Form 990-EZ

Department of the Treasury

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)

2020

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

Open to Public Inspection

Internal Revenue Service	► Go to www.irs.gov/Form990EZ for inst	ructions and the latest inform	ation. ZU	<u></u>
A For the 2020 calend	ar year, or tax year beginning	, 2020, and ending		, 20
B Check if applicable	C Name of organization		D Employer	identification number
Address change	God's Grain Bin Inc.	i	74-32	43177
Name change	Number and street (or PO box if mail is not delivered to street address)	Room/suite	E Telephone r	number
Initial return				
Final return/terminated	1623 VINE STREET	ľ	(765)	524-9559
Amended return	City or town state or province country and ZIP or foreign postal code	· ~~!	F Group Exer	
Application pending	New Castle, IN 47362	U 5	Number •	>
3 Accounting Method	X Cash Accrual Other (specify) ▶	—————		if the organization is not
Website ►	E oson E neorati other (opeony)	- "	required to attac	
	theck only one) - 🕱 501(c)(2) ☐ 501(c)(. ◀ insert no	494/(a)(1) or 527	(Form 990 990	
K Form of organization	Massociation ☐ Trust ☐ Association	0ther	(Louis aao aao	-EZ'01 330-LL)
=				
	7b to line 9 to determine gross receipts. If gross receipts are			_
	500,000 or more, file Form 990 instead of Form 990-EZ			
	e, Expenses, and Changes in Net Assets o	·		•
Check if	the organization used Schedule O to respond to a	y question in this Part I .	· · · · · · · ·	
1 Contributions	s, gifts grants, and similar amounts received		1	99,36
2 Program ser	vice revenue including government fees and contracts .		2	
 3 Membership 	dues and assessments		; 3	
4 Investment in	ncome			6
 5a Gross amount 	nt from sale of assets other than inventory	5a		
b Less cost or	other basis and sales expenses	5b		
c Gain or (loss) from sale of assets other than inventory (subtract line 5b f	rom line 5a)	5c	
	fundraising events	•	ļ	
	e from gaming (attach Schedule G if greater than		İ	
		. 6a	1	
h Gross incom	e from fundraising events (not including \$	of contributions		
1)	sing events reported on line 1) (attach Schedule G if the	or contributions	İ	
_		6b		
	gross income and contributions exceeds \$15,000)	· · · · · · · · · · · · · · · · · · ·		
	expenses from gaming and fundraising events			
	or (loss) from gaming and fundraising events (add lines 6a a	nd ob and subtract		
1		1 _ 1	· · · · 6d	
·	of inventory, less returns and allowances			
b Less cost of	goods sold	7b		
c Gross profit of	or (loss) from sales of inventory (subtract line 7b from line 7		<u>7c</u>	
' 8 Other revenu	e (describe in Schedule O)	RECEIVED	8	
9 Total revenu	ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	99,42
10 Grants and s	ımılar amounts paid (list in Schedule O)	MAY 2 1 2021	기왕I 10	
11 Benefits paid	to or for members \dots \dots \dots \dots	MAY 2 1 2021	101 11	
12 Salaries, other	er compensation and employee penefits		Ø . 12	
13 Professional	fees and other payments to independent contractors	L OGDEN, UT	그뜨 13	
. 14 Occupancy, i	ent utilities, and maintenance	- EIV, UI	14	68,59
3			15	1,47
- 0.,	, , ,		,	1
47 T-4-1				70,06
18 Excess or (de				
9 10 Notte =:				29,36
19 Net assets or	fund balances at beginning of year (from line 27, column (40	25.55
end-or-year to	gure reported on prior year's return)			95,53
7	es in net assets or fund balances (explain in Schedule O)			<u> </u>
	fund balances at end of year Combine lines 18 through 20	· · · · · · · · · · · · · · · · · · ·	▶ 21	
For Paperwork Reduction	on Act Notice, see the separate instructions.	_	/	Form 990-EZ (2020

Form 990-EZ (2020) God's Grain Bin I			74-3	243177	Page 2
Part II Balance Sheets (see the instructions for					
Check if the organization used Schedule	O to respond to any q	uestion in this Par	<u>: II</u>		<u> </u>
			(A) Beginning of year	(B)	End of year
22 Cash, savings, and investments			95,536	22	24,500
23 Land and buildings			0	23	100,397
24 Other assets (describe in Schedule O)			0	24	0
25 Total assets			95,536	25	124,897
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must	agree with line 21)		95,536	27	124,897
Part III Statement of Program Service Accom	•			E.	rnoncoc
Check if the organization used Schedule]	kpenses
What is the organization's primary exempt purpose? To d	stribute food ar	nd provide ser	vices	(Required	
Describe the organization's program service accomplishments	for each of its three large	st nrogram services			and 501(c)(4)
as measured by expenses In a clear and concise manner, des	•			1	ons, optional for
persons benefited, and other relevant information for each pro-	•			others)	
28 Distribute food for the people in th	ne community who	are in			
need			i		
(Grants \$) If this a	mount includes foreign gra	ants, check here		28a	0
29					
	 -				
(Grants \$) If this a	mount includes foreign gra	ants, check here .	▶ 🗍	29a	
30					
** ***					
7					
(Grants \$) If this a	mount includes foreign gra	ants, check here .		30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this a	mount includes foreign gra	ants, check here .	▶ 🔲	31a	
32 Total program service expenses (add lines 28a through	31a)			32	0
Part IV List of Officers, Directors, Trustees, and Key				s for Part I	V)
Check if the organization used Schedule O to re	espond to any question in t	his Part IV			
	(b) Average	(c) Reportable	(d) Health benefits		
(a) Name and title	hours per week	compensation	contributions to employe	- 1	mated amount of compensation
	devoted to position	(Forms W 2/1099-MISC) (If not paid, enter -0-)	benefit plans, and deferred compensation	dine	compensation
CHRISTY BROWN		STMA01			
Secretary	20.00	0	0		0_
WAYMAN ALLEN		STMA02			
Vice President	20.00	oo			0
OWEN WYANT		STMA03			
President	20.00	0	0		_ 0_
DAVID HALL					
Treasurer	20.00	0			0
		.	<u> </u>		
			1		
				 	
والمساحدة المساحدة ال					
				1	
			<u> </u>		

Form 990-F7 (2020)

	990-EZ (2020) God's Grain Bin Inc. 74-32	43177	F	age 3
Pa	rt V 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 Par	<u>t V</u>		للن
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	. 33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O See instructions	. 34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		7.
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O			X
		. 350		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			ļ
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	. 35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	. 36		<u>X</u>
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			1
b	Did the organization file Form 1120-POL for this year?	. 37b		х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	. 38a		x
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			1
a	Initiation fees and capital contributions included on line 9]]		
	Gross receipts, included on line 9, for public use of club facilities	_		ĺ
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	-		ĺ
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶	1 1		1
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			ĺ
Ū	excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year			
		406		
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		Х
С	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	_		l
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			l
	40c reimbursed by the organization	_ ,		ĺ
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	. 40e		_ X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ DAVID HALL Telephone no ▶ 765	-524-9	559	
	Located at ▶ S 19th Street, New Castle, IN ZIP+4 ▶ 473	62		
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, securities 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		İ	İ
	Financial Accounts (FBAR)			l
r	At any time during the calendar year, did the organization maintain an office outside the United States?	. 42c		х
·	If "Yes" enter the name of the foreign country	1.272		- 4
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		. , 🕨	
43				<u> </u>
	and enter the amount of tax-exempt interest received or accrued during the tax year	. 1 1	·	
	D 4 Hz	,	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		ļ	
	completed instead of Form 990-EZ	. 44a		<u> </u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			l
	completed instead of Form 990-EZ			Х
С	Did the organization receive any payments for indoor tanning services during the year?	. 44c		х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			ł
	explanation in Schedule O	. 44d		
45 a	. · · · · · · · · · · · · · · · · · · ·		-	Х
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		х

Form 990 EZ	(2020) God's Grain Bi	Inc.		74-	3243177	F	age 4
40 5 :	t,		and the late of the state of th		Γ	Yes	No
	the organization engage, directly or indirectly, in		• • • • • • • • • • • • • • • • • • • •		10	}	l <u>.</u>
Part VI	andidates for public office? If "Yes," complete Section 501(c)(3) Organizations			<u> </u>	46	<u> </u>	Х
(All section 501(c)(3) organization		ions 47 - 49b and 5	2, and complete th	e tables fo	r line:	s
	50 and 51	•		•			_
	Check if the organization used Sc	hedule O to respond	to any question in	this Part VI			
						Yes	No
	the organization engage in lobbying activities or						
,	? If "Yes," complete Schedule C, Part II						х
	ne organization a school as described in section					 	х
	the organization make any transfers to an exem		=		·	<u> </u>	х
	es," was the related organization a section 527				49b		
	nplete this table for the organization's five highe ployees) who each received more than \$100,000						
emp	bioyees) who each received more than \$100,000	o or compensation from the		(d) Health benefits.			
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee	(e) Estimate		
	(a) Name and the oreach employee	devoted to position	(Forms W 2/1099-MISC)	benefit plans, and deferred compensation	other co	mpensa	tion
		<u> </u>					
NONE							
			·				
				(<u> </u>		
			, 				
			ļ	<u></u>	<u> </u>		
					Į		
				<u> </u>			
	number of other employees paid over \$100,00						
	plete this table for the organization's five higher	·		eceived more than			
\$100	0,000 of compensation from the organization	there is none, enter inone	; 				
	(a) Name and business address of each independent conf	ractor	(b) Type of service		(c) Compensatio	n	
					·····		
NONE							
			[
			,				
			ı				
	;, -, ₋ , -, -,		L				
	I number of other independent contractors each	_	tions must attach a		···		
	the organization complete Schedule A? Note: Al				▶ 🗓 Yes		No
	pleted Schedule A						
•	llies of perjury, i declare that I have examined this rel , and complete _Declaration of preparer (oth <u>er than</u>	•			euge and belle!	, 11 15	
nue, coneci	, and complete Deciaration of preparet (offer than	Onicar) is based on an inform	unon or winon preparer flas	05.14.7	2021		
Sign	Signature of officer			Date			
Here	DAVID HALL, Treasurer						
	Type or pnnt name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check I	PTIN		
Paid	Todd Huth	adop to the	05-10-20	1	P007022	11	
Prepare		ng & Tax Service		Firm's EIN			
Use Onl					1		
	New Castle IN 4			Phone no 765	- <u>529-2227</u>		
May the IR	S discuss this return with the preparer shown a	bove? See instructions			▶ ☐ Yes		No
EEA					Form 99	0-EZ (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

OMB No 1545-0047

2020

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of the	eorganization					Employer identification	n number
God	l's	s Grain Bin Inc. 74-3243177						7
	rt I	Reason for Public Charit	y Status. (All o	organizations must	complete	this par		
The	orgar	nization is not a private foundation beca	ause it is (For lines	1 through 12, check only	one box)			
1		A church, convention of churches, or a	association of churc	hes described in section	170(b)(1)(A)(ı).	\mathcal{N}	
2	$\overline{\Box}$	A school described in section 170(b)((1)(A)(II). (Attach Sc	hedule E (Form 990 or 9	90-EZ))		\mathcal{U}	
3	Ī	A hospital or a cooperative hospital se	rvice organization de	escribed in section 170(b	o)(1)(A)(III).		•	
4	П	A medical research organization opera	ited in conjunction w	ith a hospital described in	n section 1	70(b)(1)(A)(III) Enter the	
	_	hospital's name city and state	,			, ,, ,,		
5	П	An organization operated for the bene	fit of a college or un	iversity owned or operate	ed by a gov	ernmental i	unit described in	
		section 170(b)(1)(A)(iv). (Complete F	-	,	, - 3			
6	П	A federal, state, or local government or		described in section 170	(b)(1)(A)(v	١.		
7	Ħ	An organization that normally receives	~				the general public	
•		described in section 170(b)(1)(A)(vi)	•	or was and bow morn a gove			ga paa	
8	П	A community trust described in section		(Complete Part II.)				
9	H	An agricultural research organization of			ed in coniun	ction with a	land-grant college	
3	Ш	or university or a non-land-grant college						
		university	ge of agriculture (se	e instructions) Enter the	riaine, ony	, and state	of the college of	
10	\mathbf{x}	An organization that normally receives	(1) more than 33 (1/3% of its support from	contribution	e mamhai	rehin fees, and gross	
10	₩.	receipts from activities related to its ex	• •	• •				
		support from gross investment income	•	•				
		•) (ax) 0	iii busiiiesses	
11	П	acquired by the organization after June An organization organized and operate				\/ / \		
11 12	님	An organization organized and operate	•				arny out the nurneses	
12	Ш		•	•				
		of one or more publicly supported orga						
	_	Check the box in lines 12a through 12					-	
	a	Type I A supporting organization	•	•	-			
		the supported organization(s) the			or the aire	ctors or tru	stees of the	
		supporting organization You mus				J	(-) h., ha.,	
	Ь	Type II A supporting organization						
		control or management of the sup		•	sons that co	ontrol or ma	anage the supported	
		organization(s) You must compl						
	С	Type III functionally integrated.						
		its supported organization(s) (see	•	•				
	d	Type III non-functionally integra						
		that is not functionally integrated	The organization ge	nerally must satisfy a dis	stribution re	quirement	and an attentiveness	
		requirement (see instructions) Yo	u must complete f	Part IV, Sections A and	D, and Par	t V.		
	е	Check this box if the organization	received a written d	letermination from the IR	S that it is a	a Type I, Ty	pe II, Type III	
		functionally integrated, or Type III	non-functionally inte	egrated supporting organ	nization			
	f	Enter the number of supported organic	zations			· · · · ·		[
	g	Provide the following information about	it the supported org	anization(s)				
	(1)	Name of supported organization	(n) EIN	(III) Type of organization	(iv) is the oi	-	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)
				above (see manuchons))				mondonoro,
					Yes	No		
Λ.						-		
A)						unm nnr		
- ·								
B)								
C)								
D)								
	-							
E)]	ļ	
_					 		-	

	dule A (Form 990 or 990 EZ), 2020 God's Gra	in Bin Inc	-ibadia Caa	4.000 470/h)	(4)(4)(:)	74-32431	177 Page 2
Pa	rt II Support Schedule for Organiz						
	(Complete only if you checked the						uality under
	Part III If the organization fails t	o quality und	er the tests li	sted below, p	rease compre	ete Part III)	
	ction A. Public Support	1	1	1 "" 1	r <u> </u>	r /	·
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	t (f) Total
1	Gifts, grants, contributions, and					<i>\$</i>	1
	membership fees received (Do not				,		
	include any "unusual grants")				<i></i>		
2	Tax revenues levied for the				<i>f</i>		
	organization's benefit and either paid to				<i>f</i>		
	or expended on its behalf				/		
3	The value of services or facilities				<i>*</i>		
	furnished by a governmental unit to the				/		
	organization without charge				/		
4	Total Add lines 1 through 3						
5	The portion of total contributions by				<i>'</i>		ĺ
	each person (other than a				<i>f</i>		
	governmental unit or publicly			ļ	/		
	supported organization) included on			1	,		1
	line 1 that exceeds 2% of the amount			/			į
	shown on line 11, column (f)						1
6	Public support Subtract line 5 from line 4			/			
Sec	ction B. Total Support	<u> </u>		1			
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 201/8	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4					1	
8	Gross income from interest, dividends,			/			· · ·
	payments received on securities loans,			[<i>f</i>]		ļ	1
	rents, royalties, and income from			, ,			Î I
	similar sources			,			
9	Net income from unrelated business			,			
Ŭ	activities, whether or not the business					İ	
	is regularly carried on			/			
10				<i> </i>	-		
10	loss from the sale of capital assets			/			! !
	(Explain in Part VI)			y		}	
44	Total support Add lines 7 through 10		· /				<u> </u>
	Gross receipts from related activities, etc. (s	L	<u> </u>	l	<u> </u>	12	<u> </u>
12	First five years If the Form 990 is for the oil	raanization's fi	ret second the	ird fourth or fil	fth tay vear as	a section 501	C)(3)
13			,				
500	organization check this box and stop here ction C. Computation of Public Suppo	rt Percentar		 			· · · · ·
361	Public support percentage for 2020 (line 6, 4	oolumo (f) du	ided by line 11	column (f))	-	14	
	Public support percentage for 2020 (fine 6, 6) Public support percentage from 2019 Sched					' '7. 15	
15	33 1/3% support test - 2020. If the organization	iule A, Pait II,	ack the box on				
16a	33 1/3% support test - 2020. If the organiza	ition dia not ch	eck the box of	i iiile 13, aliu ii	He 14 IS 33 1/3	5% of filote, cr	>
	box and stop here. The organization qualified	es as a publicly	supported org	ganization			ro obook
k	33 1/3% support test - 2019. If the organiza	ition did not ch	ieckja box on ii	ine 13 or 16a, a	and line 15 is 3	33 1/3% 01 1110	ire, check
	this box and stop here. The organization qu	alifies as a pui	oliciy supported	organization	40.40-	400	🕨 📋
17a	10%-facts-and-circumstances test - 2020	If the organiza	ation did not cr	neck a box on i	ine 13, 16a, or	100, and line	14 15
	10% or more, and if the organization meets t	tne facts-and-c	rcumstances t	test, check this	box and stop	nere. Explain	
	Part VI how the organization meets the facts						
	organization						
b	0 10%-facts-and-circumstances test - 2019.	. If the organ/iza	ation did not ch	neck a box on I	ine 13, 16a, 16	Sb, or 17a, and	line
	15 is 10% or more, and if the organization m	neets the facts	and-circumsta	nces test, chec	k this box and	stop here. Ex	plain
	in Part VI how the organization meets the fa	icts-and-c _i fcur	nstances test	The organizati	on qualifies as	s a publicly su	pported
	organization						▶ □
18	Private foundation. If the organization did n	iot check∮a box	on line 13, 16	Sa, 16b, 17a, or	17b, check the	is box and see	•
	instructions						
EEA.							orm 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 ' God's Grain Bin Inc

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

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

<u>5e</u>	ction A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received (Do not include any "unusual grants")	44,342	49,534	50,307	64,356	99	, 363	307,902
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
_	unrelated trade or business under section 513							
4	Tax revenues levied for the							
-	organization's benefit and either paid to						Ì	
	or expended on its behalf							
5	The value of services or facilities							·
	furnished by a governmental unit to the							
	organization without charge						ļ	
6	Total Add lines 1 through 5	44,342	49,534	50,307	64,356	99	, 363	307,902
	Amounts included on lines 1, 2, and 3	11/512	10,001	30,30,	01/333		303	30.7302
	received from disqualified persons							
b	Amounts included on lines 2 and 3					-		
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6)		İ					307,902
Se	ction B. Total Support							
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20	(f) Total
9	Amounts from line 6	44,342	49,534	50,307	64,356	99,	363	307,902
10 <i>a</i>	Gross income from interest, dividends,						1	
	payments received on securities loans, rents,		1					
	royalties, and income from similar sources						i	
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses	j l	1				Ì	
	acquired after June 30, 1975						<u> i </u>	
С	Add lines 10a and 10b							
11	Net income from unrelated business		1					
	activities not included in line 10b, whether	[İ			i	
	or not the business is regularly carried on						<u> </u>	
12	Other income Do not include gain or				1			
	loss from the sale of capital assets							
	(Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12)	44,342	49,534				363	307,902
14	First 5 years. If the Form 990 is for the orga							
	organization check this box and stop here					· · · · ·		> []
	ction C. Computation of Public Suppo							
	Public support percentage for 2020 (line 8,			column (f))		15		100.00 %
	Public support percentage from 2019 Scheo			<u> </u>		16		100.00 %
	ction D. Computation of Investment In							
	Investment income percentage for 2020 (line					17		0.00 %
	Investment income percentage from 2019 Sc					1 18	. (00)	0.00 %
19a	33 1/3% support tests - 2020. If the organiz							
	17 is not more than 33 1/3%, check this box							
þ	33 1/3% support tests - 2019. If the organiz							
	line 18 is not more than 33 1/3%, check this							
20	Private foundation. If the organization did r	ot check a box	on line 14, 19a	a, or 19b, chec	k this box and	see instru	actions	▶ ∐
							4.4-	

74-3243177

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part	V)	
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	7,2		
	class or purpose, describe the designation If historic and continuing relationship, explain	1	'	
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)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
ou	lines 3b and 3c below	3a		
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	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	'	
4		- 30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a		
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below	44		
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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	٠.		4
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			3. A. 31
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			27 5
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			· **
	answer lines 5b and 5c below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN			1.1 c.
	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		-	7,4%
	was accomplished (such as by amendment to the organizing document)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	ĺ		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	1		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		- 1	
	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	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		_	
U	the supporting organization had an interest? If "Yes " provide detail in Part VI	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c		
10-	Was the organization subject to the excess business holdings rules of section 4943 because of section	7-		
iva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
		10a		
	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	10b	•	
	determine whether the organization had excess business holdings)	100		

Pa	ort IV Supporting Organizations (continued)		· · · · · ·	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI .	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		,	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		į	
	directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			,
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization	2		
360	ction C. Type II Supporting Organizations		Yes	Nia
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	$\overline{}$	res	No
'	or trustees of each of the organization's supported organization(s)? If "No " describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s)	1		-
Sec	tion D. All Type III Supporting Organizations			*,
	And the state of t		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-:
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			•
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		'	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	}	. •
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	,		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			•
	supported organizations played in this regard	3	``	
Sec	tion 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 ins	tructi	ons)	
а	The organization satisfied the Activities Test. Complete line 2 below			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	, , , , , , , , , , , , , , , , , , ,	see ins		
2	Activities Test Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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	<u> </u>		
	that these activities constituted substantially all of its activities	2a	i	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	·		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		ļ	
_	these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer lines 3a and 3b below.	' •	4	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2020

EEA

Pa	rt V Type III-Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov 20, 1970 (explain	in in Part VI) See
	instructions All other Type III non-functionally integrated supporting organia	zatioi	ns must complete Sectio	ns A through E
	Then A. Adulated Not Income		(A) Drier Veer	(B) Current Year
Sec	ction A - Adjusted Net Income		(A) Prior 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	****	
				(B) Current Year
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T		
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	7 1		
	(explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d	3	······································	
4	Cash deemed held for exempt use Enter 0 015 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 0 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 0 85 of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	!ncome tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	+-		
J	emergency temporary reduction (see instructions)	6	•	
7	Check here if the current year is the organization's first as a non-functionally		grated Type III supporting	ng organization
•	(see instructions)	,	grated Type in Supportin	ig organization

Pa	rt V Type II Non-Functionally Integrated 509(a)(3	3) Supporting Organia	zations (continue	d)	
Sec	ction D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - p.	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI) See instructions	1000 1000 1000 1000 1000 1000 1000		6	
7	Total annual distributions. Add lines 1 through 6			7	····
8	Distributions to attentive supported organizations to which the	ne organization is respor	isive		
	(provide details in Part VI) See instructions			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(יי) Underdistributio Pre-2020	ns	(III) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020	,			
	(reasonable cause required - explain in Part VI) See				
	instructions				
_3	Excess distributions carryover, if any, to 2020				
а	From 2015				<u>8' 46</u> .
b	From 2016				
	From 2017				
d	From 2018			\perp	
	From 2019				,
	Total of lines 3a through 3e			\perp	1
	Applied to underdistributions of prior years			\perp	
	Applied to 2020 distributable amount				
1	Carryover from 2015 not applied (see instructions)				i
J	Remainder Subtract lines 3g, 3h, and 3i from line 3f				,
4	Distributions for 2020 from			- 1	
	Section D, line 7 \$				<u> </u>
	Applied to underdistributions of prior years			\perp	•
	Applied to 2020 distributable amount				· · · · · · · · · · · · · · · · · · ·
	Remainder Subtract lines 4a and 4b from line 4		<u></u>		
5	Remaining underdistributions for years prior to 2020, if			''	•
	any Subtract lines 3g and 4a from line 2. For result			}	4 ,
	greater than zero, explain in Part VI See instructions	६ / भट्ट			
6	Remaining underdistributions for 2020 Subtract lines 3h	,	• • •		
	and 4b from line 1 For result greater than zero, explain in			-	
	Part VI See instructions				
7	Excess distributions carryover to 2021 Add lines 3j				
	and 4c				
	Breakdown of line 7				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				•
d	Excess from 2019				
е	Excess from 2020				

Page 8 Part on a, 2b,
on E,

Schedule A (Forn	n 990 or 990 EZ) 2020 Page	3 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, 2t 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	b,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
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