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)

OMB No 1545-0047 2020

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

AF	or the	2020 calendar year, or tax year beginning , :	2020, and ending		, 20
Вс	heck if ap	oplicable C Name of organization		D Employer i	dentification number
	Address c		80-0288520		
· 🖳 ب	Name cha		E Telephone number		
, =	nitial retu	1P O ROY 5712		2	10-218-2882
==		City or town, state or province, country, and ZIP or foreign postal code		F Group Ex	
==	Amended	return	03	Number	•
. ====		n pending San Antonio, TX, 78201 ting Method: ✓ Cash ☐ Accrual Other (specify) ►	<u>``</u>		
. G. A		<u> </u>	n		If the organization is not
	Vebsite			•	ttach Schedule B 90-EZ, or 990-PF).
JI		npt status (check only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a		(Form 990, 9	9U-EZ, Or 99U-Pr).
K F L A (Par	orm of	organization:			.
LA		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,00		al assets	
(Par		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>	\$
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Ba	lances (see the	instruction	is for Part I)
		Check if the organization used Schedule O to respond to any ques	tion in this Part I	1	🗀
	1	Contributions, gifts, grants, and similar amounts received			42,163
	2	Program service revenue including government fees and contracts .		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	20
	1 _		1	· · 	30
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		4
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b fi	om line 5a)	<u>5c</u>	ļ
	6	Gaming and fundraising events:		ونيه ٢٠	
4.	a	Gross income from gaming (attach Schedule G if greater than			
Ĭ		\$15,000)	6a		Ί
Revenue	b	Gross income from fundraising events (not including \$	of contribution		x
Æ	İ	from fundraising events reported on line 1) (attach Schedule G if the			
_	ļ	sum of such gross income and contributions exceeds \$15,000)	6b) "	į
	C	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6		btract	
		line 6c)		6d	-
	7a	Gross sales of inventory, less returns and allowances	7a		
			7b		-
1	b	Less: cost of goods sold		—— -	r
- 1	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7c	•	· · 7c	
!	8	Other revenue (describe in Schedule O)		8	ļ
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	· <u>· · · · · · · · · · · · · · · · · · </u>	. ▶ 9	42,193
	10	Grants and similar amounts paid (list in Schedule O)	びにロ・1・	10	
	11	Benefits paid to or for members	V 01 .	11	
Se	12	Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salaries, other compensation, and employee benefits	180	12	
nses	13	Professional fees and other payments to independent contractors	1 2021 1 john	13	14,727
Exper	14	Occupancy, rent, utilities, and maintenance		14	24,895
ă	15	Printing, publications, postage, and shipping	- TIT \	15	470
	16	Other expenses (describe in Schedule O)	N, 0	. 16	1
	17	Printing, publications, postage, and shipping		▶ 17	40.002
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	· · · · · · · · · · · · · · · · · · · 	18	40,092
ets	19	Net assets or fund balances at beginning of year (from line 27, colum	n (A)) (must acree		2,101
596	1.5	end-of-year figure reported on prior year's return)	ii (M) (iiiust agrei	14	
Ž.				· · 19	241,319
Net Assets	20	,		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20)	. > 21	243,420
For	Papen	work Reduction Act Notice, see the separate instructions.	Cat. No 10642I		Form 990-EZ (202

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Form	990-EZ	(2020)
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Page 2

						rage z
Pa	rt II Balance Sheets (see the instructions	•				
	Check if the organization used Schedul	e O to respond to a	ny question in this			<u> </u>
-00	Cook povince and investments		-	(A) Beginning of year	-	(B) End of year
22 23	Cash, savings, and investments			93,501 147,818	_	95,602
24	Other assets (describe in Schedule O)			147,818	24	147,818
25	Total assets			241,319		243,420
26	Total liabilities (describe in Schedule O)		h	241/010	26	243,420
_27	Net assets or fund balances (line 27 of colum	n (B) must agree with	n line 21)	241,319	27	243,420
Par	t III Statement of Program Service Accom			Part III)		-
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part III 🗌	/Dag	Expenses uired for section
Wha	t is the organization's primary exempt purpose?		- 			c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomp	lishments for each o	f its three largest p	rogram services,	_	nizations, optional for
as n	neasured by expenses. In a clear and concise roons benefited, and other relevant information for e	nanner, describe the	e services provided	, the number of	othe	18)
28			·			
]
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	🕨 🔲	28a	
29						

						1
20	(Grants \$) If this amoun	t includes foreign gra	ints, check here	<u> </u>	29a	
30						
	***************************************		***************************************			1
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
		t includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	<u> </u>
Par	t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul					
	Officer if the organization used Scheduli	1	(c) Reportable	(d) Health benefits,		<u></u>
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ		Estimated amount of their compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		ther compensation
		-		}	1	
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		. - -			1	

AB

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in th			
	· · · · · · · · · · · · · · · · · · ·	J I di i	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		1
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		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
ъ 39 а	If "Yes," complete Schedule L, Part II, and enter the total amount involved	が変え		
b 40a	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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	である。		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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	135	1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Y∈s," enter the name of the foreign country ▶	42c	<u></u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	·	Yes	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	right.	✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	44 E	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	7.55	
`45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		/ 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一

d Total number of other independent contractors each receive	ng over \$100,000 ▶
52 Did the organization complete Schedule A? Note: All completed Schedule A	section 501(c)(3) organizations must attach a
Inder penalties of penury, I declare that I have examined this return, including accomplete Declaration of preparer (other than officer) is based on all	panying schedules and statements, and to the best of my knowledge and belief, it is information of which preparer has any knowledge.
Sign Phillip G. Ley Director	06/1/2021 Date
Print/Type preparer's name Preparer's significant Preparer's signifi	Date S 1 21 Check I if self-employed P01460478
Jse Only Firm's name ► RUDY SERRATA	Firm's EIN ▶
Firm's address ▶ 2806 DARWIN DR SAN ANTONIO , TX 78	
May the IRS discuss this return with the preparer shown above? S	ee instructions
	Form 990-EZ (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Posada Guadalupe

Employer identification number 80-0288520

Pai	rt I Reason for Public Char	ity Status. (All	l organizations mus	t compl	ete this p	oart.) See instructi	ons.
The o	organization is not a private foundat	tion because it i	s: (For lines 1 through	12, che	ck only or	ne box.)	VI
1	A church, convention of church)\
2	A school described in section		•				
-3	A hospital or a cooperative hos	•	•				
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	pital desc	cribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for the section 170(b)(1)(A)(iv). (Compared to the section 170(b)(1)(A)(iv).		college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, state, or local govern						
7	An organization that normally r			port from	a govern	nmental unit or from	the general public
	described in section 170(b)(1)(
8	A community trust described in	• •		-			
9	An agricultural research organizer or university or a non-land-granuniversity:						
10	☐ An organization that normally re	eceives (1) more	than 331/3% of its su	pport fro	m contrib	outions, membership	fees, and gross
	receipts from activities related to support from gross investment acquired by the organization af	income and uni	related business taxal	ble incon	ne (less se	ection 511 tax) from	331/3% of its businesses
11	☐ An organization organized and				•		
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 throu	_	•		•	•	•
а							
	the supported organization(supporting organization. Yo					ne directors or trust	ees of the
_	_ '' •	-					on(a) by baying
ь	 Type II. A supporting organ control or management of the 						
	organization(s). You must of				persons	that control of man	age the supported
С	Type III functionally integr	rated. A support	ting organization oper	rated in c			ally integrated with,
	its supported organization(s						
d							
	that is not functionally integ requirement (see instruction						u an attentiveness
e		•	-				all Type III
-	functionally integrated, or T						e II, Type III
f	Enter the number of supported o			_			
g	5 11 H (1) 11 11 11 11 11 11 11 11 11 11 11 11 1	-					L
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)			<u> </u>				
		· · · · · · · · · · · · · · · · · · ·			ļ		
(B)							
(C)		}					
(D)							
(E)							
Tota					 		

Part							,
	(Complete only if you checked to						alify under
04	Part III. If the organization fails to	o quality und	er the tests lis	sted below, p	lease comple	ete Part III.)	
$\overline{}$	on A. Public Support	1 (2) 2012	# 1 0047	1-1-00-10	T (4) 0010	(-) 0000	V 10 7 11
Caler	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	} 			1		
	include any "unusual grants.")	ł	1				
2	Tax revenues levied for the					/	
	organization's benefit and either paid to]		ļ			
	or expended on its behalf						
3	The value of services or facilities					,	
	furnished by a governmental unit to the		1				
_	organization without charge					,	
4	Total. Add lines 1 through 3		Wilder Charles	STANCE STANCE		CONTRACTOR OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	
5	The portion of total contributions by			1. 1. 1. 1. 1.			
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount			1/2			
	shown on line 11, column (f)						
_6	Public support. Subtract line 5 from line 4		THE STATE OF THE S	新型物品	No Marie Control	建筑线 加	
	on B. Total Support				·	,	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	<u></u>			 	ļ	
.8	Gross income from interest, dividends, payments received on securities loans,	ļ					
	rents, royalties, and income from]		}	1	}	
	similar sources				ļ		
9	Net income from unrelated business						
	activities, whether or not the business			}	}		
	is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets			ļ			
	(Explain in Part VI.)	ľ	}	j	}		ļ
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instructi	ons)	ASSESSMENT TRACE DESCRIPTION OF THE	Samuelle de Cara	12	<u> </u>
13	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·	<u> </u>	<u> </u>	🕨 🔲
	on C. Computation of Public Suppo		<u></u>				
14	Public support percentage for 2020 (line					15	<u>%</u>
15 16a	Public support percentage from 2019 Sci 331/3% support test 2020. If the organ						
	box and stop here. The organization qua						
b	331/3% support test-2019. If the organi		•	_			_
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		🕨 🔲
17a	10%-facts-and-circumstances test-2				•		
	10% or more, and if the organization m						
	Part VI how the organization meets the organization	tacts-and-circ	umstances tes	st. The organiz	zation qualifies	as a publicly	supported
a.	- //	040 Kaba					's and the
ь	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
18	Private foundation. If the organization	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	ox and see
/	instructions						▶ □

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

•	(Complete only if you checked the lf the organization fails to qualify						der Part II.
Secti	on A. Public Support						/
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020/	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	ļ <u> </u>	 				
_	sold or services performed, or facilities		ļ				
	furnished in any activity that is related to the	:			/	<i>'</i>	
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					Ì	
	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					1	
5	The value of services or facilities			/			
•	furnished by a governmental unit to the						
	organization without charge				i	1	
6	Total. Add lines 1 through 5			/			
7a	Amounts included on lines 1, 2, and 3			/			
10	received from disqualified persons .		j				
	, ,		· /				
b	Amounts included on lines 2 and 3]	
	received from other than disqualified						
	persons that exceed the greater of \$5,000				1		
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from	ز ا		1		***	
	line 6.)						
	on B. Total Support			_			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		}]	1	}	
	royalties, and income from similar sources .	ľ		}	1		
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses	ŀ	Ì				
	acquired after June 30, 1975	İ	}	Į	1	}	
^	Add lines 10a and 10b	 	 	 			
	Net income from unrelated business	 	 				
11	activities not included in line 10b, whether	i		Į.	1		
	or not the business is regularly carned on		ļ	j	}	į į	
			 	·			
12	Other income. Do not include gain or	ĺ	1		1	1	
	loss from the sale of capital assets	ł	l			ļ	
	(Explain in Part VI.)				ļ		
13	Total support. (Add lines 9, 10c, 11,	İ	[
	and 12.)	(<u> </u>	<u> </u>	<u> </u>	<u> </u>	
14	First 5 years. If the Form 990 is for the	_	s first, second	l, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re	<u> </u>	<u> </u>	· · · · ·	· · · · ·	· · > 🗀
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8	8, column (f), c	livided by line	13, column (f))		15	<u>%</u>
16	Public support percentage from 2019 Sch			<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2020 (line 10c, colur	nn (f), divided l	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2019	-	• •			18	%
19a	331/2% support tests-2020. If the organ					ore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2019. If the organiz						
-	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization di						

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,)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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.
- 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 line 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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Part	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 line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	
<u> </u>	detail in Part VI.	11c
Secti	on B. Type I Supporting Organizations	Vee Ne
		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,	
	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
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,	
	supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Secti	on D. All Type III Supporting Organizations	
		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?	200700000000000000000000000000000000000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	
•	a significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).
a	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.	(!tt)
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	Yes No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	103 10
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	
	that these activities constituted substantially all of its activities.	2a
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	
_	these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the argenization have the power to requirely appearst or elect a majority of the officers, directors or	
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? If "Yes" or "No," provide details in Part VI .	3a
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

-Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion 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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
_ b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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		
_4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-function	ally	integrated Type III supporting	ng organization
	(see instructions).	-		

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	d)	_		
Sect	Section D—Distributions Current Year						
1	Amounts paid to supported organizations to accomplish	exempt purposes		1			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted				
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3			
4	Amounts paid to acquire exempt-use assets	11		4			
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	- VN	5			
6	Other distributions (describe in Part VI). See instructions.			6	······································		
7	Total annual distributions. Add lines 1 through 6.			7	"		
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive		·		
	(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			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(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			存物			
a							
<u>a</u>	From 2016						
	From 2017						
d	From 2018				K PIR AT VALUE OF STREET		
				(22)			
_	Total of lines 3a through 3e	SPORT OF BRIDE STATE OF STATE	THE THE PARTY OF				
g	Appliec' to underdistributions of prior years		M. Alexandria de Contrata de Contrata de Contrata	3 70 2			
h	Applied to 2020 distributable amount				Amenda and a service and a service of the service o		
i	Carryover from 2015 not applied (see instructions)	South made control and the sale built handle to a fill interest		20			
i	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from						
	Section D, line 7:						
a	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
C	Remainder, Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.			3.2			
7	Excess distributions carryover to 2021. Add lines 3j	The land of the la		1			
	and 4c.						
8	Breakdown of line 7:			23	HORAC PART PAR		
а	Excess from 2016			州			
b	Excess from 2017						
. с	Excess from 2018						
d	Excess from 2019			1888			
e	Excess from 2020			隊總			