Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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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.

Open to Public

		of the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and the latest in	formation.		Inspection
A	For the	e 2020 calend	lar year, or tax year beginning , 2020, and ending			, 20
в	Check it	f applicable:	C Name of organization		D Emplo	oyer identification number
	Address	s change	Doing business as			
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Roo	m/suite	E Teleph	none number
	Initial re	turn				
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return		_		receipts \$
	Applicat	tion pending	F Name and address of principal officer:	1		or subordinates? Yes No
						es included? Yes No
<u> </u>		empt status:	501(c)(3)501(c) () ◀ (insert no.)4947(a)(1) or527	-		st. See instructions
J	Website			H(c) Group ex		
1	art I	organization:	Corporation ☐ Trust ☐ Association ☐ Other ►	n:	M State	of legal domicile:
		Summa Briefly dee	y cribe the organization's mission or most significant activities:			
Ð	'	Difelly des				
anc						
erné	2	Check this	box ►	more than	25% of	its net assets
0 V	3		voting members of the governing body (Part VI, line 1a)		3	
8 8	4		independent voting members of the governing body (Part VI, line 1b)		4	
ies	5		per of individuals employed in calendar year 2020 (Part V, line 2a)		5	
Activities & Governance	6		er of volunteers (estimate if necessary)		6	
Aci	7a		ated business revenue from Part VIII, column (C), line 12		7a	
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	
				Prior Yea	r	Current Year
e	8	Contributio	ns and grants (Part VIII, line 1h)			
enu	9	-	ervice revenue (Part VIII, line 2g)			
Revenue	10		income (Part VIII, column (A), lines 3, 4, and 7d)			
-	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
	13		similar amounts paid (Part IX, column (A), lines 1–3)			
	14	-	id to or for members (Part IX, column (A), line 4)			
ses	15		ner compensation, employee benefits (Part IX, column (A), lines 5–10)			
Expenses	16a b		aising expenses (Part IX, column (D), line 25) ►			
Ĕ	17		nses (Part IX, column (A), lines 11a–11d, 11f–24e)		-	
	18		nses (dit IX, column (), intes that the, the 240) is the set of			
	19	-	ss expenses. Subtract line 18 from line 12			
or ses	-			ginning of Curr	ent Year	End of Year
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)			
t Ass d Ba	21	Total liabili	ties (Part X, line 26)			
		Net assets	or fund balances. Subtract line 21 from line 20			
P	art II	Signatu	re Block			
			I declare that I have examined this return, including accompanying schedules and statemer. Declaration of preparer (other than officer) is based on all information of which preparer h			ny knowledge and belief, it is
Si	gn	Signate	are of officer	Date		
He	ere					
		Туре о	print name and title			

Paid	Print/Type preparer's name	Preparer's signature		Date		Checl self-e	k 🗌 if mployed	PTIN		
Preparer Use Only	Firm's name			•						
	Firm's address 🕨				Phone	e no.				
May the IRS discuss this return with the preparer shown above? See instructions										
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Fo										

Form 99	0 (2020)			Page 2
Part		Accomplishments response or note to any line in this Pa	art III	
1	Briefly describe the organization's missi			··· <u> </u>
•				
2	Did the organization undertake any sigr	pificant program services during the ve	ar which were not listed on the	
2	prior Form 990 or 990-EZ?			Yes 🗌 No
3	Did the organization cease conductin		ow it conducts any program	
Ū	services?			Yes 🗌 No
4	-		three largest program convises as	monsured by
4	Describe the organization's program see expenses. Section 501(c)(3) and 501(c)(the total expenses, and revenue, if any,	(4) organizations are required to report		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(· · · · · · · · · · · · · · · · ·	, (, , , , , , , , , , , , , , , , , ,	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·			······
4d	Other program services (Describe on So		N	
4e	(Expenses \$ including g Total program service expenses ►	grants of \$) (Revenue \$	Þ)	
+6				

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Part	V Checklist of Required Schedules			
		·	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38		
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the examination file all required federal employment tax returns?	Qh		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
τa	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country ►	10		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
ام	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e f	Did the organization during the year, pay premiums, directly or indirectly, to pay premiums of a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O $$.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
46	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
4.	Enter the number of other manufactor of the number of the test of		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Г (Sec	tion 5	501(c)
40	Own website Another's website Upon request Other (explain on Schedule O)	- المعالية		ر مالعن
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	i inter	est p	опсу,

20 State the name, address, and telephone number of the person who possesses the organization's books and r

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	C)					
(A) Name and title	(B) Average hours	box, ι	unles	s pe	more rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)		,								
(2)										
(3)										
(4)										
(5)										
(6)		,								
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Emj			s, an	d F	lighest Compe	nsated	Emplo	yees (coi	ntinued)
	(A) (B) Name and title Average hours per week					rson lirect	e than o is both or/trust	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	able sation	(F) Estimated a of oth compens	amount ner
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099	ations	from organizat related orga	the ion and
(15)			-										
(16)													
(17)			-										
(18)													
(19)			-										
(20)			-										
(21)			-										
(22)			-										
(23)			-										
(24)			-										
(25)			-										
1b c d	Subtotal	VII, Sectio	n A			 	•						
2	Total number of individuals (including but reportable compensation from the organi	t not limited					above	e) w	ho received mor	e than \$1	00,000	of	
3	Did the organization list any former of employee on line 1a? <i>If "Yes," completes</i>	officer, dire											es No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th		150,	000)? /:	f "Ye	s,"					
5	Did any person listed on line 1a receive of for services rendered to the organization?											5	
Secti	on B. Independent Contractors											· ·	
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add								(B) Description of serv			(C) Compensatio	
								-					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of Revenue

Part	VIII	Statement of Revenue	o or noto to on	v line in this D	ort \/III		
		Check if Schedule O contains a respons	se or note to an				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
۵ ۵	С	Fundraising events 1c					
ifts ar A	d	Related organizations 1d					
i, G nila	е	Government grants (contributions) 1e					
ons	f	All other contributions, gifts, grants,					
her		and similar amounts not included above 1f					
l Ot	g	Noncash contributions included in lines 1a–1f	•				
Cor and	h	lines 1a–1f					
			Business Code				
မွ	2a	-					
ωŽ	b						
Se	с						
jram Ser Revenue	d						
Program Service Revenue	е						
Ţ,	f	All other program service revenue					
	g	Total. Add lines 2a–2f					
	3	Investment income (including dividends,					
	4	other similar amounts)					
	4 5	Royalties					
	5	(i) Real	(ii) Personal				
	6a	Gross rents 6a	()				
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)	🕨				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
	_	other than inventory 7a					
venue	b	Less: cost or other basis and sales expenses . 7b					
	c	Gain or (loss) 7c					
å	d	Net gain or (loss) .					
Other Re		Gross income from fundraising	,				
ð		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising even	nts 🕨				
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities	s >				
		Gross sales of inventory, less	- · · · F				
		returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventor					
sn			Business Code				
neo neo	11a						
scellaneo Revenue	b						
Miscellaneous Revenue	C d	All other revenue					
Mis	d e	All other revenue					
	12	Total revenue. See instructions . <th< th=""><th></th><th></th><th></th><th></th><th></th></th<>					
							– – – – – – – – – –

	IX Statement of Functional Expenses				· · ·
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	e or note to any line	e in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$.				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b					
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
	-				
16					
17					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
c					
_					
d	All other expenses				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ► [] if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

	n 990 (20	,			Page 11
P	art X				_
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1	Cash-non-interest-bearing		1	,
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
	Ŭ	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Š	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
lces		Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions		27	
ñ	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
∋t A	32	Total net assets or fund balances		32	
ž	33	Total liabilities and net assets/fund balances		33	

Form **990** (2020)

		t XI Reconciliation of Net Assets	Part
Г		Check if Schedule O contains a response or note to any line in this Part XI	-en c
	1	Total revenue (must equal Part VIII, column (A), line 12)	1
	2	Total expenses (must equal Part IX, column (A), line 25)	
	3	Revenue less expenses. Subtract line 2 from line 1	
	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4
	5	Net unrealized gains (losses) on investments	5
	6	Donated services and use of facilities	6
	7	Investment expenses	7
	8	Prior period adjustments	8
	9	Other changes in net assets or fund balances (explain on Schedule O)	9
		Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
	10	32, column (B))	
		t XII Financial Statements and Reporting	Part
<u> [</u>		Check if Schedule O contains a response or note to any line in this Part XII	
Yes No			
		Accounting method used to prepare the Form 990: Cash Accrual Other	
	xplain in	If the organization changed its method of accounting from a prior year or checked "Other,"	
		Schedule O.	
2a		Were the organization's financial statements compiled or reviewed by an independent accountant?	2a
	npiled or	If "Yes," check a box below to indicate whether the financial statements for the year were c	
		reviewed on a separate basis, consolidated basis, or both:	
		Separate basis Consolidated basis Both consolidated and separate basis	
2b		Were the organization's financial statements audited by an independent accountant?	
	ted on a	If "Yes," check a box below to indicate whether the financial statements for the year were au	
	ted on a	separate basis, consolidated basis, or both:	
		separate basis, consolidated basis, or both:	
	ersight of	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for c	с
2c	ersight of ant?	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or the audit, review, or compilation of its financial statements and selection of an independent account	с
2c	ersight of ant?	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for c	с
2c	ersight of ant? . xplain on	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or the audit, review, or compilation of its financial statements and selection of an independent accourd If the organization changed either its oversight process or selection process during the tax year,	с
2c	ersight of ant? . xplain on rth in the	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or the audit, review, or compilation of its financial statements and selection of an independent accour If the organization changed either its oversight process or selection process during the tax year, Schedule O.	с За
	ersight of ant? . xplain on rth in the 	 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or the audit, review, or compilation of its financial statements and selection of an independent accour If the organization changed either its oversight process or selection process during the tax year, Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set 	с За

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Form	990	(2020)

SCH	EDL	JLI	E	Α	
(Form	990	or	99	0-	EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

2020 Open to Public Inspection

Name of the organization

Employer identification number

						_	
Part I	Reason for Public Charit	y Status.	(All organization	ons must (complete this	part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the						
4	Total. Add lines 1 through 3						
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 shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	()	(1) 00/-	()	(1) 00 (0)	()	(0
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the						
Centi	organization, check this box and stop he						🕨
	on C. Computation of Public Suppor			11 oolump (f))		14	%
14 15	Public support percentage for 2020 (line 6 Public support percentage from 2019 Sch					14	<u>%</u>
16a	33 ¹ / 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						
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization metar Part VI how the organization meets the organization	eets the facts facts	-and-circumst umstances tes	ances test, ch st. The organiz	eck this box a	and stop here.	. Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu	mstances test est. The organ	, check this bo	ox and stop he	re. Explain
18	Private foundation. If the organization of instructions						x and see

Schedule A (Form 990 or 990-EZ) 2020

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) 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						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
U	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		+				
6 7a	Amounts included on lines 1, 2, and 3						
<i>i</i> a	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0	line 6.)						
	on B. Total Support	()	(1) a a · -		()) =====		
	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,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a sec	tion 501(c)(3)
	organization, check this box and stop he	re					🕨 🗌
Secti	on C. Computation of Public Suppor	t Percentag	le				
15	Public support percentage for 2020 (line &		·	13, column (f))		15	%
16	Public support percentage from 2019 Sch	, ,,,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		16	%
	on D. Computation of Investment In					I	
17	Investment income percentage for 2020 (-	oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2019			-			%
19a	33 ¹ / ₃ % support tests-2020. If the organ						
	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ /3% support tests – 2019. If the organiz		-	-		-	
-	line 18 is not more than 33 ¹ / ₃ %, check this I						
20	Private foundation. If the organization di		-	-			
			20/ 01/ 11/0 14	, 100, 01 100, 0			990 or 990-EZ) 2020
					301		2020 01 000 220 2020

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.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

Yes No

2

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described in lines 11b and а 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 Part VI. 11c

- 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.
- 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.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
- organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have 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.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а 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.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). Yes No
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

Yes No

2a

2b

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page **6**

1 Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on Nov. 20, 1970 (explain in Part VI). See
instructions. All other Type III non-functionally integrated supporting org	ganizations must complete Sections A through E.

Secti	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.			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)			
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):			
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):	1e		
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-functiona (see instructions).	ally	integrated Type III suppo	rting organization

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continue	d)	
Sect	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			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			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI)		
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 (provide details in Part VI). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2020 from Section C, line 6				
10	Line 8 amount divided by line 9 amount			10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020		(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— <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
	From 2016				
	From 2017				
	Fuere 0010				
e	F 0010				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
 h	Applied to underdistributions of phor years				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
<u>a</u>	Applied to underdistributions of prior years Applied to 2020 distributable amount				
b	Remainder. Subtract lines 4a and 4b from line 4.				
<u>с</u>					
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
 a	Excess from 2016				
 b	Excess from 2017				
 C	Excess from 2018				
 d	Excess from 2019				
 	Excess from 2020				
			Schoo	dule /	A (Form 990 or 990-EZ) 20

Schedule A (Form 990 or 990-EZ) 2020

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

Organization	type	(check	one):
--------------	------	--------	-------

Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

□ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ▶ Attach to Form 990.

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

Employer identification number

OMB No. 1545-0047

2020

Open to Public

Inspection

Par				or Accounts.
	Complete if the organization answered "			
		(a) Donor advised for	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (during year)			
4 5	Aggregate value at end of year	dvicore in writing that the	ha accote hold	Lin donor advisod
5	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, an only for charitable purposes and not for the benefit conferring impermissible private benefit?	d donor advisors in writi of the donor or donor a	ng that grant f advisor, or for a	funds can be used any other purpose
Par		(aa" an Earra 000 Bar		
-	Complete if the organization answered "			
1	Purpose(s) of conservation easements held by the o			a bistoriaally important land area
	Protection of natural habitat			a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hele	d a qualified conservatior	n contribution i	in the form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а				
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified his			
d	Number of conservation easements included in (a		6, and not on	a
3	Number of conservation easements modified, transitax year ►	ferred, released, extingui	shed, or termi	nated by the organization during the
4 5	Number of states where property subject to conserv Does the organization have a written policy rega violations, and enforcement of the conservation ease	arding the periodic mor	nitoring, inspe	
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations,	and enforcing o	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, a	nd enforcing co	onservation easements during the year
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of organization's accounting for conservation easement	the footnote to the organ		
Part	III Organizations Maintaining Collections Complete if the organization answered "			ther Similar Assets.
1 a	If the organization elected, as permitted under FASI of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	held for public exhibition	n, education, o	or research in furtherance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, edu s:	cation, or rese	arch in furtherance of public service,
2	 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, following amounts required to be reported under FA 	historical treasures, or c	other similar as	· · · · ► \$ · · · ► \$ ssets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 .	-		⊅ ◀
a b	Assets included in Form 990, Part X			
	perwork Reduction Act Notice, see the Instructions for I		 Cat. No. 52283D	<u> </u> Schedule D (Form 990) 2020

Schedu	e D (Form 990) 2020								Page 2
Part	III Organizations Maintaining	Collections of	Art, Hist	orical 1	Freasures	, or O	ther Similar As	sets (contin	ued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther recor	ds, chec	k any of th	e follov	ving that make s	ignificant use	e of its
а	Public exhibition		d	Loan	or exchang	e prog	ram		
b	Scholarly research								
с	Preservation for future generations	i							-
4	Provide a description of the organizat	tion's collections	and expla	in how t	hey further	the org	ganization's exer	npt purpose i	n Part
5	During the year, did the organization assets to be sold to raise funds rather								🗌 No
Part	IV Escrow and Custodial Arra	angements.							
	Complete if the organization 990, Part X, line 21.	answered "Yes	s" on Fori	m 990, F	Part IV, line	e 9, or	reported an an	nount on For	rm
1a	Is the organization an agent, trustee, included on Form 990, Part X?			-				ot	_ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	lete the fo	llowing ta	able:				
				_			A	mount	
с	Beginning balance					10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16	•		
f	Ending balance					11	F		
2a	Did the organization include an amoun	nt on Form 990, F	Part X, line	21, for e	scrow or c	ustodia	l account liability	? 🗌 Yes 🛛	No
b	If "Yes," explain the arrangement in Pa	art XIII. Check hei	re if the ex	planatio	n has been	provid	ed on Part XIII .	[
Par	V Endowment Funds.								
	Complete if the organization	answered "Yes	s" on Fori	n 990, F	Part IV, line	ə 10.			
		(a) Current year	(b) Pric	or year	(c) Two year	rs back	(d) Three years back	(e) Four years	s back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t		nd balanc	e (line 1g	ı, column (a	l)) held	as:		
а	Board designated or quasi-endowment	nt 🕨	%						
b	Permanent endowment	%							
С	Term endowment ►%								
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of t	he organiz	zation that	at are held	and ac	lministered for th		
	organization by:							Yes	No
	(i) Unrelated organizations							3a(i)	
_	.,							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	-	-			· ·		3b	
4	Describe in Part XIII the intended uses		on's endo	wment fi	unds.				
Part			" . .	000 -				Deut V. P.	10
	Complete if the organization								
	Description of property	(a) Cost or o (investn	I	• •	or other basis ther)		Accumulated epreciation	(d) Book valu	ie
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment								
е	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	990, Part X	, columr	n (B), line 10)c.) .	🕨		

Schedule D (Form 990) 2020 Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) .

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedu	e D (Form 990) 2020				Page 4
Part				Return]_
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part	XII Reconciliation of Expenses per Audited Financial Stater	nents	With Expenses pe	er Retu	rn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	formatio	on.

SCHEDULE O			OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions o Form 990 or 990-EZ or to provide any additional information.	n	2020
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organization		Employer id	entification number

Employer identification number

Schedule O (Form 990 or 990-EZ) (2020)

Name of the organization

Employer identification number

Schedule O (Form 990 or 990-EZ) (2020)

Name of the organization

Employer identification number

Schedule O (Form 990 or 990-EZ) (2020)

Name of the organization

Employer identification number

Schedule C) (Form	990 or	990-EZ)	(2020)
	. (,	()

Name of the organization	Employer identification number