Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2019

Section 501(c), 527, or 4947(a)(1) or the internal Revenue Code (except private foundati
 Do not enter social security numbers on this form as it may be made public.

Department	of t	he T	reasur
internal Rev	enu	e Si	envice i

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

	A	For the 2019 calend:	ar year, or tax year beginning	, 2019, an	d ending			, 20	
	В	Check if applicable	C Name of organization			D Emple	oyer id	entification num	ber
		Address change	HANDS OF COMFORT INC				-2770		
	ᆵ	Name change	Number and street (or PO box, if mail is not delivered to street address)		Room/suite	E Telept			
	\equiv	ntia) return							
			AAGE AVDEDNING GED		{	ĺ ,,	04131	10 7700	
	$\overline{}$	nal return/terminated	4485 ALDERNY CIR City or town, state or province, country, and ZIP or foreign postal code		<u> </u>			19-7792	
	=	Vmended return			02	F Group	-	puon	
	<u> </u>	optication pending	High Point, NC 27265			Numb			
	G A	Accounting Method:	X Cash Accrual Other (specify) ▶		H	Check ►		the organization is	s not
			HANDSOFCOMFORT. ORG			required to	attach	Schedule B	
2	JI	ax-exempt status (cf	neck only one) - X 501(c)(3)	4947(a)(1) o	r [527]	(Form 990	, 990-E	Z, or 990-PF).	
17.	KF	orm of organization.		Other					
7	LA	dd lines 5b. 6c, and 7l	b to line 9 to determine gross receipts. If gross receipts are \$2	200,000 or mor	e, or if total as	sets			
Y	^		00,000 or more, file Form 990 instead of Form 990-EZ				. • \$	\$	468
1	Pa		e, Expenses, and Changes in Net Assets or I						400
		 _			•			-	
			ne organization used Schedule O to respond to any o						
	- 1		gifts, grants, and similar amounts received				1		468
	- 1		ce revenue including government fees and contracts \cdots				2		
	- 1	3 Membership di	ues and assessments				3		
		4 Investment inc	ome				4		
		5a Gross amount	from sale of assets other than inventory	5	a İ				
	\mathcal{Z}		ther basis and sales expenses · · · · · · · · · · · · · · · · · ·	_			1 1		
	SI		·				5c		
	Ź		rom sale of assets other than inventory (Subtract line 5b from	i une sa) .	• • • • • •		-		
	Z	_	ndraising events.				3: 1		
	Щ		rom gaming (attach Schedule G if greater than	•					
	SCANNE Brushow 0 3 2022	\$15,000)	• • • • • • • • • • • • • • • • • • • •	· · · · 6a	3		1. 1		
	<u>.</u>	b Gross income fr	om fundraising events (not including \$	of cont	nbutions				
ć	22	from fundraising	events reported on line 1) (attach Schedule G if the			·	41.1		
_	4	sum of such are	ss income and contributions exceeds \$15,000)	61	,	i	1 3		
	9	•	enses from gaming and fundraising events				1: 1		
	ယ								
	1 2		oss) from gaming and fundraising events (add lines 6a and 6	o and Subiraci		į	- 4.84		
	ĬŢ					• • • •	6d		
	יין יי		ventory, less returns and allowances		·		1 1		
	1	b Less cost of goo	ds sold • • • • • • • • • • • • • • • • • • •	76			le di		
	1	c Gross profit or (lo	oss) from sales of inventory (Subtract line 7b from line 7a)				7c		
			escribe in Schedule O)				8		
0	1 .		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9		460
Œ.	+-3								468
\approx	10		r amounts paid (list in Schedule O) · · · · · · · · · · ·			1	10		
5.	11	· · · · · · · · · · · · · · · · · · ·	r for members				11		
127	12	Salaries, other co	mpensation, and employee benefits $\cdots \cdots \cdots \cdots$				12		
2 0 Webness All	13	Professional fees	and other payments to independent contractors				13		468
قب	14		utilities, and maintenance				14		
S.	15		ns, postage, and shipping			L	15		
万 万	ſ								
(16		lescribe in Schedule O) • • • • • • • • • • • • • • • • • •			T T	16		
≈	17		Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·			· · · •	17		468
മ്മ.	18	Excess or (deficit)	for the year (Subtract line 17 from line 9)			• • • • [18		
LLE	19	Net assets or fund	balances at beginning of year (from line 27, column (A)) (m	ust agree with	ı	{	• 1		
120			reported on prior year's return) · · · · · · · · · · · · · · · · · · ·			1	19		
15	20					}	20		
03.3.5EB	20		et assets or fund balances (explain in Schedule O)			 i∵ ∤	+		
	21	Net assets or fund	balances at end of year. Combine lines 18 through 20 · ·	··· REC	<u> </u>	···	21		
Sr F	aperv	vork Reduction Act	Notice, see the separate instructions.			781		Form 990-EZ	. (2019)
* >				ol	- -	181			
9			18	S OCT S	2 6 2020	S-0			
-3°			! '	4		18/		1.7	
` •			Ì	L	ENI LIT	~ ∤	- (G-2	
.P.			ł	OGD	EN, UT			_	
			<u>, </u>						

part II Balance Sheets (see the instructions for D	ic		46.5		
	art II)		46-2	77068	6 Page 2
Check if the organization used Schedule O	to respond to any que	estion in this Part II	<u>.</u>		
			A) Beginning of year		B) End of year
Cash, savings, and investments	• • • • • • • • • • • • • •	· · · · · · [0	22	0
Other assets (describe in Schedule O)		[0	23	_ 0
Total assets	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	0	24	0
Total liabilities (describe in Schedule O)			0	25	1 1 0
Net assets or fund balances (line 27 of column (B) must a	gree with line 21)		0	26	0
Statement of Program Service Accomp	l ishments (see the ins	tructions for Part III	0	27	0
Uneck if the organization used Schedule (O to respond to any ou	estion in this Dad II			Expenses
hat is the organization's primary exempt purpose? PROVII	DE SCHOOL SUPPLIE	S TO DISADVAN	PAGED		ed for section
escribe the organization's program service accomplishments f	or each of its three lames				3) and 501(c)(4)
measured by expenses in a clear and concise manner, descersons benefited, and other relevant information for each progr	mhe the conjuge arraided	, the number of		others)	ations; optional for
PROVIDED SCHOOLS SUPPLIES TO OVER 100	am utie			0010137	
GUILFORD COUNTY PUBLIC SCHOOL SYSTEM	AND SUPPORTION	ADEAC			
	DORROUNDING .	AREAS			
(Grants \$) If this arr	nount includes foreign gran	nts, check here · ·	▶ □	28a	0
10					
(Grants \$) If this arr	nount includes foreign gran	its, check here · ·	· · · · · > []	29a	
		-			
(Grants \$) If this an	nount includes foreign gran	its check here	▶ 🗍	30a	
Other program services (describe in Schedule O)				-	
	nount includes foreign gran			31a	
Total program service expenses (add lines 28a through 3				32	0
art IV List of Officers, Directors, Trustees, and Key E					
					_
Check if the organization used Schedule O to res		is Part IV			_
		(c) Reportable compensation	(d) Health benefits, contributions to employe	 e (e)	Estimated amount of
Check if the organization used Schedule O to res	spond to any question in th	is Part IV	(d) Health benefits.	 e (e)	
Check if the organization used Schedule O to res	spond to any question in th (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	 e (e)	Estimated amount of
Check if the organization used Schedule O to res	spond to any question in th (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	(e)	Estimated amount of
Check if the organization used Schedule O to res (a) Name and title SA WILLIAMS	spond to any question in th (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	(e)	Estimated amount of other compensation
Check if the organization used Schedule O to res (a) Name and title SA WILLIAMS	spond to any question in th (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	(e)	Estimated amount of other compensation
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Page 3 HANDS OF COMFORT INC Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 х detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions x 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 352 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a 37b x 38 a Did the organization borrow from, or make any toans to, any officer, director, trustee, or key employee or were 38a any such loans made in a pnor year and still outstanding at the end of the tax year covered by this return? X b If "Yes," complete Schedule L, Part II and enter the total amount involved 38P Section 501(c)(7) organizations. Enter: 39a 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ; section 4912 > b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year 40b that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I - -X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed 42 a The organization's books are in care of ▶ LISA WILLIAMS Telephone no. 504-319-7792 Located at ▶ 4485 ALDERNY CIR, High Point, NC ZIP+4 ▶ 27265 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, secunties account, or other financial account)? 42b X If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? X If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44h 44c d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X **b** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b

Form 95	X) I.Z (2019	HANDS OF COMFOR	T INC			46-2	2770686		Page 4
								Yes	No
		rganization engage, directly or indirectly, in							1
r n	to candid	lates for public office? If "Yes." complete S	chedule C, Part I	<u> </u>		· · · · · ·	46	<u> </u>	L
Part		section 501(c)(3) Organizations	-	47 401 1					_
		All section 501(c)(3) organizations 50 and 51	s must answer quest	ions 47 - 49b and	52, and co	omplete the	tables for	unes	5
		Check if the organization used Sc	hadula O ta raspand	to any avection i	n this Dort	\/R			П
	<u>`</u>	check if the organization used Sc	nedule O to respond	to any question i	ii uiis Pait	VI	· · · · · ·	Yes	No
47	Did the	organization engage in lobbying activities or	have a section 501/h) elec	tion in effect dumm the	a tav			163	
**				-			47		
48	•	ganization a school as described in section					48		х
49a	Did the	organization make any transfers to an exem	pt non-chantable related o	rganization?			· · 49a		
b	If "Yes,"	was the related organization a section 527	organization?				· · 49b		
50	Complet	e this table for the organization's five highes	st compensated employees	s (other than officers, d	irectors, truste	es and key			
	employe	es) who each received more than \$100,000	of compensation from the	organization If there	is none, enter	"None."	·		
			(b) Average	(c) Reportable		th benefits, as to employee	(e) €stimate	d amoun	at of
		(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)		s, and deferred pensation	other co	mpensati	on
			osiaco to possor	(1.0					
NON	B						[
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			<u> </u>						
							ļ		
			,						
			 						
							į		
f	Total nu	mber of other employees paid over \$100,00	00						
51	Complet	e this table for the organization's five higher	st compensated independe	nt contractors who eac	h received mo	ore than			
	\$100,00	0 of compensation from the organization	f there is none, enter "None	e." 					
	(a)	Name and business address of each independent contr	actor	(b) Type of ser	vice	· ·	c) Compensation	n	
NON	E					<u> </u>			
						 			
	_					 			
				L		1			
		mber of other independent contractors each							
52		organization complete Schedule A? Note: All ed Schedule A				1	▶ 🕅 Yes	п.	No
Unde	<u>-</u>	of penury, I declare that I have examined this reti							
	•	d complete. Declaration of preparer (other than o	•				,		
		LISA WILLIAMS							
Sig		Signature of officer			Date	•			
Her	e	LISA WILLIAMS, DIRECTOR							
	1	Type or print name and title Print/Type preparer's name	Preparer's signature	Date		<u> </u>	PTIN		
Pai	d	1	Lichaici a aithigillig	Date		Check if self-employed	P004389	71	
_	parer	JASHOLYN RAMBEAU Firm's name RAMBEAU TAX SER	VICE		Femis	EIN >	E-004363		
	Only	Firm's address 1115 MT ZION RD							
		Morrow GA 30260			Phon	e no 678-	<u>833-3852</u>		
May	the IRS d	iscuss this return with the preparer shown a	bove? See instructions				Yes 📗 Yes		No
EEA							Form 99	0-EZ (2	2019)

EEA

SCHEDULE A

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.

OMB No 1545-0047 2019

Open to Public

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

► Attach to Form 990 or Form 990-EZ.

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

Nam	of the	o organization					Employer identifica	tion number
HAN	DS	OF COMFORT INC					46-277068	6
Pa	rt I	Reason for Public Charit	ly Status (All o	rganizations must c	omplete	this part	.) See instructions	
The	orga	nizatìon is not a private foundation bec	ause it is (For lines	1 through 12, check only	one box.)			
1		A church, convention of churches, or	association of churc	hes described in section	170(b)(1)(A)(i).		
2		A school described in section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form 990 or 9	90-EZ))			ν
3		A hospital or a cooperative hospital se	rvice organization d	lescribed in section 170(l	b)(1)(A)(iii)			0 9
4		A medical research organization open	ated in conjunction v	with a hospital described ii	n section 1	70(b)(1)(A)(iii). Enter the	
		hospital's name, city, and state						
5		An organization operated for the bene	efit of a college or u	niversity owned or operati	ed by a go	vemmental	unit described in	
		section 170(b)(1)(A)(iv). (Complete F	section 170(b)(1)(A)(iv). (Complete Part II)					
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7		An organization that normally receive	s a substantial part	of its support from a gove	emmental u	unit or from	the general public	
	_	described in section 170(b)(1)(A)(vi).	(Complete Part II.)					
8	Ц	A community trust described in section	n 170(b)(1)(A)(vi).	(Complete Part II.)				
9	Ш	An agricultural research organization of	described in section	170(b)(1)(A)(ix) operate	d in conjun	ction with a	land-grant college	
		or university or a non-land-grant colle	ge of agriculture (se	e instructions). Enter the	name, city	, and state	of the college or	
		university:						
10	X	An organization that normally received		• •				
		receipts from activities related to its e.	=	•				
		support from gross investment incom				511 tax) fror	n businesses	
		acquired by the organization after June		• • • • • •				
11	H	An organization organized and operate			-			
12	Ш	An organization organized and operat	-	· · · ·		_		
		of one or more publicly supported orga		• • • •				
	_	Check the box in lines 12a through 12						
	а	Type I. A supporting organization						
		the supported organization(s) the		**	or the dire	ctors or iru:	siees of the	
	b	supporting organization. You must Type II. A supporting organization	•	=	cumparted	Loroanizato	no(e) by boying	
		control or management of the sup	•					
		-			ions mai u	JIMO OI IIIA	mage the Supported	
		organization(s). You must comp Type III functionally integrated.			tion with a	nd functions	affw integrated with	
	C	its supported organization(s) (see					any macgrated war,	
	d	Type III non-functionally integra					orted organization(s)	
	•	that is not functionally integrated.						
		requirement (see instructions) Yo						
	e	Check this box if the organization					pe II. Type III	
	• 1	functionally integrated, or Type III				, , , , , , , , , , , , , , , , , , ,		
	f	Enter the number of supported organic						[
		Provide the following information about		anization(s)				-
		Name of supported organization	(ii) EIN	(iii) Type of organization	(Iv) is the o	nganization	(v) Amount of monetary	to truomA (iv)
	(*)		, ,	(described on lines 1-10		r governing	support (see	other support (see
			:	above (see instructions))	docum	ient?	instructions)	instructions)
				1	Yes	No		
(A)						í l		
								
(B)								
(C)								
10:								
(D)					<u> </u>	<u> </u>		
15)						1		
(E)					L		· · · · · · · · · · · · · · · · · · ·	
Total				<u> </u>				l

	chodula A (Form 990 or 990 EZ) 2019 HANDS OI	F COMFORT I	NC			46-27706	86 / Page :
	Part II Support Schedule for Organ	izations Des	cribed in Se	ctions 170(b)	(1)(A)(iv) an	d 170(b)(1)(A)	(yi)
	(Complete only if you checked						alify under
	Part III. If the organization fails	to qualify un	der the tests	listed below, p	olease compl	ete Part III	
ร	ection A. Public Support						
C	alendar year (or fiscal year beginning in) >	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		1	1-1		1	
	membership fees received. (Do not		i	İ	1	X	
	include any "unusual grants.")	1	1	ł	1 /	' }	
2	•		+				
	organization's benefit and either paid		1	1			
	to or expended on its behalf		1				
3	•		1	 	1/	<u> </u>	
	furnished by a governmental unit to the	1	1	1	Y]	
	organization without charge	1	1	1 /	1		
4	Total. Add lines 1 through 3		 	1			
5	The portion of total contributions by	 	 	 	 	 	
•	each person (other than a	1			l	1	
	governmental unit or publicly	İ	1	/		1	
	supported organization) included on	1	1	1/	Ĭ	1 1	
	line 1 that exceeds 2% of the amount		1	X	i	} 1	
	shown on line 11, column (f)	l	/	1	1	, ,	
•	Public support. Subtract line 5 from line 4	<u> </u>	 /-	 	 	 	
		S' 40	F- /	<u> </u>	<u>L:</u> _	1 -24	
	ction B. Total Support endar year (or fiscal year beginning in) >	1 4 2 2045	1 11 10000	4-> 2047	(4) 2049	1-1-2010	(f) Total
	Amounts from line 4 · · · · · · · · · · · · ·	(a) 2015	(b)/2016	(c) 2017	(d) 2018	(e) 2019	(I) TOTAL
			 /			<u> </u>	
	Gross income from interest, dividends,			l i		1	
	payments received on securities loans,		/		1		
	rents, royalties and income from						
	similar sources						
	Net income from unrelated business	/]			
	activities, whether or not the business	/ /			,		
	s regularly carried on						
10 (Other income. Do not include gain or	/				į	
lo	oss from the sale of capital assets	/	}	J			
(I	Explain in Part VI.)						
11 T	otal support. Add lines 7 through 10	west in	SALE TELL TO	Fire this program is	V 1	工作的 二十二	
12 G	ross receipts from related activities, etc. (se	é instructions)				12	
3 F	irst five years. If the Form 990 is for the orga	anization's first	, second, third,	fourth, or fifth t	ax year as a s	ection 501(c)(3)	
	ganization, check this box and stop here						
	on C. Computation of Public Support						
4 P	ablic support percentage for 2019 (line/6, col	lumn (f) divide	d by line 11, co	lumn (f)) · · ·]	14	%
	ublic support percentage from 2018 Schedul					15	%
	1/3% support test - 2019. If the organizatio					or more, check t	
va Ju	x and stop here. The organization qualifies	as a nublicly si	inported organ	ization			··· > []
L 22	1/3% support test - 2018. If the organization	as a publicly st	spported organ	12 or 162 and	line 15 ic 33 1	13% or more of	ock
	s box and stop here. The organization qualif						· · · • 🗓
	%-facts-and-circumstances test - 2019. If t						
	% or more, and if the organization meets the						
	rt VI how the organization meets the "facts-a						
	anization · · · · · · · / · · · · · · ·						▶ 🔲
b 109	%-facts-and-circumstances test - 2018. If t	he organization	n did not check	a box on line	13, 16a, 16b, c	or 17a, and line	
	is 10% or more, and if the/organization meets						
	plain in Part VI how the organization meets t						y
	ported organization						
	vate foundation. If the organization did not c						
	ructions						▶ □
11131	000000						

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Schodulo A (Form 990 or 990-EZ) 2019 HANDS OF COMFORT INC Page 3 46-2770686 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (f) Total (e) 2019 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 71 3,069 1,898 1,000 100 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 . 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 71 100 3,069 1,898 1,000 7a 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 line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from 3,069 Section B. Total Support (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2015 1,000 100 1,898 71 3,069 10a 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 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 13 Total support. (Add lines 9, 10c, 11, 71 1,000 3,069 1,898 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) Section C. Computation of Public Support Percentage 100.00 % 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 16 100.00 % 16 Public support percentage from 2018 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 0.00 % 17 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f) 18 0.00 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	Yes	No
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	Nov. 20, 1970 (explain i	n Part VI). See	
instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Sections	A through E.	
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current	Year
		(A) Prior tear	(optiona	il)
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	TI			
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
	1	(A) FIIOI Teal	(optional	1)
Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year)				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in Part VI)	1			
Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Ye	ear
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Ī			
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functionally	integ	ated Type III supporting	organization (se	<u>.</u> е
instructions)		_	•	

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Pa	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt 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 purposes	s of supported organizat	ions	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2019 from Section C. line 6			
	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		١,	
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI) See	1		
	instructions			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
Ь	From 2015			
С	From 2016			
d	From 2017			
	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
_ <u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from]		
	Section D, line 7:		· · · · · · · · · · · · · · · · · · ·	
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount		· · · · · · · · · · · · · · · · · · ·	
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		<u></u>	
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 3j			
	and 4c.			
	Breakdown of line 7			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
_	Excess from 2018			
е	Excess from 2019		•	

Schedule A For	n 990 or 990-EZ) 2019 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	

EEA

Schedule A (Form 990 or 990-EZ) 2019