								$oldsymbol{oldsymbol{oldsymbol{eta}}}$				<del> </del>	<del></del>
								$oxed{oxed}$					
2	Total number of independent contractor							o th	nose listed abov	e) who			e es en met es mijor E
	received more than \$100,000 of compens	sation from_	the o	rgar	ıızat	tion	<b></b> _		0				•

Pari	VIII	Statement of Rev Check if Schedule			spon	se or note to ar	ny line in this Pa	urt VIII	• • • • • •	🗆
					-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts Is	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
عَ ق	С	Fundraising events			1c					
ifts	d	Related organization	ns .		1d					
2, <u>i</u>	е	Government grants	(cont	ributions)	1e	533,226				
Siz	f	All other contribution			Ì					
ig ig		and similar amounts no			1f	95,166				
걸	g	Noncash contribution	ons in	icluded in						
Έ.	_	lines 1a-1f		• • •	1g	<u> </u> \$				
	h	Total. Add lines 1a-	-11 .	• • •	• •	Business Code	628,392			
ě	2a					Dusiness Code				NOTE OF STREET
<u> </u>	b									
Program Service Revenue	c								-	
am eve	d									
g Æ	е									
	f	All other program se								
	g	Total. Add lines 2a-	-2f .			<b>&gt;</b>			TELEFORM SERVICE	
	3	Investment income	•	ludıng divi	dend	s, interest, and	,			
,		other similar amoun					9		0	9
	4	Income from investr			-	and proceeds				
	5	Royalties	<del></del>	(i) Rea		(ii) Personal	FEVER BESTER STREET	Grand Control of the	The moral was seen and a	
	6a	Gross rents	6a	(i) nea	<u>.                                    </u>	(ii) Personal				
	Ь	Less: rental expenses	6b							
	c	Rental income or (loss)								
	d	Net rental income o		s)		▶		BESTALLIA STATE ST		at many mental programme.
	7a	Gross amount from		(i) Securit	ties	(ii) Other				
		sales of assets								
		other than inventory	7a							
Re	b	Less: cost or other basis		1						
Revenue		and sales expenses .	7b							
Re-	C	Gain or (loss)	7c			1			ELIZATE DATES	
<u> </u>	d	Net gain or (loss)			<del>⊢</del>	<u>▶</u>		Mark Secretary Brown		
othe	8a	Gross income from events (not including		naraising						
	,	of contributions re		d on line						
		1c). See Part IV, line			8a	-				
	ь	Less: direct expens			8b					
	С	Net income or (loss)			$\overline{}$	ents ►	Management of the State of the			
	9a	Gross income								
		activities. See Part I	IV, line	e 19 .	9a					
	b	Less: direct expens			9b	ļ				
	С	Net income or (loss)			ctivitie	es <b>&gt;</b>	Markette by apposite superiorities	le Militarithe depotes four vertores u	THE PROPERTY DESCRIPTION	Add to the state of the state of the state of
	10a	Gross sales of in		-						
	_	returns and allowan			10a 10b	+				
	b	Less: cost of goods Net income or (loss)				1			258553555535555	THE SHALL SEE THE
	<b>⊢</b>	THE INCOME OF (1055)	, 11 011	Jaics Of II	146111	Business Code	Daniel Language			
Miscellaneous Revenue	11a	Miscellaneous				900099	20,124	20,124	0	U CONTRACTOR CONTRACTO
scellaneo Revenue	Ь						20,124	20,124		
elk •ve	c						1	-		
lisc R	d	All other revenue					<u></u>			
Σ	е_	Total. Add lines 11a	a–11d	<u> </u>		<u>.</u> . <b>&gt;</b>	: 20,124			
	12	Total revenue See	unnt				040.505	00.404	1	1

# Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .									
2	Grants and other assistance to domestic individuals. See Part IV, line 22			と ない と と と と と と と と と と と と と と と と と と	所に続き					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	74,901	29,960	44,941	0					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	193,338	156,792	36,546	0					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,307	4,139	1,168	0					
9	Other employee benefits	13,496	10,527	2,969	0					
10	Payroll taxes	32,170	25,093	7,077	0					
11	Fees for services (nonemployees):			<u> </u>						
а	Management									
b	Legal									
		0.402		9.402						
C	Accounting	8,493	0	8,493						
d	Lobbying		arming the west of the completely to	ents and a company						
е	Professional fundraising services. See Part IV, line 17		A SAME AND A SAME AS	は 日本						
f	Investment management fees				<del></del>					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .	12,573	5,029	7,544	0					
12	Advertising and promotion	10,999	9,129	1,870	0					
13	Office expenses	5,545	4,602	943	0					
14	Information technology									
15	Royalties									
16	Occupancy	35,046	29,088	5,958	0					
17	Travel	19,284	18,898	386						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .									
20	Interest	121	121	0	0					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .	35,050	34,500	550	0					
23	Insurance	6,694	5,556	1,138	0					
24	Other expenses, Itemize expenses not covered	A MUNICIPAL COMPANY AND PROPERTY.	THE WATER THE TOTAL THE TO	· 3	الله والمراق المسلسلة					
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column	الشراب أسعام	and the first an							
	(A) amount, list line 24e expenses on Schedule O.)		Angelon and a second	一一 为一种	The state of the state of					
а	Miscellaneous	10,369	8,606	1,763	EN CONTRACTOR SERVICE CONTRACTOR					
b		<del></del>		1,703						
	Training	3,311	3,311							
C	Van Expenses	9,519			<del></del>					
d	Shelter Expenses	10,518	10,518	0						
е	All other expenses	ļ		<u> </u>	0					
25_	Total functional expenses. Add lines 1 through 24e	486,734	365,388	121,346	0					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)									

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 55,645 262,122 2 2 Savings and temporary cash investments . . . . 579 6,425 3 3 Accounts receivable, net . . . . . . 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . 5 **的时间,这种时间的时间** 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). 6 7 8 Inventories for sale or use . . . . . . 9 Prepaid expenses and deferred charges . . 9.362 9 362 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . | 10a Less: accumulated depreciation . . . . . 10b 588,088 10c 362,899 553,038 Investments-publicly traded securities . . . . 11 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments-program-related. See Part IV, line 11. 13 14 14 15 15 Other assets. See Part IV, line 11 . . . . . 16 Total assets. Add lines 1 through 15 (must equal line 33) . 653,674 16 830,947 17 Accounts payable and accrued expenses . . . . . 25,154 17 40,635 18 18 19 19 Deferred revenue . . . . . . . . . Tax-exempt bond liabilities . . . . . . . . . . . . 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . Loans and other payables to any current or former officer, director, 22 iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 440,696 23 440,696 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 **Total liabilities.** Add lines 17 through 25 465.850 26 481.331 Organizations that follow FASB ASC 958, check here ▶ □ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds . . . 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . . . 187.824 31 349.616 31 32 32 349,616 187,824 33 Total liabilities and net assets/fund balances 653.674 33 830.947

orm 99	D (2019)		Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			Ź
1	Total revenue (must equal Part VIII, column (A), line 12)		64	8,525
2	Total expenses (must equal Part IX, column (A), line 25)		48	6,734
3	Revenue less expenses. Subtract line 2 from line 1		16	31,791
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		18	37,824
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		34	9,616
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  Accrual  Other  Other If the organization changed its method of accounting from a prior year or checked "Other," explain in		i.	7
	Schedule O.	•	,	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		  	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	اخبيتا		نرسه
ь	Were the organization's financial statements audited by an independent accountant?	2b		<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	1	. ,	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	:-		[ئىسىد]
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on	' .		

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

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Form **990** (2019)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

WIC	INC	WAWOKIYA INC.					46-03	54592
Pa	rt I	Reason for Public Chai	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The •	orga	anization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	
1		A church, convention of church	nes, or association	on of churches descr	ibed in se	ection 17	O(b)(1)(A)(i).	$\sim$
2		A school described in section	170(b)(1)(A)(ii). (	(Attach Schedule E (F	orm 990	or 990-E	Z).) (	´ ) <i>(</i>
3		A hospital or a cooperative hos	spital service org	anization described i	n section	170(b)(1	I)(A)(iii).	
4		A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5		An organization operated for t section 170(b)(1)(A)(iv). (Comp	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7		A federal, state, or local govern An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8		A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		An agricultural research organi or university or a non-land-grauuniversity:						
10		An organization that normally r receipts from activities related support from gross investment acquired by the organization a	to its exempt fur income and unr	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	n 331/3% of its
11		An organization organized and	operated exclus	sively to test for public	safety.	See <b>sect</b> i	ion 509(a)(4).	
12		An organization organized and	operated exclus	ively for the benefit o	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes
		of one or more publicly support						
		Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	organizatio	on and complete line	es 12e, 12f, and 12g.
а	ı	Type I. A supporting organ the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t		
		supporting organization. Yo	•	•				
b	•	Type II. A supporting organ control or management of to organization(s). You must of	the supporting o	rganization vested in	the same			
c		Type III functionally integrits supported organization(	rated. A support	ting organization oper	ated in c			ally integrated with,
d	1	Type III non-functionally i that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
e	,	☐ Check this box if the organ functionally integrated, or T						e II, Type III
f		inter the number of supported o	-					
g	<u> </u>	Provide the following information	about the supp	orted organization(s).				
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								·
(B)								
(C)								
(D)				<u> </u>				
E)								
<b>—</b> /								

Total

	(Complete only if you checked the						ality under	
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)								
Section A. Public Support								
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1,153,589	1,193,677	977,411	609,439	533,226	4,467,342	
2	Tax revenues levied for the							
	organization's benefit and either paid	ļ			,			
	to or expended on its behalf							
3 .	The value of services or facilities							
	fürnished bŷ a governmental uriit to the	. = 0 to co	.യമാത്തെ — നായുന്നു എല്ലോ വ	ಚಿತ್ರದಷ್ಟಾತ ಈ	ಜ್ಞಾನ್ನಾ ವ್ಯಾಂತಿ	യായം ഭയനയും ഉദ∙	- <del>ಜವರ್ನ ಅವರ್</del> ಕ	
	organization without charge				(00,100	500.004	44/7.04	
4	Total. Add lines 1 through 3	1,153,589	1,193,677	977,411	609,439	533,226	4,467,342	
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	是更多						
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4	MANAGE TO SERVICE STATES			THE PARTY OF THE P	SIGNAL SERVICE	4,467,342	
	on B. Total Support	Sales Market Sales Sales	THE RESERVE THE	Second Section 2			4,407,342	
	idar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	1,153,589	1,193,677	977,411			4,467,342	
8	Gross income from interest, dividends,						, .	
•	payments received on securities loans,	]						
	rents, royalties, and income from							
	similar sources	159	27	7	4	9	206	
9	Net income from unrelated business							
	activities, whether or not the business	Ì						
	is regularly carried on	0	0	0	0	0	ď	
10	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)	1,709	41,438		9,316		72,587	
11	Total support. Add lines 7 through 10				SALES A	THE COLUMN TWO IS NOT THE OWNER.	4,540,135	
12	Gross receipts from related activities, etc					12	<u> </u>	
13	First five years. If the Form 990 is for t	_						
	organization, check this box and stop he					· · · · ·	▶ [	
	ion C. Computation of Public Suppo			14. 3aluman (6)		14	98 397 %	
14	Public support percentage for 2019 (line Public support percentage from 2018 Sc					15	98 990 %	
15 16a	331/3% support test—2019. If the organ							
100	box and <b>stop here.</b> The organization qua							
ь	•						_	
b 331/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
47-	· · · · · · · · · · · · · · · · · · ·	•		_			_	
1/a	10%-facts-and-circumstances test—2 10% or more, and if the organization m							
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
L	10%-facts-and-circumstances test—2						· ·	
D	15 is 10% or more, and if the organiz							
	Explain in Part VI how the organization							
	supported organization							
18	Private foundation. If the organization of							
	instructions							

Part III	Comment Oak adala face	Organizations Described in Section 509	1 1/0
12614611	SUDDOM SCHOOLING TOP	' i irdanizatione i leccrined in Section si lu	ノコハン
	anbboir acitedate tot	Organizations Described in Section 303	10/12

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

Calendar year for (Seal year beginning in) P 1 clips and the seal of the seal	Secti	on A. Public Support	under the te	ists listed bei	ow, piease co	implete r art		
1 Gits, grants, colutioutions, and membership fees received. (for not included any minusual grants.) 2 Gross receipts from, admissions, merchandise sold or services performed, or facilities furnished in any activity, that is related to the organization's barrelite and either paid to or expended on its behalf or organization's benefit and either paid to or expended on its behalf organization's benefit and either paid to or expended on its behalf organization without change. 5 The value of services or facilities furnished by a governmental unit to this organization without change. 6 Total. Add lines 1 through 5. 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on lines 18 for the year of the amount on lines 18 for the year of the amount on lines 18 for the year of the amount on lines 18 for the year of the amount on lines 18 for the year of the amount on lines 18 for the year of the amount on lines 18 for the year of the amount on lines 18 for the year of the amount on lines 18 for the year of the amount on lines 18 for the year of the amount on lines 18 for the year of the amount on lines 18 for the year of the amount on lines 18 for the year of the amount on lines 18 for the year of the amount on lines 18 for the year of the year of the amount on lines 18 for the year of year of the year of the year of y			(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
received. (Do not Include any *unusual grants ?) Gross recipis from Ambiasions, merchandise sold or services perfòrend, or facilities trunshed in any activity, that is related to the organization's late-receipt from activities that are not an unrelated trade or business subjet section 513 4 Tax revenues levied for the organization's benefit and either poid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge in the organization with organization with organization without charge in the orga			(2, 2010	(2,2010	(5, 251,	(4, 20,0	(0, 2010	(i) i otai
sold or services performed, or facilities furnished any activity, that is related to the organization's lake-semity purpose.  3 Cross receipts from activities that are not an unrelated trade or business bidge section 513  4 Tax revenues leveled for the poal to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total, Add lines 1 through 5.  7a Amounts included on lines 2 and 3 received from disqualified persons.  5 Amounts included on lines 2 and 3 received from disqualified persons.  5 Amounts included on lines 2 and 3 received from disqualified persons.  5 Amounts included on lines 2 and 3 received from disqualified persons.  6 Add lines 7 and 7 D  8 Public support. (Subtract line 7c from line 6).  9 Amounts from line 6.  103 Gross income from interest, dividends, payments received a securities loans, rents, royalties, and income from similar sources.  9 Unrelated business trackles line come (less section 511 taxes) from businesses acquired after-June 30, 1975.  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on loss from the subsness is regularly carned on loss from the support percentage from 2018 Schedule A, Part III, line 15  9 Public support percentage from 2018 Schedule A, Part III, line 17  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19 Total support percentage from 2018 Schedule A, Part III, line 17  19 Total support less calculation of Investment Income Percentage  19 331% yepport restricting for 2019 (line 10c, column (f), divided by line 13, column (f))  19 Total support percentage from 2018 Schedule A, Part III, line 17  19 Section D. Computation of Public Support Percentage  19 331% yepport restricting f		received. (Do not include any "unusual grants.")						
furnished in any activity, that is related to the organization's trac-exempt, purpose or a constraint of the companization is trace-exempt purpose or activities that are not an unrelated trade or busness 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 organization orga	2	Gross receipts from admissions, merchandise	·				· ·	
organization's bian-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 .  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons  b Amounts included on lines 1, 2 and 3 received from other than disqualified persons but exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  c Add lines 7 and 7 b  8 Public support. (Subtract line 7 of from line 6).  9 Amounts from line 6  10 Gross income from interest, dividends, payments received on securities loans, rents, reyalties, and income from similar sources.  b Unrelated business taxable income [less section 511 taxee) from similar sources.  b Unrelated business taxable income [less section 511 taxee) from businesses acquired after June 30, 1975  c Add lines 10 and 10 b  11 Net income from unrelated business activities not included 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 flive years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  17 Investment income percentage from 2018 Schedule A, Part III, line 15  8 Delbic support percentage from 2018 Schedule A, Part III, line 17  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19 33 33'4% support tested-2019. If the organization did not check the box on line 14, and line 15 is more than 33'4%, and vision and the support percentage from 2018 Schedule A, Part III, line 14 or line 194, and line 15 is more than 33'4%, and line 15 is more than 33'4%, and line 16 is more than 33'4%, she with the support percentage from 2018 Schedu		sold or services performed, or facilities			1			
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or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total Add lines 1 favings 1. 2, and 3 received from disqualified persons.  Amounts included on lines 2, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  Add lines 7 and 7b.  Public support. (Subtract line 7c from line 6.)  Section B. Total Support  Galendar year (or fiscal year beginning in)   Amounts from line 6.)  Gossinome from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources.  b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b.  1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on 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 the organization's first, second, third, fourth, or fifth tax year as a section 50 taxes (Explain in Part VI).  15 Public support percentage from 2018 Schedule A, Part III, line 15.  16 0 %  17 Investment income percentage from 2018 Schedule A, Part III, line 15.  18 Investment income percentage from 2018 Schedule A, Part III, line 17, s not more than 331-3%, check this box and stop here. The organization qualifies as a publicly supported organization of heak a box on line 14, and line 15 is more than 331-3%, and the same from the same and stop here. The organization qualifies as a publicly supported organization of heak as on line 14, and line 15 is more than 331-3%, and the same from the analysis, and	4	Tax revenues levied for the						,
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Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))  16 0 %  17 Investment income percentage from 2018 Schedule A, Part III, line 15  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 16 is more than 331/3%, and line 15 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  b 331/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 16			(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)	_				<u> </u>			
royalties, and income from similar sources .  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)	าบล							
b Urrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))		• •						
section 511 taxes) from businesses acquired after June 30, 1975	h	•			<b>—</b>			
acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)		•			\ \			
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.)					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
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.)	c	Add lines 10a and 10b						<del></del>
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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 331/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and	11	Net income from unrelated business						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
loss from the sale of capital assets (Explain in Part VI.)								
(Explain in Part VI.)	12	<del>_</del>						
Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))			ĺ			`	1	
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First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	13	• • • • • • • • • • • • • • • • • • • •					\	
organization, check this box and stop here	14	•	L organization	l. n's first_secon	l d. third fourth	or fifth tay w	ear as a section	n 501(c)(3)
Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))								► □
Public support percentage from 2018 Schedule A, Part III, line 15	Secti	on C. Computation of Public Suppor				- ,÷ •		<u>_</u>
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	15						15	0 %
Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))					<u> </u>	<u> </u>	16	0 %
Investment income percentage from 2018 Schedule A, Part III, line 17								1
33½% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization .   b 33½% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and								<del></del>
17 is not more than 331/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . b 331/3% support tests – 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and								
b 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and	19a							
	<b>L</b>							<b>,</b> –
1   1   1   1   1   1   1   1   1   1	D							
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20			-				_

#### **Supporting Organizations** Part IV

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? I "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.
- 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (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 79 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.
- 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 benefi 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.
  - 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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Part	IV Supporting Organizations (continued)			
	The there is the transfer of the transfer of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		74	2000
а	below, the governing body of a supported organization?	হিন্দুর্গুর্	23.07	12045
b	A family member of a person described in (a) above?	11b	_	-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	ion B. Type I Supporting Organizations	1		
	}		Yes	No
1	Did the directors, trustees, or membership of one cr more supported organizations have the power to	No.	4.2	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	He di		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	20.51	000 E	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	16,080		7 2019
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	10.344	W 665	S THANK
2	Did the organization operate for the honefit of any supported organization other than the supported	/Professor	Authorities.	JI-SPECE
_	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	5.0 W	語台	200
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		読	200
	supervised, or controlled the supporting organization.	2	th. be examine	CONT.
Sect	ion 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		1100	2011
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed	36.5		
	the supported organization(s).	e crear	2302	Teorie
Secti	ion D. All Type III Supporting Organizations			L
0000	on B. All Type in Supporting Organizations		Vac	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	STEE S	FEET TO	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	27 A		
	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	200		2819
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		ada	Tisodius
3		2	2657	Brown Ser
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 <b>Part VI</b> the role the organization's	<b>E</b>		
	supported organizations played in this regard.	3	والمتحادث	31.503.d=
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in		
2	Activities Test. Answer (a) and (b) below.	****	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	涵通		Ant
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	200 5	500	3,2515
	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	45 V		PARTY I
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	17 8.41	2	1,30,13
	reasons for the organization's position that its supported organization(s) would have engaged in these	109 er	990 E	12010
_	activities but for the organization's involvement.	2b	1	क्षा क्रम्य राज्य
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	1. 3 75 14	**************************************	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	麗蘇	<b>利益対応</b>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	NOR GREW	Dright . Tell
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b	907. A	DE COLOR

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	jan	izations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
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		The square with				
instructions for short tax year or assets held for part of year):	****	C. The C. C. of the Park of th	10 miles 19 miles			
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):	17.	to be supplied to the	<b>東京学教表型</b>			
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		<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		in in the second of the second	Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	a The State of the				
2 Enter 85% of line 1.	2	The fact to the chief to the	<del>_</del>			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	いっているとはあるかの				
4 Enter greater of line 2 or line 3.	4	was a golednick to				
5 Income tax imposed in prior year	5	The state of the said the said to				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6	A PART A SOLUTION OF THE				
7   Check here if the current year is the organization's first as a non-functionall			organization (see			
instructions).	•	2,	. 5:			

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)			
Secti	Section D—Distributions					
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported 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	occo or supported orga	an Lationio,			
<del>.</del>	Qualified set-aside amounts (prior IRS approval required)					
<del></del> 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 whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive			
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount			·· · - · ··· · · · · · · · · · ·		
	ion 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		Example of the second			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See					
•	instructions.					
3	Excess distributions carryover, if any, to 2019			VED-102013/2020 E7/27/3		
a	From 2014	A secretary of the second second second second				
b	From 2015	ENTER OF LOSSE MONTH CONTRACTOR AND				
ċ	From 2016	<b>对欧洲洲洲的大学的</b>				
d	From 2017					
` е	From 2018			NES TARRESTE TO C		
<u>.</u> f	Total of lines 3a through e		大学のなる はない 一本の はいない はい はい はいかい はいかい はいかい はいかい はいかい はいか			
g	Applied to underdistributions of prior years	<b>開発が発売を表現が必要に対</b>		學學學學學學學學		
<u>h</u>	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)			1/15/15/1990 - 1/2995 - 7/2995		
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line /:					
<u>a</u>	Applied to underdistributions of prior years	A MARKET REPORT OF THE PROPERTY OF THE PROPERT	Bacconsin sonare vistos en pier triadiciónica prima aleztata	Medinyago di Pade Szeroza		
ь	Applied to 2019 distributable amount					
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			242-24-24-25-2004-27-2004		
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 lines 3	Constitution of the second second		TORRES DE LA CONTRACTOR D		
	and 4c					
8	Breakdown of line 7:		始。 上 1 1 1 1 1 1 1 1 1 1 1 1 1			
<u>à</u>	Excess from 2015			or a section of the		
b	Excess from 2016					
<u>C</u>	Excess from 2017	COOK MAN THE SAME WOULD THE STREET PROCESSION AS A SAME		Description of the second seco		
<u>d</u>	Excess from 2018			ALCON DAMAGE CONTRACTOR		
e.	Excess from 2019			THE THE PARTY OF T		

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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.)						
Other Income Part II, Line 10 Description: Reimbursements 2015 \$484, 2016 \$41,438, 2017 \$0, 2018 \$9316, 2019 \$20,124							
Fundraisin	g 2015 \$1225						
<b>*</b>	ga and and and and and and and and and an						

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **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.

20**19** 

Inspection

**Employer identification number** 

Open to Public

WICONI WAWOKIYA INC. 46-0354592 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X .

Page	2
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Part	III Organizations Maintaining C	ollections of Ar	t, Histo	orical T	reasures,	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and othe	r record	ls, chec	any of the	follow	ing that make	significant use of its
а	☐ Public exhibition		d [	Loan	or exchange	e progr	am	
b	☐ Scholarly research		e [	Other				
C	☐ Preservation for future generations							
4	Provide a description of the organization XIII.	n's collections and	d explai	n how th	ney further	the org	anızatıon's exe	empt purpose in Part
5	During the year, did the organization so assets to be sold to raise funds rather th							
Part	V Escrow and Custodial Arrang	gements.					•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
1a	Is the organization an agent, trustee, c included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Part	XIII and complete	the foll	lowing ta	ıble:		<del></del>	
						-		Amount
C	Beginning balance					10	<del></del>	
d	Additions during the year					1d	+	
e	Distributions during the year					1e		<del>.</del>
f 2a	Ending balance							h/2   Yes   No
	If "Yes," explain the arrangement in Part							
Pari								
	Complete if the organization a	nswered "Yes" o	n Forn	n 990, F	art IV, line	10.		
		(a) Current year	(b) Prio	r year	(c) Two year	s back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	current vear end	balance	line 1a	. column (a	)) held	as:	
а	Board designated or quasi-endowment		<b>%</b>	` .	,	•		
b	Permanent endowment ▶							
С	Term endowment ▶ %	•						
	The percentages on lines 2a, 2b, and 2c	should equal 100	%.					
3a	Are there endowment funds not in the p	oossession of the	organız	ation tha	at are held	and ad	ministered for	
	organization by:							Yes No
	(i) Unrelated organizations							.  3a(i)
	• • • • • • • • • • • • • • • • • • • •							.  3a(ii)
ь 4	If "Yes" on line 3a(ii), are the related organism Describe in Part XIII the intended uses of		-			• •		. 3b
Part			3 61100	WITHCHE IC				
	Complete if the organization a		on Forr	n 990. F	Part IV. line	e 11a.	See Form 990	). Part X. line 10.
	Description of property	(a) Cost or other	r basis	(b) Cost o	r other basis ther)	(c)	Accumulated epreciation	(d) Book value
1a	Land		0		150,000			150,000
b	Buildings				420,000		37,243	382,757
c	Leasehold improvements							
d	Equipment				345,937		325,656	20,281
е	Other							
Total.	Add lines 1a through 1e. (Column (d) mu	st equal Form 990	, Part X	, column	(B), line 10	C.) .	•	553,038

Part VII	Investments – Other Securities.	000 D+ IV III	11h C F 000 D +V F 10
	Complete if the organization answered "Yes" on For (a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(b) Book Value	Cost or end-of-year market value
(1) Financial			
	neld equity interests		
(3) Other			
(A)	***		<del></del>
(E) (F)			-
(G)			<del></del>
(H)			<del></del>
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		State and the State of the State of Sta
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on For	m 990, Part IV, lii	ne 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .		
Part IX	Other Assets.  Complete if the organization answered "Yes" on For	m 990 Part IV lu	ne 11d See Form 990 Part V line 15
	(a) Description	111 330, 1 art 14, 111	(b) Book value
(1)	(-/		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)		·	
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		▶ <u> </u>
Part X	Other Liabilities. Complete if the organization answered "Yes" on For	m 990, Part IV, lıı	ne 11e or 11f. See Form 990, Part X,
	line 25.		
1. (1) Factors to 1	(a) Description of liability		(b) Book value
(1) Federal in	ncome taxes	<del></del>	
(2)			
(3)			
(4)		· · · ·	
(5)			
(6)			
<u>(7)</u> <u>(8)</u>		· · · · · · · · · · · · · · · · · · ·	
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		
	r uncertain tax positions. In Part XIII, provide the text of the footnot	ote to the organization	on's financial statements that reports the
	s liability for uncertain tax positions under FASB ASC 740. Check		

	e D (Form 990) 2019		Wish Davis -	Data	Page 4
Part				Return.	•
	Complete if the organization answered "Yes" on Form 990, I			1 - 1	
1	Total revenue, gains, and other support per audited financial statements			1	<del></del>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	۔ ما	I	P	
a	Net unrealized gains (losses) on investments	2a		(F2)	
Ь	Donated services and use of facilities	2b	<del>                                     </del>	3	
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	<u>.                                    </u>		
e	Add lines 2a through 2d			2e 3	-
3	Subtract line <b>2e</b> from line <b>1</b>	i .		199,00	
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	-
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part					n.
W	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			700	
a	Donated services and use of facilities	2a	1	- E	
b	Prior year adjustments	2b	, ,	236	
С	Other losses	2c		<u> </u>	
đ	Other (Describe in Part XIII.)	2d		®'®	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1000 P	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		C.	
b	Other (Describe in Part XIII.)	4b		n. E	
С				4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
			<del></del>		

# SCHEDULE O (Form 990' or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

WICONI WAWOKIYA INC.	46-0354592						
Form 990, Part III, Line 4a Provided approximately 2,050 counseling and advocacy sessions to individuals.							
Form 990, Part III, Line 4b Provided a shelter for victims of domestic violence. This shelter was used by approximately 45 adults and 55 children for							
approximately 1,748 shelter days.							
Form 990, Part VI, Line 11b Form 990 is reviewed by the Executive Director prior to it being filed							
Form 990, Part VI, Line 12c Compliance is monitored quarterly by the Board of Directors							
Form 990, Part VI, Line 19 These records are not made available to the public							
Form 990, Part XI, Line 9 Rounding adjustment.							
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Schedule O (Form 990 or 990-EZ) (2019)	
Name of the organization	Employer identification number "
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