# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

| ΑI         | For the       | 2019 calenda        | ar year, or tax year beginning , 2019, and ending  |             | , 20                              |  |
|------------|---------------|---------------------|--|-------------|-----------------------------------|--|
| В          | Check if ap   | oplicable:          | C Name of organization   | Employer ic | lentification number              |  |
| Ц          | Address c     | hange               |  |             |                                   |  |
|            | Name cha      |                     | E Telephone number   |             |                                   |  |
| =          | Initial retur | rn<br>rn/terminated |  |             |                                   |  |
| =          | Amended       |                     | City or town, state or province, country, and ZIP or foreign postal code                           | Group Exe   | emption                           |  |
|            | Applicatio    | n pending           |  | Number      | <b>&gt;</b>                       |  |
| G /        | Account       | ting Method:        |  |             | if the organization is <b>not</b> |  |
|            | Vebsite       |                     |  | •           | tach Schedule B                   |  |
|            |               |                     | , , <u>Estitation</u>  | orm 990, 99 | 0-EZ, or 990-PF).                 |  |
|            |               |                     | ☐ Corporation ☐ Trust ☐ Association ☐ Other  |             |                                   |  |
| L A        | Add lines     | s 5b, 6c, and       | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as  | ssets       |                                   |  |
|            |               |                     | 5500,000 or more, file Form 990 instead of Form 990-EZ   |             | <u> </u>                          |  |
| Р          | art I         |                     | e, Expenses, and Changes in Net Assets or Fund Balances (see the in                                |             | •                                 |  |
|            |               |                     | the organization used Schedule O to respond to any question in this Part I .                       |             | <u> L</u>                         |  |
|            | 1             |                     | ons, gifts, grants, and similar amounts received   |             |                                   |  |
|            | 2             | -                   | ervice revenue including government fees and contracts   |             |                                   |  |
|            | 3             |                     | ip dues and assessments  | . 3         |                                   |  |
|            | 4             | Investment          |  | . 4         |                                   |  |
|            | 5a            |                     | ount from sale of assets other than inventory  | -           |                                   |  |
|            | b             |                     | or other basis and sales expenses  |             |                                   |  |
|            | 6             | Gaming an           | ss) from sale of assets other than inventory (subtract line 5b from line 5a) d fundraising events: | . 5c        |                                   |  |
| ne         | а             |                     | ome from gaming (attach Schedule G if greater than   |             |                                   |  |
| Revenue    | b             | Gross inco          | me from fundraising events (not including \$ of contributions                                      |             |                                   |  |
| Re         |               |                     | aising events reported on line 1) (attach Schedule G if the  |             |                                   |  |
| _          |               | sum of suc          | ch gross income and contributions exceeds \$15,000) 6b   |             |                                   |  |
|            | С             |                     | t expenses from gaming and fundraising events 6c   |             |                                   |  |
|            | d             |                     | e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr                      | act         |                                   |  |
|            |               | line 6c) .          |  | · 6d        |                                   |  |
|            | 7a            | Gross sale          | s of inventory, less returns and allowances  |             |                                   |  |
|            | b             |                     | of goods sold  |             |                                   |  |
|            | С             |                     | it or (loss) from sales of inventory (subtract line 7b from line 7a)                               |             |                                   |  |
|            | 8             |                     | nue (describe in Schedule O)   |             |                                   |  |
| _          | 9             |                     | <b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  |             |                                   |  |
|            | 10            |                     | I similar amounts paid (list in Schedule O)  |             |                                   |  |
|            | 11            |                     | aid to or for members  |             |                                   |  |
| Expenses   | 12            |                     | ther compensation, and employee benefits   |             |                                   |  |
| en         | 13            |                     | al fees and other payments to independent contractors  |             |                                   |  |
| ᄶ          | 14<br>15      |                     |  |             |                                   |  |
|            | 16            |                     | ublications, postage, and shipping   |             |                                   |  |
|            | 17            |                     |  |             |                                   |  |
| _          | 18            |                     | enses. Add lines 10 through 16   |             |                                   |  |
| ets        | 19            |                     | or fund balances at beginning of year (from line 27, column (A)) (must agree w                     |             |                                   |  |
| SS         |               |                     | ar figure reported on prior year's return)   |             |                                   |  |
| Net Assets | 20            | =                   | nges in net assets or fund balances (explain in Schedule O)  |             |                                   |  |
| Ž          | 21            |                     | or fund balances at end of year. Combine lines 18 through 20                                       |             |                                   |  |
|            |               |                     |  |             |                                   |  |

Cat. No. 10642I

Form 990-EZ (2019) Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II . . . (A) Beginning of year (B) End of year 22 Cash, savings, and investments 22 23 23 Land and buildings . . . . . . . 24 Other assets (describe in Schedule O) 24 Total assets . . . . . . . . 25 25 26 Total liabilities (describe in Schedule O) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28a (Grants \$ ) If this amount includes foreign grants, check here 29 ) If this amount includes foreign grants, check here 29a 30 ) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) ) If this amount includes foreign grants, check here 31a List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, (c) Reportable (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation

Form 990-EZ (2019)

| Part    | V Other Information (Note the Schedule A and personal benefit contract statement requirements   | s in th | ne . |    |
|---------|---|---------|------|----|
|         | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this  | s Part  |      |    |
| 00      |   |         | 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      |      |    |
| 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      |      |    |
| 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     |      |    |
| b       | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35b     |      |    |
| С       | 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  | 35c     |      |    |
| 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  |         |      |    |
| b       | Did the organization file Form 1120-POL for this year?  | 37b     |      |    |
| 38a     | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .                    | 38a     |      |    |
|         | If "Yes," complete Schedule L, Part II, and enter the total amount involved   | _       |      |    |
| 39<br>a | Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9   |         |      |    |
| b       | Gross receipts, included on line 9, for public use of club facilities   | _       |      |    |
| 40a     | 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     |      |    |
| 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  |         |      |    |
| 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     |      |    |
| 41      | List the states with which a copy of this return is filed ▶   |         |      |    |
| 42a     | The organization's books are in care of ▶ Telephone no. ▶   |         |      |    |
| h       | Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over   |         |      |    |
| D       | 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     | Yes  | NO |
|         | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and   |         |      |    |
|         | Financial Accounts (FBAR).  |         |      |    |
| С       | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶  | 42c     |      |    |
| 43      | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year   |         | . 1  |    |
|         |   |         | Yes  | No |
| 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     |      |    |
| 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     |      |    |
| С       | Did the organization receive any payments for indoor tanning services during the year?  | 44c     |      |    |
| d       | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an   |         |      |    |
|         | explanation in Schedule O   | 44d     |      |    |
| 45a     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 45a     |      |    |
| b       | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 900 E7. See instructions         | 45      |      |    |
|         | Form 990-EZ. See instructions   | 45b     | 1    | I  |

Page 3

| Form 99  | 90-EZ (2  | 019)   |  |   |           |            |                            |                 |         | F               | Page 4  |  |
|----------|-----------|--|--|---|-----------|------------|----------------------------|-----------------|---------|-----------------|---------|--|
|          |           |  |  |   |           |            |                            |                 |         | Yes             | No      |  |
| 46       | Did th    | ne organization engage, directly or in   | ndirectly, in political c                            | ampaign activities                              | on bel    | nalf of or | in opposit                 | tion            |         |                 |         |  |
|          |           | ndidates for public office? If "Yes," of   |  | , Part I  |           |            |                            |                 | 46      |                 |         |  |
| Part     |           | Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51.                    | s must answer que                                    |   |           |            | nplete th                  | e tabl          | es f    | or lin          | ies<br> |  |
|          |           | Check if the organization used Scl   | ledule O to respond                                  | i to arry question                              | 11 11115  | rail VI    |                            |                 | • •     | Yes             | No      |  |
| 47       |           | he organization engage in lobbying<br>If "Yes," complete Schedule C, Par                         |  | section 501(h) elec                             |           | effect d   | uring the                  | tax             | 47      | 163             | 140     |  |
| 48       | Is the    | ne organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E |  |   |           |            |                            |                 |         |                 |         |  |
| 49a      |           | d the organization make any transfers to an exempt non-charitable related organization?          |  |   |           |            |                            |                 |         |                 |         |  |
| b        | If "Ye    | es," was the related organization a se   | ection 527 organizatio                               | on?   |           |            |                            |                 | 49b     |                 |         |  |
| 50       |           | olete this table for the organization's  |  |   |           |            |                            |                 |         |                 |         |  |
|          | empl      | oyees) who each received more than   | \$100,000 of comper                                  | nsation from the or                             |           |            |                            | e, ente         | er "N   | one.            | "       |  |
|          | (a)       | Name and title of each employee  | (b) Average<br>hours per week<br>devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS | cor       |            | o employee<br>and deferred | (e) Est<br>othe |         | d amo<br>ipensa |         |  |
|          |           |  |  |   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  |   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  |   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  |   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  |   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  |   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  |   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  |   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  |   |           |            |                            |                 |         |                 |         |  |
| f        | Total     | number of other employees paid over  | er \$100,000   | . ▶   |           |            |                            |                 |         |                 |         |  |
| 51       | Comp      | olete this table for the organization'   | s five highest compe                                 | ensated independe                               | ent cor   | ntractors  | who each                   | rece            | ived    | more            | e tha   |  |
|          | \$100     | ,000 of compensation from the orga   | nization. If there is no                             | one, enter "None."                              |           |            |                            |                 |         |                 |         |  |
|          | (a)       | Name and business address of each independ   | lent contractor                                      | (b) Type of                                     | service   |            | (c)                        | Compe           | ensatio | on              |         |  |
|          |           |  |  |   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  | †   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  |   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  |   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  | 1   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  |   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  | -   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  |   |           |            |                            |                 |         |                 |         |  |
|          |           |  |  | †   |           |            |                            |                 |         |                 |         |  |
| d        | Total     | number of other independent contra   | actors each receiving                                | over \$100.000 .                                | . ▶       |            |                            |                 |         |                 |         |  |
| 52       | Did 1     | the organization complete Schedu   | _  |   | _         | itions mi  |                            |                 | Yes     | П               | No      |  |
|          |           | of perjury, I declare that I have examined this r  |  |   |           |            |                            |                 |         |                 | , it is |  |
| true, co | rrect, an | d complete. Declaration of preparer (other than  | n officer) is based on all info                      | ormation of which prepa                         | rer has a | ny knowled | ge.                        |                 |         |                 |         |  |
| ٥.       |           |  |  |   |           |            |                            |                 |         |                 |         |  |
| Sign     |           | Signature of officer   |  |   |           | Date       |                            |                 |         |                 |         |  |
| Here     |           | Type or print name and title   |  |   |           |            |                            |                 |         |                 |         |  |
|          |           |  | Preparer's signature                                 |   | Date      |            |                            | P               | TIN     |                 |         |  |
| Paid     |           | Print/Type preparer's name   |  |   |           |            | Check<br>self-emplo        | if              |         |                 |         |  |
| Prep     |           | Firm's name ▶  |  |   |           | Firm'      | s EIN ▶                    | ,               |         |                 |         |  |
| Use      | Unly      | Firm's address ►   |  |   |           | Phon       |                            |                 |         |                 |         |  |
| Mav tl   | he IRS    | discuss this return with the preparer  | shown above? See                                     | instructions                                    |           |            |                            | ightharpoons    | Yes     |                 | Nο      |  |

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

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.

► Attach to Form 990 or Form 990-EZ.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

| Dor    | Boson for Dublic Cho  | rity Status (All                    | organizations must                                 | oomplo                  | to this n                | ort / Coo instructio                        | 200                              |
|--------|---|-------------------------------------|--|-------------------------|--------------------------|---|----------------------------------|
| Par    |   |                                     |  |                         | -                        |   | oris.                            |
|        | e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) |                                     |  |                         |                          |   |                                  |
| 1<br>2 | ☐ A school described in <b>section</b>  |                                     |  |                         |                          |   |                                  |
| 3      | ☐ A hospital or a cooperative ho  |                                     | ·  |                         |                          | • •   |                                  |
| 4      | A medical research organization   |                                     |  |                         |                          |   | (iii) Enter the                  |
| 4      | hospital's name, city, and stat   | •                                   | orijuriction with a nosp                           | Jilai uesc              | indea iii s              | ection 170(b)(1)(A)                         | (III). Litter the                |
| 5      | ☐ An organization operated for  |                                     | college or university                              | owned o                 | r operate                | d by a government                           | al unit described in             |
| J      | section 170(b)(1)(A)(iv). (Com  |                                     | college of university                              | owned c                 | Operate                  | d by a government                           | ar arm described in              |
| 6      | A federal, state, or local gover  |                                     |  |                         |                          |   |                                  |
| 7      | An organization that normally described in <b>section 170(b)(1)</b>                                     |                                     |  | port from               | a gover                  | nmental unit or fron                        | n the general public             |
| 8      | ☐ A community trust described i   | n <b>section 170(b</b> )            | <b>(1)(A)(vi).</b> (Complete l                     | Part II.)               |                          |   |                                  |
| 9      | ☐ An agricultural research organ  | ization described                   | d in <b>section 170(b)(1)</b>                      | (A)(ix) op              | erated in                | conjunction with a I                        | and-grant college                |
|        | or university or a non-land-grauniversity:  | nt college of agr                   | iculture (see instruction                          | ons). Ente              | r the nan                | ne, city, and state of                      | the college or                   |
| 10     | An organization that normally   | receives: (1) mor                   | e than 331/3% of its si                            | upport fro              | m contril                | outions, membershi                          | p fees, and gross                |
|        | receipts from activities related<br>support from gross investmen  | าเอาเร exempt าน<br>t income and un | nctions—subject to c<br>related business taxal     | ertain ext<br>ble incom | ceptions,<br>ne (less se | and (2) no more tha<br>ection 511 tax) from | n 33 1/3% of its<br>businesses   |
|        | acquired by the organization a  | fter June 30, 197                   | 75. See <b>section 509(a</b>                       | a)(2). (Co              | nplete Pa                | art III.)                                   |                                  |
| 11     | ☐ An organization organized and   | l operated exclus                   | sively to test for public                          | c safety.               | See <b>sect</b> i        | ion 509(a)(4).                              |                                  |
| 12     | ☐ An organization organized and   |                                     |  |                         |                          |   |                                  |
|        | of one or more publicly suppo   | -                                   |  |                         |                          |   |                                  |
|        | Check the box in lines 12a thro   | ough 12d that des                   | scribes the type of sup                            | oporting o              | organizati               | on and complete line                        | es 12e, 12f, and 12g.            |
| а      | ☐ <b>Type I.</b> A supporting orgar   |                                     |  |                         |                          |   |                                  |
|        | the supported organization  |                                     |  |                         |                          | he directors or trust                       | ees of the                       |
|        | supporting organization. Y  | =                                   |  |                         |                          |   |                                  |
| b      |   |                                     |  |                         |                          |   |                                  |
|        | control or management of  |                                     |  |                         | persons                  | that control or man                         | age the supported                |
|        | organization(s). You must   | =                                   |  |                         |                          |   |                                  |
| С      | Type III functionally integ<br>its supported organization   |                                     |  |                         |                          |   | ally integrated with,            |
| d      | ☐ Type III non-functionally   | <b>integrated.</b> A su             | pporting organization                              | operated                | d in conne               | ection with its suppo                       | orted organization(s)            |
|        | that is not functionally inte   |                                     |  |                         |                          |   |                                  |
|        | requirement (see instruction  |                                     |  |                         |                          |   |                                  |
| е      | ☐ Check this box if the organ   | nization received                   | a written determination                            | on from tl              | ne IRS tha               | at it is a Type I. Type                     | e II. Type III                   |
|        | functionally integrated, or   |                                     |  |                         |                          |   | , ,,                             |
| f      | Enter the number of supported   | organizations .                     |  |                         |                          |   |                                  |
| g      | Provide the following informatio  | n about the supp                    | orted organization(s).                             |                         |                          |   |                                  |
|        | (i) Name of supported organization  | (ii) EIN                            | (iii) Type of organization                         |                         | rganization              | (v) Amount of monetary                      | (vi) Amount of                   |
|        |   |                                     | (described on lines 1–10 above (see instructions)) |                         | ur governing<br>ment?    | support (see<br>instructions)               | other support (see instructions) |
|        |   |                                     | above (see mandenons))                             |                         |                          | indituotiona)                               | motractions)                     |
|        |   |                                     |  | Yes                     | No                       |   |                                  |
| (A)    |   |                                     |  |                         |                          |   |                                  |
|        |   |                                     |  |                         |                          |   |                                  |
| (B)    |   |                                     |  |                         |                          |   |                                  |
| (C)    |   |                                     |  |                         |                          |   |                                  |
| (D)    |   |                                     |  |                         |                          |   |                                  |
| (E)    |   |                                     |  |                         |                          |   |                                  |
|        |   |                                     |  |                         | -                        |   |                                  |

|            | (Complete only if you checked th  |                        |                  |                 |                  |                             | alify under                  |
|------------|---|------------------------|------------------|-----------------|------------------|-----------------------------|------------------------------|
| Cooti      | Part III. If the organization fails to  | quality unde           | er the tests lis | sted below, p   | lease comple     | ete Part III.)              |                              |
|            | on A. Public Support  | (-) 0015               | (h) 0010         | (-) 0017        | (4) 0010         | (-) 0010                    | (6) Tatal                    |
| Calen      | dar year (or fiscal year beginning in)  Gifts, grants, contributions, and                                       | <b>(a)</b> 2015        | <b>(b)</b> 2016  | (c) 2017        | (d) 2018         | <b>(e)</b> 2019             | (f) Total                    |
| •          | 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 organization without charge   |                        |                  |                 |                  |                             |                              |
| 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<br>Socti | Public support. Subtract line 5 from line 4 on B. Total Support   |                        |                  |                 |                  |                             |                              |
|            | idar year (or fiscal year beginning in)   | (a) 2015               | <b>(b)</b> 2016  | <b>(c)</b> 2017 | (d) 2018         | <b>(e)</b> 2019             | (f) Total                    |
| 7          | Amounts from line 4   | (a) 2013               | (b) 2010         | (6) 2017        | (u) 2010         | ( <b>e)</b> 2019            | (i) Total                    |
| 8          | Gross income from interest, dividends,  |                        |                  |                 |                  |                             |                              |
| Ū          | payments received on securities loans,  |                        |                  |                 |                  |                             |                              |
|            | rents, royalties, and income from   |                        |                  |                 |                  |                             |                              |
|            | similar sources   |                        |                  |                 |                  |                             |                              |
| 9          | Net income from unrelated business  |                        |                  |                 |                  |                             |                              |
|            | activities, whether or not the business   |                        |                  |                 |                  |                             |                              |
| 40         | is regularly carried on   |                        |                  |                 |                  |                             |                              |
| 10         | Other income. Do not include gain or loss from the sale of capital assets                                       |                        |                  |                 |                  |                             |                              |
|            | (Explain in Part VI.)   |                        |                  |                 |                  |                             |                              |
| 11         | <b>Total support.</b> Add lines 7 through 10  |                        |                  |                 |                  |                             |                              |
| 12         | Gross receipts from related activities, etc.  | . (see instructi       | ons)             |                 |                  | 12                          | l                            |
| 13         | First five years. If the Form 990 is for the  |                        |                  |                 |                  |                             |                              |
|            | organization, check this box and stop her   | re                     |                  |                 |                  |                             | 🕨 🗌                          |
|            | on C. Computation of Public Suppor  |                        |                  |                 |                  | T I                         |                              |
| 14         | Public support percentage for 2019 (line 6  |                        |                  |                 |                  | 14                          | <u>%</u>                     |
| 15<br>16a  | Public support percentage from 2018 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2019. If the organization |                        |                  |                 |                  | 15  <br>31/2% or more       | check this                   |
| iva        | box and <b>stop here.</b> The organization qual   |                        |                  |                 |                  |                             |                              |
| b          | 33 <sup>1</sup> / <sub>3</sub> % support test—2018. If the organiz  |                        |                  | _               | Sa, and line 15  | is 33 <sup>1</sup> /3% or m | nore, check                  |
|            | this box and <b>stop here.</b> The organization   |                        |                  |                 |                  |                             |                              |
| 17a        | 10%-facts-and-circumstances test - 20   | <b>019.</b> If the org | anization did r  | ot check a bo   | x on line 13, 1  | 6a, or 16b, an              | d line 14 is                 |
|            | 10% or more, and if the organization me   |                        |                  |                 |                  | -                           | •                            |
|            | Part VI how the organization meets the "  | facts-and-circ         | umstances" te    | est. The organi | zation qualifies | s as a publicly             | supported                    |
|            | organization  |                        |                  |                 |                  |                             | ▶ 🗌                          |
| b          | 10%-facts-and-circumstances test—20   |                        |                  |                 |                  |                             |                              |
|            | 15 is 10% or more, and if the organiza Explain in Part VI how the organization m                                |                        |                  |                 |                  |                             | -                            |
|            | supported organization  |                        | is-and-circum    |                 |                  | on qualifies as             | $\cdot$ a publicly $\square$ |
| 18         | <b>Private foundation.</b> If the organization did  |                        |                  |                 | a, or 17b, chec  | k this box and              | see                          |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

### 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) 2015        | <b>(b)</b> 2016 | (c) 2017         | (d) 2018        | <b>(e)</b> 2019 | (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  |                 |                 |                  |                 |                 |           |
|         | organization's benefit and either paid to or expended on its behalf  |                 |                 |                  |                 |                 |           |
| 5       | The value of services or facilities furnished by a governmental unit to the organization without charge                          |                 |                 |                  |                 |                 |           |
| 6       | _  |                 |                 |                  |                 |                 |           |
| 6<br>7a | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3  |                 |                 |                  |                 |                 |           |
| , a     | received from disqualified persons .   |                 |                 |                  |                 |                 |           |
| b       | Amounts included on lines 2 and 3  |                 |                 |                  |                 |                 |           |
| b       | received from other than disqualified  |                 |                 |                  |                 |                 |           |
|         | persons that exceed the greater of \$5,000   |                 |                 |                  |                 |                 |           |
|         | or 1% of the amount on line 13 for the year  |                 |                 |                  |                 |                 |           |
| С       | Add lines 7a and 7b  |                 |                 |                  |                 |                 |           |
| 8       | Public support. (Subtract line 7c from   |                 |                 |                  |                 |                 |           |
|         | line 6.)   |                 |                 |                  |                 |                 |           |
| Secti   | on B. Total Support  |                 |                 |                  |                 |                 |           |
| Calen   | dar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 2015 | <b>(b)</b> 2016 | <b>(c)</b> 2017  | (d) 2018        | <b>(e)</b> 2019 | (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  |                 |                 |                  |                 |                 |           |
| 12      | or not the business is regularly carried on Other income. Do not include gain or   |                 |                 |                  |                 |                 |           |
| 12      | loss from the sale of capital assets (Explain in Part VI.)   |                 |                 |                  |                 |                 |           |
| 13      | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |                 |                 |                  |                 |                 |           |
| 14      | First five years. If the Form 990 is for the organization, check this box and stop her   | •               |                 |                  | •               | ear as a sectio | . , . ,   |
| Secti   | on C. Computation of Public Suppor   |                 |                 |                  |                 |                 |           |
| 15      | Public support percentage for 2019 (line 8   |                 |                 |                  |                 |                 | %         |
| 16      | Public support percentage from 2018 Sch  |                 |                 |                  |                 | 16              | %         |
| Secti   | on D. Computation of Investment Inc  |                 |                 |                  |                 |                 |           |
| 17      | Investment income percentage for 2019 (  |                 |                 | -                |                 |                 | <u>%</u>  |
| 18      | Investment income percentage from 2018   |                 |                 |                  |                 |                 | %         |
| 19a     | 331/3% support tests—2019. If the organi   |                 |                 |                  |                 |                 |           |
|         | 17 is not more than 331/3%, check this box   |                 | _               | -                |                 | _               | _         |
| b       | 331/3% support tests – 2018. If the organiz  |                 |                 |                  |                 |                 |           |
| 00      | line 18 is not more than 33½%, check this b  |                 | _               | *                |                 |                 |           |
| 20      | <b>Private foundation.</b> If the organization di  | a not check a   | DOX ON IINE 14. | , 19a, or 19b, ( | JIIECK THIS DOX | and see instru  | วแอกร 🟲 🔲 |

#### Part IV **Supporting Organizations**

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

### Se

|     | on A. All Supporting Organizations   |     | Yes | No |
|-----|--|-----|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <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.   | 1   | 100 |    |
| 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   |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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  |     |    |
| С   | 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 12a or 12b in Part I, answer (b) and (c) below.   |     |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <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.   | 4b  |     |    |
| 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  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <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   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b  |     |    |
| 6   | <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i> | 5c  |     |    |
| 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).  | 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  |     |    |
| С   | 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 <b>Part VI</b> .   | 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 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  | 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 (b) and (c)   |        |        |        |
|       | below, the governing body of a supported organization?   | 11a    |        |        |
| b     | A family member of a person described in (a) above?  | 11b    |        |        |
|       | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c    |        |        |
| Secti | on B. Type I Supporting Organizations  |        |        |        |
|       |  |        | Yes    | No     |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to  |        |        |        |
|       | regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported  |        |        |        |
|       | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   |        |        |        |
|       | organizations and what conditions of restrictions, if any, applied to sacin 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 <b>Part</b>   |        |        |        |
|       | 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   |        |        |        |
|       |  |        | 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).  |        |        |        |
| C1:   | •  | 1      |        |        |
| Secu  | on D. All Type III Supporting Organizations  |        | Vaa    | NI.    |
| 1     | Did the examination provide to each of its supported examinations, but he lost day of the fifth month of the   |        | Yes    | No     |
| •     | 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 (2), 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     | 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).    |
| а     | ☐ The organization satisfied the Activities Test. Complete line 2 below.   |        |        |        |
| b     | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.  |        |        |        |
| С     | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (  | see in | struct | ions). |
| 2     | Activities Test. Answer (a) and (b) below.   |        | Yes    | No     |
| а     | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |        |        |        |
|       | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   |        |        |        |
|       | those supported organizations and explain how these activities directly furthered their exempt purposes,   |        |        |        |
|       | how the organization was responsive to those supported organizations, and how the organization determined  |        |        |        |
|       | that these activities constituted substantially all of its activities.   | 2a     |        |        |
| b     | Did the activities described in (a) 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     | Parent of Supported Organizations. Answer (a) and (b) below.   |        |        |        |
| а     | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |        |        |        |
|       | trustees of each of the supported organizations? 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 <b>Part VI</b> the role played by the organization in this regard.   | 3b     |        | l      |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org   | gani | zations                   |                                |  |  |  |
|--|------|---------------------------|--------------------------------|--|--|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |      |                           |                                |  |  |  |
| Section 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    |                           |                                |  |  |  |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  | 6    |                           |                                |  |  |  |
| 7 Other expenses (see instructions)  | 7    |                           |                                |  |  |  |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8    |                           |                                |  |  |  |
| Section B—Minimum Asset Amount   |      | (A) Prior Year            | (B) Current Year<br>(optional) |  |  |  |
| 1 Aggregate fair market value of all non-exempt-use assets (see<br>instructions for short tax year or assets held for part of year):   |      |                           |                                |  |  |  |
| a Average monthly value of securities  | 1a   |                           |                                |  |  |  |
| <b>b</b> Average monthly cash balances   | 1b   |                           |                                |  |  |  |
| c Fair market value of other non-exempt-use assets   | 1c   |                           |                                |  |  |  |
| d Total (add lines 1a, 1b, and 1c)   | 1d   |                           |                                |  |  |  |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |      |                           |                                |  |  |  |
| 2 Acquisition indebtedness applicable to non-exempt-use assets   | 2    |                           |                                |  |  |  |
| 3 Subtract line 2 from line 1d.  | 3    |                           |                                |  |  |  |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).   | 4    |                           |                                |  |  |  |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5    |                           |                                |  |  |  |
| 6 Multiply line 5 by .035.   | 6    |                           |                                |  |  |  |
| 7 Recoveries of prior-year distributions   | 7    |                           |                                |  |  |  |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8    |                           |                                |  |  |  |
| Section C-Distributable Amount   |      |                           | Current Year                   |  |  |  |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1    |                           |                                |  |  |  |
| <b>2</b> Enter 85% of line 1.  | 2    |                           |                                |  |  |  |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3    |                           |                                |  |  |  |
| 4 Enter greater of line 2 or line 3.   | 4    |                           |                                |  |  |  |
| 5 Income tax imposed in prior year   | 5    |                           |                                |  |  |  |
| <b>6 Distributable Amount.</b> 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-functionall instructions).  |      | egrated Type III supporti | ng organization (see           |  |  |  |

| Part       | V Type III Non-Functionally Integrated 509(a)(3  | 3) Supporting Organi        | zations (continued)                    |   |
|------------|--|-----------------------------|--|---|
| Secti      | on D-Distributions   |                             |  | Current Year                              |
| 1          | Amounts paid to supported organizations to accomplish  |                             |  |   |
| 2          | Amounts paid to perform activity that directly furthers exe  | empt purposes of suppo      | rted                                   |   |
|            | organizations, in excess of income from activity   |                             |  |   |
| 3_         | Administrative expenses paid to accomplish exempt purp   | oses of supported orga      | nizations                              |   |
| 4          | Amounts paid to acquire exempt-use assets  |                             |  |   |
| 5          | Qualified set-aside amounts (prior IRS approval required)  |                             |  |   |
| 6          | Other distributions (describe in <b>Part VI</b> ). See instructions.   |                             |  |   |
| 7          | Total annual distributions. Add lines 1 through 6.   |                             |  |   |
| 8          | Distributions to attentive supported organizations to which  | h the organization is res   | ponsive                                |   |
|            | (provide details in <b>Part VI</b> ). See instructions.  |                             |  |   |
| 9          | Distributable amount for 2019 from Section C, line 6   |                             |  |   |
| 10         | Line 8 amount divided by line 9 amount   |                             | (**)                                   | <b>/···</b>                               |
| Secti      | on E—Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1          | Distributable amount for 2019 from Section C, line 6   |                             |  |   |
| 2          | Underdistributions, if any, for years prior to 2019  |                             |  |   |
|            | (reasonable cause required - explain in Part VI). See  |                             |  |   |
|            | instructions.  |                             |  |   |
| 3          | Excess distributions carryover, if any, to 2019  |                             |  |   |
| a          | From 2014  |                             |  |   |
| b          | From 2015  |                             |  |   |
| c          | From 2016  |                             |  |   |
| d          | From 2017  |                             |  |   |
| e          | From 2018  |                             |  |   |
| f          | Total of lines 3a through e  |                             |  |   |
| g          | Applied to underdistributions of prior years   |                             |  |   |
| <u>h</u>   | Applied to 2019 distributable amount   |                             |  |   |
| <u>i</u> _ | Carryover from 2014 not applied (see instructions)   |                             |  |   |
|            | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                             |  |   |
|            | Distributions for 2019 from Section D, line 7: \$  |                             |  |   |
| a          | Applied to underdistributions of prior years   |                             |  |   |
| b          | Applied to 2019 distributable amount   |                             |  |   |
| c          | Remainder. Subtract lines 4a and 4b from 4.  |                             |  |   |
| 5          | Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions. |                             |  |   |
| 6          | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.                        |                             |  |   |
| 7          | Excess distributions carryover to 2020. Add lines 3j and 4c.   |                             |  |   |
| 8          | Breakdown of line 7:   |                             |  |   |
| а          | Excess from 2015   |                             |  |   |
| b          | Excess from 2016   |                             |  |   |
| С          | Excess from 2017   |                             |  |   |
| d          | Excess from 2018   |                             |  |   |
| е          | Excess from 2019   |                             |  |   |

| Part VI | <b>Supplemental Information.</b> 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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# SCHEDULEO (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

0MB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

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

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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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Department of the Treasury

Internal Revenue Service

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