## **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)

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

► Go to www.irs.gov/Form990EZ for instructions and the latest information. 2012 Internal Revenue Service A For the 2020 calendar year, or tax year beginning 2020, and ending 01/01 12/31 . 20 B Check if applicable C Name of organization D Employer Identification number CENTRAL CALIFORNIA USA TRACK AND FIELD 77-036346 Address change Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return **6750 WRENWOOD LANE** 559-691-0377 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return FRESNO CA 93723 Number ▶ 🔯 5062 Application pending G Accounting Method H Check ▶ ☐ If the organization is **not** Website: ▶ **CENTRAL CA.USATF.ORG** required to attach Schedule B J Tax-exempt status (check only one) — 2 501(c)(3) 501(c) ( (Form 990, 990-EZ, or 990-PF). ) ◀ (insert no ) ☐ 4947(a)(1) or □527 K Form of organization: Corporation Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I. 1 0 ? 2 Program service revenue including government fees and contracts 2 1731 ? 3 3 0 7 4 Investment income 4 0 5a Gross amount from sale of assets other than inventory h Less: cost or other basis and sales expenses . . . . . 5b Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 0 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b c Less direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 Gross sales of inventory, less returns and allowances . . . 7a Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) C 7c 0 8 0 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 1731 q 10 Grants and similar amounts paid (list in Schedule O) . . . . . . . . . . . 0 11 Benefits paid to or for members . . . . . . . 11 0 12 Salaries, other compensation, and employee benefits 2 . . . . . 0 12 13 Professional fees and other payments to independent contractors 2. 0 13 14 Occupancy, rent, utilities, and maintenance 14 1128 15 Printing, publications, postage, and shipping . . . . . . . . 15 0 16 Other expenses (describe in Schedule O) 🛛 . . . . . . . . . . . . . 16 6873 17 Total expenses. Add lines 10 through 16 . . . . . . 17 8001 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . 18 18 -6270 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 13471 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 21 7201

|            | Check if the organization used Schedu   | ile ∩ to respond to a                   | ny guestion in this                  | Part II                                      |              |   |
|------------|---|---|--------------------------------------|--|--------------|---|
|            | Officer if the organization used ocheci   | ile o to respond to a                   | ny question in this                  | (A) Beginning of year                        | <u></u>      | (B) End of year                           |
| 22         | Cash, savings, and investments  |   |                                      | 13471  | 22           | 720                                       |
| 23         | Land and buildings  |   | <del>-</del>                         |  | 23           |   |
| 24         | Other assets (describe in Schedule O)   |   | 1-                                   |  | 24           |   |
| 25         | Total assets  |   | [                                    | 13471  | 25           | 720                                       |
| 26         | Total liabilities (describe in Schedule O) .  |   | [                                    |  | 26           |   |
| 27         | Net assets or fund balances (line 27 of colur   | nn (B) <b>must</b> agree wit            | h line 21)                           | 13471  | 27           | 720                                       |
| Par        | t III Statement of Program Service Acco   |   |                                      |  |              | _   |
|            | Check if the organization used Schedu   | ile O to respond to a                   | ny question in this                  | Part III 🔲                                   | /Da          | Expenses<br>guired for section            |
| Wha        | it is the organization's primary exempt purpose?  |   |                                      |  |              | (c)(3) and 501(c)(4)                      |
|            | cribe the organization's program service accom  |   |                                      |  | orga<br>othe | anizations, optional fo                   |
|            | neasured by expenses. In a clear and concise<br>ons benefited, and other relevant information for |   | e services provided                  | i, the number of                             | Ou n         | ,   |
| 28         | THIS ASSOCIATION HAS MET ACCREDITATION S  | TANDARDS FOR THE                        | NATIONAL OFFICE                      |  |              |   |
|            |   |   |                                      |  |              |   |
| <b>153</b> | (Grants \$ ) If this amou   | nt includes foreign ar                  | anto obook bara                      |  | 20-          |   |
| <b>2</b> 9 |   |   |                                      |  | 28a          | <u> </u>                                  |
| 23         |   |   |                                      |  |              | •   |
|            |   |   |                                      |  |              |   |
|            | (Grants \$ ) If this amou   | nt includes foreign gra                 | ants, check here .                   | ▶ 🗌  | 29a          | .  .                                      |
| 30         |   |   |                                      |  |              |   |
|            |   | *************************************** |                                      |  |              |   |
|            |   |   |                                      |  |              |   |
|            |   | nt includes foreign gra                 |                                      |  | 30a          | <u> </u>                                  |
| 31         | Other program services (describe in Schedule C  | •                                       |                                      |  |              |   |
| 20         |   | nt includes foreign gra                 |                                      |  | 31a          |   |
|            | Total program service expenses (add lines 28 List of Officers, Directors, Trustees, and R         |   |                                      |  |              | tions for Part IVA                        |
|            | Check if the organization used Schedu   |   |                                      |  |              |   |
|            |   | (b) Average                             | (c) Reportable                       | (d) Health benefits,                         | T            |   |
|            | (a) Name and title  | hours per week                          | compensation<br>(Forms W-2/1099-MISC | contributions to employed benefit plans, and |              | Estimated amount of<br>other compensation |
|            |   | devoted to position                     | (if not paid, enter -0-)             | deferred compensation                        |              | •   |
|            | ELL GLOVER  |   |                                      |  | <u> </u>     |   |
| PRE        |   | 25                                      | Ì                                    |  | +            |   |
|            | SIDENT  | 25                                      |                                      | )  | 0            | 0   |
|            | N RICHARDSON  | 25                                      |                                      |  | 0            | 0   |
|            |   | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            | 0   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |
|            | N RICHARDSON  | 1                                       |                                      |  | 0            |   |



|   | Form 99  | 90-EZ (2020)   |          | F         | age 3      | ;   |
|---|----------|--|----------|-----------|------------|-----|
|   | Part     | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this   |          | <u>V.</u> |            |     |
|   |          |  |          | 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       |           | ~          | (5) |
| Ø | 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       |           | v          |     |
|   | 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          |     |
|   |          | 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      |           | ,          | •   |
|   | 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       |           | ~          |     |
|   | 37a      | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a   | <u> </u> |           | لــِـــا   | İ   |
|   | ь<br>38а | Did the organization file <b>Form 1120-POL</b> for this year?  | 37b      |           | <i>-</i>   | i   |
|   | oua      | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .   | 38a      |           | 7          | 7   |
|   | b        | If "Yes," complete Schedule L, Part II, and enter the total amount involved  |          |           | ,          |     |
|   | 39       | Section 501(c)(7) organizations. Enter:  |          |           |            |     |
|   | a<br>b   | Initiation fees and capital contributions included on line 9   | 1        |           | {          | :   |
|   |          | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶  |          |           |            |     |
|   | ~ 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      |           | ~          | 7   |
|   | 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   |          |           | -          | :   |
|   | d        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization   |          |           |            | I   |
|   | 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      |           | 7          |     |
|   | 41       | List the states with which a copy of this return is filed >  |          |           |            |     |
|   |          | TO 4 h   | 559-69   |           | 7<br>      |     |
|   | b        | Located at ► 6750 WRENWOOD LN, FRESNO CA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over  | 973      | Yes       | No         |     |
|   | _        | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶  | 42b      |           | <u> </u>   |     |
|   |          | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |          | -         | -1         |     |
|   | C        | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶   | 42c      |           | ~          |     |
|   | 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  |          | . )       | <b>▶</b> □ |     |
|   | 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      | Yes       | No         |     |
|   | b        | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44b      |           |            |     |
|   |          | Did the organization receive any payments for indoor tanning services during the year?   | 44c      |           | 1          |     |
|   | d        | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an  |          |           | آبِ        |     |
|   | 45       | explanation in Schedule O  | 44d      |           | <u>/</u>   |     |
|   |          | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a      |           |            |     |
|   | U        | 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   | -<br>45b | -         |            |     |

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|------------|---|--|---|--|--|--------|-----------|
|            | (EULU)  |  |   | ·  | ····   | Yes    |           |
| <b>4</b> 6 | Did the organization engage, directly or in   | ndirectiv, in political o                            | ampaign activities on                             | behalf of or in oppos  | ition  | 163    | 140       |
| 70         | to candidates for public office? If "Yes," of   |  |   |  |  | -      |           |
| Part       |   |  |   |  |  | .1     | _ <u></u> |
|            | All section 501(c)(3) organization<br>50 and 51.<br>Check if the organization used Sci  | s must answer que                                    |   |  | he tables  |        |           |
|            |   |  |   |  | . —  | Yes    | No        |
| 47         | Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par  | tH   |   |  | 1  |        | V         |
| 48         | Is the organization a school as described in  | n section 170(b)(1)(A)(i                             | i)? If "Yes," complete :                          | Schedule E   | . 48   |        | 1         |
| 49a        | Did the organization make any transfers to  | •  | _   |  | . 49a  |        | ~         |
| b          | If "Yes," was the related organization a se   |  |   |  | . 49b  | 1      | <b>'</b>  |
| 50         | Complete this table for the organization's  |  |   |  |  |        |           |
|            | employees) who each received more than  | 1 \$100,000 of compe                                 | nsation from the organ                            |  | ne, enter "I                                     | vone.  |           |
|            | (a) Name and title of each employee   | (b) Average<br>hours per week<br>devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred<br>compensation |  |        |           |
|            |   |  |   |  |  |        |           |
|            |   |  |   |  |  |        |           |
|            |   | · · · · · · · · · · · · · · · · · · ·                |   |  | <del> </del>                                     | ····   |           |
|            |   |  |   |  | <del>                                     </del> |        |           |
|            |   |  |   |  |  |        |           |
| f          | Total number of other employees paid ov   | er \$100,000   | . ▶   |  |  |        |           |
| 51         | Complete this table for the organization's \$100,000 of compensation from the organization from the organizatio |  |   | contractors who eac  | ch received                                      | l more | than      |
|            | (a) Name and business address of each independ  | lent contractor                                      | (b) Type of serv                                  | ice (  | c) Compensat                                     | ion    |           |
|            |   |  |   |  |  |        |           |
|            |   |  |   |  |  |        |           |
|            |   |  |   |  |  |        |           |
|            |   |  |   |  |  |        |           |
|            |   |  |   |  |  |        |           |
| <u>-</u>   |   |  | 1   |  |  |        |           |
|            | Total number of other independent contra  | _  |   | <u> </u>   |  |        |           |
| 52         | Did the organization complete Schedu completed Schedule A   |  | ection 501(c)(3) orga                             |  |  | s 🗆 I  | No        |
|            | enalties of perjuly, I declare that have examined this intrect, and complete. Declaration of prepara (other than  |  |   | nas any knowledge  |  |        | ıt ıs     |
|            |   |  |   | 1-10   | - 202  | _2_    |           |
| Sign       | Signature of officer  |  |   | Date   |  |        |           |
| Here       |   |  |   |  | <del>.</del>                                     |        |           |
|            | Type or print name and trile  |  |   |  |  |        |           |

Preparer's signature

Print/Type preparer's name

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

Firm's name

Firm's address ▶

Paid

Preparer Use Only

► ☐ Yes ☐ No

PTIN

Check I if self-employed

Firm's EIN ▶

Phone no

Date

?

#### **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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

| CEN    | TRA  | AL CALIFORNIA USA TRACK AND   | FIELD ASSOCIA  | TION  |  |  | 77-03   | 63466   |
|--------|------|---|--|---|--|--|---|---|
| Pa     | rt I | Reason for Public Char  | ty Status. (All  | organizations mus   | t comple                               | ete this p                             | oart.) See instructi                                      | ons.  |
| he     |      | ganization is not a private foundat   |  |   |  |  |   |   |
| 1      |      | A church, convention of church  |  |   |  |  |   |   |
| 2      |      | A school described in <b>section</b> 1  |  | •   |  |  |   |   |
| 3      |      | A hospital or a cooperative hos   |  |   |  |  |   |   |
| 4      |      | A medical research organization   |  | onjunction with a hosp  | oital desc                             | ribed in s                             | section 170(b)(1)(A)                                      | (iii). Enter the                                |
| _      | _    | hospital's name, city, and state  |  |   |  |  | . d L.,   |   |
| 5      |      | An organization operated for the section 170(b)(1)(A)(iv). (Comp  |  | college or university   | ownea o                                | r operate                              | od by a government  | ai unit described in                            |
| 6<br>7 |      | A federal, state, or local govern  An organization that normally r described in section 170(b)(1)(      | eceives a subst  | tantial part of its sup   |  |  |   | the general public                              |
| 8      |      | A community trust described in  | section 170(b)   | (1)(A)(vi). (Complete   | Part II.)                              |  |   |   |
| 9      |      | An agricultural research organiz<br>or university or a non land gran<br>university:                     |  |   |  |  |   |   |
| 10     | 7    | receipts from activities related t<br>support from gross investment<br>acquired by the organization aff | o its exempt fur<br>income and unr<br>ter June 30, 197 | nctions, subject to ce<br>related business taxal<br>75. See <b>section 509(</b> a   | rtain exce<br>ble incom<br>a)(2). (Cor | eptions; a<br>ne (less se<br>nplete Pa | and (2) no more than<br>ection 511 tax) from<br>art III.) | 33 <sup>1</sup> / <sub>3</sub> % of its         |
| 11     |      | An organization organized and   |  |   |  |  |   |   |
| 12     |      | An organization organized and of<br>of one or more publicly suppor<br>Check the box in lines 12a throu  | ted organizatioi                                       | ns described in <b>secti</b>  | on 509(a                               | )(1) or se                             | ection 509(a)(2). See                                     | e section 509(a)(3).                            |
| S      | 1    | Type I. A supporting organization the supported organization supporting organization. You               | s) the power to  | regularly appoint or e  | lect a ma                              | yority of t                            |   |   |
| k      | )    | Type II. A supporting organicantrol or management of the organization(s). You must c                    | ne supporting o  | rganization vested in   | the same                               |  |   |   |
| C      | ;    | ☐ Type III functionally integrates supported organization(s   |  |   |  |  |   | ally integrated with,                           |
| C      | j    | Type III non-functionally in that is not functionally integrequirement (see instruction                 | rated. The orgai                                       | nization generally mus  | st satisfy                             | a distribu                             | ition requirement an                                      |   |
| €      | )    | Check this box if the organize functionally integrated, or Ty   |  |   |  |  |   | e II, Type III                                  |
| f      |      | Enter the number of supported or  |  |   |  |  |   |   |
| ç      | P    | Provide the following information   |  | :   | ···                                    |  | T   |   |
|        | (i)  | ) Name of supported organization  | (ii) EIN   | (lii) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | listed in you                          | rganization<br>ur governing<br>ment?   | (v) Amount of monetary support (see instructions)         | (vi) Amount of other support (see instructions) |
|        |      |   |  |   | Yes                                    | No                                     |   |   |
| A)     |      |   |  |   |  |  |   |   |
| B)     |      |   |  |   |  |  |   |   |
| C)     |      |   |  |   |  |  |   |   |
| D)     |      |   |  |   |  |  |   |   |
| E)     |      |   |  |   |  |  |   |   |
|        |      | <del></del>   |  |   | T                                      | 1                                      |   |   |

| Part  | II Support Schedule for Organiza   | ations Descr           | ibed in Sect      | ions 170(b)(1                                    | I)(A)(iv) and 1   | 70/b)(1)(A)(vi   |   |
|-------|--|------------------------|-------------------|--|-------------------|------------------|---|
| , and | (Complete only if you checked the  |                        |                   |  |                   |                  |   |
|       | Part III. If the organization fails to                                   |                        |                   |  |                   |                  | , 0,00                                  |
| Secti | on A. Public Support   | y quality arial        | 31 1110 10010 III | 3.00 20.011, p                                   |                   | ,10 1 G.11 III., | /                                       |
|       | dar year (or fiscal year beginning in)                                   | (a) 2016               | <b>(b)</b> 2017   | (c) 2018   | (d) 2019          | (e) 2020 /       | (f) Total                               |
| 1     | Gifts, grants, contributions, and  | (a) 2010               | (5) 2017          | (6) 2010   | (4) 2013          | (6) 2020         | (i) i Otal                              |
| •     | membership fees received. (Do not  |                        |                   |  |                   | /                |   |
|       | include any "unusual grants.")   |                        |                   |  |                   |                  |   |
| 2     | Tax revenues levied for the  |                        |                   |  |                   |                  |   |
| 2     | organization's benefit and either paid to                                |                        |                   |  | /                 |                  |   |
|       | or expended on its behalf  |                        |                   |  |                   |                  |   |
| 3     | The value of services or facilities                                      |                        | ]                 | <del>                                     </del> | /                 |                  | <del></del>                             |
| 3     | furnished by a governmental unit to the                                  |                        |                   |  |                   |                  |   |
|       | organization without charge  |                        |                   | 1  |                   |                  |   |
| 4     | Total. Add lines 1 through 3   |                        |                   |  | <del></del>       |                  |   |
| -     | _  |                        | <u> </u>          |  |                   |                  |   |
| 5     | The portion of total contributions by                                    |                        |                   |  |                   |                  |   |
|       | each person (other than a  |                        |                   |  |                   |                  |   |
|       | governmental unit or publicly  |                        |                   | ·/   | ′                 |                  |   |
|       | supported organization) included on line 1 that exceeds 2% of the amount |                        | /                 | Y  |                   |                  |   |
|       | shown on line 11, column (f)   |                        |                   |  |                   |                  |   |
| 6     | Public support. Subtract line 5 from line 4                              |                        |                   |  | <del> </del>      |                  |   |
|       | on B. Total Support  | L                      | ·                 | <u> </u>   | .l                | <u> </u>         |   |
|       | dar year (or fiscal year beginning in)                                   | (a) 2016               | <b>(b)</b> 2017   | (c) 2018   | (d) 2019          | <b>(e)</b> 2020  | (f) Total                               |
| 7     | Amounts from line 4  | (2) 20:0               | / ( ) - ( )       | (3, = 2 : 2                                      | (-)               | (5) = 5 = 5      | (,, , , , , , , , , , , , , , , , , , , |
| 8     | Gross income from interest, dividends,                                   |                        |                   |  |                   |                  |   |
| 0     | payments received on securities loans,                                   |                        |                   |  |                   |                  |   |
|       | rents, royalties, and income from  |                        |                   |  |                   |                  |   |
|       | similar sources  |                        |                   |  |                   |                  |   |
| 9     | Net income from unrelated business                                       |                        |                   |  | <del></del>       |                  |   |
| •     | activities, whether or not the business                                  |                        |                   |  |                   |                  |   |
|       | is regularly carried on /  |                        |                   |  |                   |                  |   |
| 10    | Other income. Do not include gain or                                     |                        |                   |  |                   |                  | <del></del>                             |
|       | loss from the sale of capital assets                                     |                        |                   |  |                   |                  |   |
|       | (Explain in Part VI.)  |                        | ŀ                 |  |                   |                  |   |
| 11    | Total support. Add lines 7 through 10                                    |                        |                   |  |                   |                  |   |
| 12    | Gross receipts from related activities, etc                              | . (see instruction     | ons)              |  |                   | 12               |   |
| 13    | First 5 years. If the Form 990 is for the                                | organization'          | 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                                 |                        |                   |  |                   |                  |   |
| Secti | on C. Computation of Public Suppor                                       | t Percentag            | е                 |  |                   |                  |   |
| 14    | Public support percentage for 2020 (line                                 | 6, column (f), d       | livided by line   | 11, column (f))                                  |                   | 14               | %                                       |
| 15    | Public support percentage from 2019 Sch                                  |                        |                   |  |                   | 15               | %                                       |
| 16a   | 331/3% support test-2020. If the organi                                  |                        |                   |  |                   |                  |   |
|       | 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    | orted organizat                                  | ion               |                  | ▶ 🗆                                     |
| 17a   | 10%-facts-and-circumstances test - 26                                    | <b>020.</b> If the org | anization did n   | ot check a bo                                    | x on line 13, 1   | 6a, or 16b, and  | l line 14 is                            |
|       | 10% or more, and if the organization m                                   |                        |                   |  |                   |                  |   |
|       | Part VI/how the organization meets the                                   |                        |                   | _  |                   | as a publicly    | supported                               |
|       | organization   |                        |                   |  |                   |                  | <b>&gt;</b> 🗆                           |
| b     | 10%-facts-and-circumstances test-26                                      | <b>019.</b> If the org | anization did r   | not check a bo                                   | ox on line 13, 1  | 6a, 16b, or 17   | a, and line                             |
|       | 15/s 10% or more, and if the organization                                | n meets the fa         | acts-and-circui   | mstances test                                    | , check this bo   | x and stop her   | e. Explain                              |
|       | in/Part VI how the organization meets the                                |                        |                   | -  |                   | s as a publicly  | supported                               |
|       | organization   |                        |                   |  |                   |                  | ▶ 🗆                                     |
| 18    | Private foundation. If the organization                                  | did not check          | a box on line     | e 13, 16a, 16b                                   | o, 17a, or 17b,   | check this bo    | x and see                               |
|       | Instructions   |                        |                   |  |                   |                  | • 🗀                                     |

#### 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.)

| Secti    | on A. Public Support   |                 |                 |                                       | •                |                 |                                       |
|----------|--|-----------------|-----------------|---------------------------------------|------------------|-----------------|---------------------------------------|
| Calen    | dar year (or fiscal year beginning in) ▶   | (a) 2016        | <b>(b)</b> 2017 | (c) 2018                              | ( <b>d)</b> 2019 | (e) 2020        | (f) Total                             |
| 1        | Gifts, grants, contributions, and membership fees  |                 |                 |                                       |                  |                 |                                       |
|          | received. (Do not include any "unusual grants.")   | 29030           | 24874           | 34955                                 | 34486            | 1731            | 125076                                |
| 2        | Gross receipts from admissions, merchandise sold or services performed, or facilities        |                 |                 |                                       |                  |                 |                                       |
|          | furnished in any activity that is related to the   |                 |                 |                                       |                  |                 |                                       |
|          | organization's fax-exempt purpose  |                 |                 |                                       |                  |                 |                                       |
| 3        | Gross receipts from activities that are not an unrelated trade or business under section 513 |                 |                 |                                       |                  |                 |                                       |
| 4        | Tax revenues levied for the  |                 |                 |                                       |                  |                 |                                       |
|          | organization's benefit and either paid to or expended on its behalf                          |                 |                 |                                       |                  |                 |                                       |
| 5        | The value of services or facilities  |                 |                 | 1                                     |                  |                 |                                       |
|          | furnished by a governmental unit to the  |                 |                 |                                       |                  |                 |                                       |
| •        | organization without charge  | 29030           | 24874           | 34955                                 | 34486            | 1731            | 125076                                |
| 6<br>7a  | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3                    | 29030           | 24874           | 34900                                 | 34460            | 1/31            | 125076                                |
| / a      | received from disqualified persons .   |                 |                 |                                       |                  |                 |                                       |
| b        | Amounts included on lines 2 and 3  |                 |                 |                                       |                  |                 | <del></del>                           |
| U        | received from other than disqualified  |                 |                 |                                       |                  | 1               |                                       |
|          | persons that exceed the greater of \$5,000   | [               |                 |                                       |                  | Í               |                                       |
|          | or 1% of the amount on line 13 for the year  |                 |                 |                                       |                  |                 |                                       |
| C        | Add lines 7a and 7b  |                 |                 |                                       | }                |                 |                                       |
| 8        | Public support. (Subtract line 7c from   |                 |                 |                                       |                  | İ               | 125076                                |
|          | line 6.)   |                 |                 |                                       |                  |                 | 10000                                 |
|          | on B. Total Support  | 4.2040          | #1.0047 T       | 4 ) 0040                              | 4 B 2040         | 4) 2000         | (0 T                                  |
|          | dar year (or fiscal year beginning in)   | (a) 2016        | <b>(b)</b> 2017 | (c) 2018                              | (d) 2019         | (e) 2020        | (f) Total                             |
| 9        | Amounts from line 6  | 29030           | 24874           | 34955                                 | 34486            | 1731            | 125076                                |
| 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   |                 |                 |                                       |                  |                 |                                       |
| C        | Add lines 10a and 10b  |                 |                 |                                       |                  |                 |                                       |
| 11       | Net income from unrelated business   |                 |                 | 1                                     | •                |                 |                                       |
|          | activities not included in line 10b, whether   |                 |                 |                                       |                  |                 |                                       |
|          | or not the business is regularly carried on  |                 |                 |                                       |                  |                 | · · · · · · · · · · · · · · · · · · · |
| 12       | Other income. Do not include gain or loss from the sale of capital assets                    |                 |                 | :                                     |                  |                 |                                       |
|          | (Explain in Part VI.)  | ļ               |                 |                                       |                  | 1               |                                       |
| 13       | Total support. (Add lines 9, 10c, 11,  |                 |                 |                                       |                  |                 |                                       |
|          | and 12.)   | 29030           | 24874           | 34955                                 | 34486            | 1731            | 125076                                |
| 14       | First 5 years. If the Form 990 is for the  | organization's  | first, second,  | third, fourth,                        | or fifth tax yea | ar as a section |                                       |
|          | organization, check this box and stop he   |                 |                 |                                       |                  |                 | ▶ 🗆                                   |
| Secti    | on C. Computation of Public Suppor   |                 |                 |                                       |                  |                 |                                       |
| 15       | Public support percentage for 2020 (line 8   |                 | -               |                                       |                  | 15              | 100 %                                 |
| 16       | Public support percentage from 2019 Sch  |                 | <del></del>     | · · · · · · · · · · · · · · · · · · · | <u> </u>         | 16              | 100 %                                 |
|          | on D. Computation of Investment Inc  |                 |                 | v line 12 colum                       | mp (f)\          | 17              | %                                     |
| 17<br>18 | Investment income percentage for 2020 (Investment income percentage from 2019)               |                 |                 | -                                     |                  | 18              | <u>%</u><br>%                         |
| 19a      | 33 <sup>1</sup> / <sub>3</sub> % support tests—2020. If the organi                           |                 |                 |                                       |                  |                 |                                       |
| .04      | 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 i  |                 |                 |                                       |                  |                 |                                       |
| 20       | Private foundation. If the organization di   | d not check a b | ox on line 14,  | 19a, or 19b, c                        | heck this box a  | and see instruc | tions 🕨 🗌                             |

### 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   | Par            | t V.) |  |
|-------|---|----------------|-------|--|
| Secti | on 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain   | ·              | Yes   | No                                     |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2              | ·     |  |
| За    | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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 <b>Part VI</b> when and how the organization made the determination.   | 3b             |       |  |
| 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 <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c             |       |  |
| 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.  | 4a             |       |  |
| b     | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations   | <u>.</u><br>4b |       | تـــــــــــــــــــــــــــــــــــــ |
| С     | 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 <b>Part VI</b> 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.   | 4c             |       | •                                      |
| 5а    | 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 <b>Part VI</b> , 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).                                 | 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             |       |  |
| 6     | Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 5c             |       |  |
| 1     | 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).   | 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 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 <b>Part VI</b> .   | 9a             |       |  |
| 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 <b>Part VI.</b>  | 9b             |       |  |
| 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.  | 9c             |       |  |
| 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  | 10a            |       |  |
| 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)

10b

| Part             | IV Supporting Organizations (continued)  |     |     |  |
|------------------|--|-----|-----|--|
|                  |  |     | Yes | No   |
| 11<br>a          | Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in 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 |     |  |
| C                | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>   | 11c |     |  |
| Secti            | on B. Type I Supporting Organizations  | 116 |     | <u>.                                    </u> |
| 0001             | on B. Type I cupporting 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, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  | 2   |     |  |
| Secti            | on C. Type II Supporting Organizations   |     |     | <del>,</del>                                 |
|                  |  |     | 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 <b>Part VI</b> 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?   | 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard   | 3   |     |  |
| Secti            | on E. Type III Functionally Integrated Supporting Organizations  |     |     |  |
| 1<br>a<br>b<br>c | Check the hox next to the method that the organization used to satisfy the Integral Part Test during the year (sco in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (Activities Test. Answer lines 2a and 2b below.   |     |     | ions).                                       |
| а                | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |     |     | 1  |
|                  | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> 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<br>a           | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> 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? <b>If</b> "Yes" or "No," provide details in <b>Part VI.</b>   | 3a  |     |  |
| b                | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b  |     |  |

| Part         | V 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?   |            |                | ļ        |
|              |   | 11a        |                | ļ        |
|              | A family member of a person described in line 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  | 11b        | ļ              | ļ        |
| С            | detail in Part VI.  | 11c        |                |          |
| Section      | on B. Type I Supporting Organizations   | TIC        | L              | l,       |
| 00011        | on b. Type I dapper ing digamzations  |            | Yes            | No       |
| 1            | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or  |            |                | 1        |
| •            | more supported organizations have the power to regularly appoint or clock 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  |            | ٠.             |          |
|              | 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 carried out the purposes of the supported organization(s) that operated,  |            |                | ·        |
|              | supervised, or controlled the supporting organization.  | 2          |                |          |
| Section      | 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).   |            | <del></del>    |          |
| Saction      | on D. All Type III Supporting Organizations   | 1          |                | <u> </u> |
| <u>Jecui</u> | on b. An Type in 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?  | 1          |                | L        |
| 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)          | <u> </u>   |                | نــــا   |
| 3            | By reason of the relationship described in line 2, above, did the organization's supported organizations have   | 2          |                | <u></u>  |
| J            | a significant voice in the organization's investment policies and in directing the use of the organization's  |            | Ċ              |          |
|              | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's   |            |                |          |
|              | supported organizations played in this regard   | 3          |                |          |
| Section      | 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 i  | nstru      | ctions         | s).      |
| a            | The organization satisfied the Activities Test. Complete line 2 below.  |            |                |          |
| b            | <ul> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.</li> </ul> | 'aaa .a    | - <del>-</del> | ional    |
| с<br>2       | Activities Test. Answer lines 2a and 2b below.  |            | Yes            |          |
|              | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  |            | 103            | 110      |
|              | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>   |            |                | 1        |
|              | 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> r |                | ,        |
|              | that these activities constituted substantially all of its activities.  | 2a         |                |          |
|              | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,   | • •        |                | ۲ ۲      |
|              | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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         |                |          |
|              | Parent of Supported Organizations. Answer lines 3a and 3b below.  | 20         |                | 1        |
|              | 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         |                |          |
| b            | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |            |                |          |
|              | of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard   | ah         | - 1            |          |

| Part | V 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<br>instructions. All other Type III non-functionally integrated supporting organ   |        |                          |                                |
| Sect | ion A—Adjusted Net Income  |        | (A) Prior Year           | (B) Current Year<br>(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<br>(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).  |        |                          |                                |
| а    | 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-functional (see instructions).   | ally i | ntegrated Type III suppo | rting organization             |

| Part     | V Type III Non-Functionally Integrated 509(a)(3                          | ) Supporting Organi            | zations (continue                       | d)  |   |
|----------|--|--------------------------------|---|-----|---|
|          | on 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         | rted                                    |     |   |
|          | 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                                |                                |   | 4   |   |
| 5        | Qualified set-aside amounts (prior IRS approval required-                | provide details in <b>Part</b> | VI)                                     | 5   |   |
| 6        | Other distributions (describe in Part VI). See instructions.             |                                | <u>.</u>                                | 6   |   |
| 7        | Total annual distributions. Add lines 1 through 6.                       |                                |   | 7   |   |
| 8        | Distributions to attentive supported organizations to which              | 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)<br>Excess Distributions    | (ii)<br>Underdistribution<br>Pre-2020   | ns  | (iii)<br>Distributable<br>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                     |                                |   |     | 1   |
|          | instructions.  |                                |   |     |   |
| 3        | Excess distributions carryover, if any, to 2020                          |                                |   |     |   |
| а        | From 2015  |                                |   |     |   |
| b        | From 2016  |                                |   |     |   |
| С        | From 2017  |                                |   |     |   |
| d        | From 2018  |                                |   |     |   |
| e        | From 2019  |                                |   |     |   |
| f        | Total of lines 3a through 3e   |                                |   |     |   |
| g        | Applied to underdistributions of prior years                             |                                |   |     |   |
| <u>h</u> | Applied to 2020 distributable amount                                     |                                |   |     |   |
| i        | Carryover from 2015 not applied (see instructions)                       |                                |   |     |   |
| j        | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                   |                                |   |     |   |
| 4        | Distributions for 2020 from  |                                |   |     | į   |
|          | Section D, line 7:   |                                | ·· · · · · · · · · · · · · · · · · · ·  |     |   |
| а        | 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                    |                                |   | ļ   |   |
|          | 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             |                                |   | - 1 |   |
|          | Part VI. See instructions.   |                                |   |     |   |
| 7        | Excess distributions carryover to 2021. Add lines 3 <sub>j</sub> and 4c. |                                |   |     |   |
| 8        | Breakdown of line 7:   |                                |   |     |   |
| а        | Excess from 2016   |                                |   |     |   |
| b        | Excess from 2017   |                                |   |     |   |
| С        | Excess from 2018   |                                |   |     |   |
| d        | Excess from 2019   |                                |   |     |   |
| е        | Excess from 2020   |                                |   |     |   |

| 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.) |
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