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)

2019

'OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

intern	al Hever	nue Service	Go to www irs gov/For	MOSULE IOI INSULECTION			14		
A Fo	r the	2019 calend	ar year, or tax year beginning	Jan 1	, 2019, and end	ing	Dec 31	, 20	20
B Ch	eck if ap	oplicable	C Name of organization 21		-	D Emp	loyer ıd en	trication numbe	er ?:
A	ddress c	hange	<u>SQUA</u> T Media, Inc				461	1439043	
⊔ N	arne cha	inge	Number and street (or P.O. box if mail is n	ot delivered to street addres	ss) ?: Room/su	ine E Tele	phone num	nber	
_	itial retu		1724 E Miles St				520-	977-1346	
╗	nairetur mended	n/terminaled	City or fown, state or province, country ar	nd ZIP or foreign postal cod	e	7 F Gro	up Exem	ption	_
=		n pending	Tucson, AZ 85719		C	, \sim 1	nber ▶		
_		ting Method	☑ Cash ☐ Accrual Other (spe	ecify) ►		H Check	▶ Vift	he organization	
	ebsite	3	squatmedia org	.,				h Schedule B	?
J Ta	x-exen	npt status (ch	eck only one) — 501(c)(3) 501(c)) () ◀ (insert no) □	4947(a)(1) or 527	I		EZ, or 990-PF)	
		organization		Association	Other				
		_	7b to line 9 to determine gross receipt			f total assets			
			\$500,000 or more, file Form 990 instea	-			▶ ¢		
Pa	rt I	Revenu	e, Expenses, and Changes in	Net Assets or Fur	nd Balances (see	the instru	ctions f	or Part I)	
			the organization used Schedule		•			o a ,	
?1	1		ons, gifts, grants, and similar amou		quodioniniano		11		30,713
?	2		ervice revenue including governme		2		2		(
?!	3	_	up dues and assessments	on 1000 and contract	,		3		
21	4	Investmen	•				4		
_	- 5а		ount from sale of assets other than	unventon/	5a	(3-1-		
	Ь		or other basis and sales expenses	•	5b				
[C		ss) from sale of assets other than				5c		(
<u>e</u>	6		nd fundraising events	inventory (aubitact iii)	e ob ijoni inie oaj		36		
	а	•	ome from gaming (attach Sche	edule Guf areator	than		19 7		
	a	\$15,000)	one non gaming (attach oone	sadic a n greater i	1 - 1	,			
Į l	ь	•	ome from fundraising events (not in	actudina \$	6a ∫ 0 of contrib		1 1 1 1		
Revenue	b		raising events reported on line 1)			ulions			
~			ch gross income and contributions		6ь	(ا څيرا		
	^		et expenses from gaming and fund	•	6c		12%		
	c d		e or (loss) from gaming and fund	_	L		4		
	-	line 6c)	o or (1000) morn garming and faria	aloning evento (add in	ines ou and ob an	u subliqui	6d		(
	7a	•	s of inventory, less returns and allo	OWancee	[7a	(137		<u> </u>
ĺ	b		of goods sold	JWdfices	7b		∃ -^*. }		
	C		it or (loss) from sales of inventory	(eubtract line 7h from			7 _:		(
Į	8		nue (describe in Schedule O)	(Subtract line 10 HOH)	iiile raj		7c 8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7	c and 8			9		30, 713
	10		d similar amounts paid (list in Sche		RECEIV		10		0, 110
1	11		aid to or for members	dule O)	RECEIV		11		
S	12	•	ther compensation, and employee	henefits 2		USC C	12		
Ise	13	Profession	al fees and other payments to inde	enendent contractors	E DEC 282	11711 4 1	13		35,443
Expenses	14		y, rent, utilities, and maintenance	Spondom contractors		185 185	14		1,355
ΧÍ	15		ublications, postage, and shipping	,	OGDEN	UT 1	15		
-	16		enses (describe in Schedule O)				16		
	17	•	enses. Add lines 10 through 16				17		36,798
_+	18		(deficit) for the year (subtract line 1	17 from line 0\			18		-6,085
ets	19		or fund balances at beginning o	•	column (A)) (must :	agree with	10		-0,000
SS	.~		ar figure reported on prior year's re		Column (A) (must i	agree with	19	•	26,864
Net Assets	20	=	nges in net assets or fund balance	•	· O\		20		20,004
ž	21		or fund balances at end of year.	•	•		21		8.591
	Z. 1	INCLOSSED	comano paramenta al Ellis VI VEAL 🛝	announce miles to tillio	S 0 1 / 1 /				0.001

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 106421

Form 990-EZ (2019)

21

Pai	Balance Sheets (see the instructions	•		D !!			_
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II (A) Beginning of year	ır T	(P)	End of year
22	Cash, savings, and investments		}		22 2		8591
22 23	Land and buildings		}		0 2		
24	Other assets (describe in Schedule O)		ŀ		0 2		0
25	Total assets		ŀ	305	22 2		8591
26	Total liabilities (describe in Schedule O)				0 2		
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	n line 21)	305	22 2		8591
Par	Statement of Program Service Accom			Part III)		_1,	
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III			Expenses
What	t is the organization's primary exempt purpose?	Education and resear	ch regarding access	to reproductive hea			ed for section and 501(c)(4)
as m	cribe the organization's program service accomplineasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the			3, 0		ations, optional for
28	Conducted wide-ranging study of home health care prov	/iders					
71	(Grants \$ 15,012) If this amount	t includes foreign ar	ente chook bero	·····	 	8a	35,443
29	·				' *	.ua	30,440
	maintained web site for educational purposes			· 			
	(Grants \$) If this amount	t includes foreign gra	ants, check here		i 2	9a	100
30	, , , , , , , , , , , , , , , , , , , ,	<u></u>			<u> </u>		
			~~		-		
						1	
		t includes foreign gra	ants, check here	▶_[<u> </u>	Юа	·
31				_	.		
		t includes foreign gra	ants, check here	▶		11a	
	Total program service expenses (add lines 28a		· · · · · · · · · · · · · · · · · · ·			32	35,543
rar	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule			•	e ins	tructio	ons for Part IV)
	Oncorn the organization used beneduce	(b) Average	(c) Reportable ?		ts		
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MIS((if not paid, enter -0-		ıd´		timated amount of er compensation
Saral	h Tarver-Wahlquist, Director	- 3		0			0
Molly	Dutton-Kenny	1		0	0		0
Megh	nan Bausone	4	 				- ·
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A

Part 	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		<u>v_</u>	
•	D. I.V. and a state of the stat		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			
35a	change on Schedule O. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year from business.	34		~
JJ4	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c	-	V
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		<i>'</i>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	1 1 E	7 3	- 448
ь	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, or were	- 4p.	珰	域。
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
р	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	7	3	م مالية
39	Section 501(c)(7) organizations Enter	法建	200	100.7
a	Initiation fees and capital contributions included on line 9 Green receipts included on line 9 and capital contributions included on line 9	1	رايا رايا س	5 🙀
ь 40а	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1.00 m	1 0	2002 1 1 1 1
404	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	401	The state	
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.	40b		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	14 m	64 (*) 12 (*) 18 (*)	逐
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	行	2. Po. (
41	List the states with which a copy of this return is filed ▶ Arizona			
42a	The organization's books are in care of ▶ Sarah Tarver-Wahlquist Telephone no ▶	52097	71346	
	Located at ► 1724 E Miles St Tucson AZ ZIP + 4 ►	857	719	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country ▶	1		. T
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	A STATE OF	N. O.	· -
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 Form 1041 - Check here		!	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		1.5	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	- r≢	
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	,	-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		, , , , ,	,
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	14.	رز ا

Page	4

							Yes	No_
	Did the organization engage, directly or in			n behalf of	or in opposit	tion 🔯		, i
	to candidates for public office? If "Yes," of		C, Part I			46		V
Part V				. = 2				
	All section 501(c)(3) organization	s must answer que	estions 47–49b and	152, and c	omplete th	e tables	tor lin	es
	50 and 51				_			_
	Check if the organization used Sc	hedule O to respond	d to any question in	this Part V	<u> </u>		_	ᆜ
							Yes	No_
	Did the organization engage in lobbying		section 501(h) electi	on in effec	t during the	tax		
	year? If "Yes," complete Schedule C, Par					47		1
	ls the organization a school as described if		•		<u> </u>	48		~
49a	Did the organization make any transfers t	o an exempt non-cha	arıtable related organ	ization?		498	1	V
	If "Yes," was the related organization a se					491		1
	Complete this table for the organization's							
	employees) who each received more than	1 \$100,000 of compe	ensation from the orga	anization If	there is non	e, enter "	None '	,
		(b) Average	(c) Reportable		th benefits,	(-) [
	(a) Name and title of each employee	hours per week	compensation	honofit plan	ns to employee s and deferred	(e) Estima other co		
		devoted to position	(Forms W-2/1099-MISC	1 1	ensation			
None			 	T -				
			1					
			 					
			 	+-				
				-+	-			—
		 	 					
				j				
	T. 1-1 1							
	Total number of other employees paid ov		<u> </u>					
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp	ensated independen	t contracto	rs who each	n receive	d more	than
	\$100,000 or compensation from the orga	inzation il there is il	Tone, enter None					
	(a) Name and business address of each independ	dent contractor	(b) Type of se	rvice	(c) Compensa	tron	
Sciontifi	c and Technical Consulting LLC		Research coordinat	ion and	 			
	Cand rediffical Consuling LLC		implementation	ion and			4)E 449
		·	Implementation		 			35,443
			-					
			 		 _			
					1			
					<u> </u>			
		/-/	_[
			<u> </u>		<u> </u>			
ď	Total number of other independent contra	actors each receiving	over \$1 00,0 00	-		0		
	Did the organization complete Schedu	ule A? Note. All s	ection 501(c)(3) org	anızatıons	must attacl	h a		
	completed Schedule A					▶ ✓ Ye	s 🔲	No
Under pe	nalties of penugy. I declare that have examined this	retum, including accompa	nying schedules and staten	ne∩ts, and to t	he best of my ki	nowledge ar	nd belief	ıt ıs
true corr	ect and complete Declaration of preparer (other than	n officer) is based on all inf	formation of which prepare	has any kno v	ledge			
					12/10	/20		
Sign	Signature of other			C	ate		,	
Here	Sarah Tarver-Wahlquist,, Director				3/10/20	12/10/	/20	
	Type or print name and title							
David	Print/Type preparer s name	Preparer's signature		Date	Check	PTIN		
Paid					self-emplo			
Prepa	l				ırm's EİN ▶			
Use C	Firm's address >				hone no			
May the	e IRS discuss this return with the prepare	r shown above? See	instructions			► ∏ Ye	s \Box	No
							<u>- – </u>	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ

2019 Open to Public Inspection

Employer identification number

461439043

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization SQUAT Media Inc

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

Pai	t l	Reason for Public Chai	rity Status (All	organizations must	<u>comple</u>	<u>te</u> this p	art) <u>See instruc</u> tio	ns	
The o	orga	inization is not a private founda	tion because it i	s (For lines 1 through	12, chec	k only or	ne box)		
1		A church, convention of church	nes, or associati	on of churches descri	bed in s e	ection 17	O(b)(1)(A)(i).	na -	
2		A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	om 990	or 990-E	$z_{\rm D}$	<i>)</i>	
3		A hospital or a cooperative hos	spital service ord	anızatıon described i	n sectior	170(b)(1	()(A)(III).	•	
4		A medical research organization	on operated in co	onjunction with a hose	ortal desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and state						•	
5		An organization operated for section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in	
6	П			mental unit described	in sectio	on 170(h)	(1)(Δ)(ν)		
7	 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ 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	n section 170(b)	(1)(A)(vi). (Complete I	Part II)				
9		An agricultural research organior university or a non-land-grauniversity							
10	~	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt full income and uni	nctio ns —subj ec t to c related business taxal	ertain exc ble incom	ceptions, re (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its	
11		An organization organized and							
12		An organization organized and			-			rry out the purposes	
		of one or more publicly suppo							
		Check the box in lines 12a thro							
а		☐ Type I A supporting organ	ization operated	, supervised, or contr	olled by	ts suppo	rted organization(s).	typically by giving	
		the supported organization							
		supporting organization Ye							
b		☐ Type II A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having	
		control or management of							
		organization(s) You must	complete Part I	V, Sections A and C		-		- ,,	
С		Type III functionally integ its supported organization(ally integrated with,	
d		☐ Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s	
		that is not functionally integ	grated The orga	nization generally mu:	st satisfy	a distribu	ition requirement ar	nd an attentiveness	
		requirement (see instructio							
е	i	Check this box if the organ						e II, Type III	
	_	functionally integrated, or 1	• •	tionally integrated sup	oporting (organizat	ion		
Ţ		nter the number of supported of	_					L	
9		rovide the following information	, -						
	(i) [Name of supported organization	(u) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization Jr governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No	1		
(A)					[[
					ļ				
B)									
· · ·						 	 	 	
(C)					<u></u>				
(D)									
(E)				-	 	 			
<u> Fota</u>	l			Enden - St. 10 19 to the state of	27 - 18 Kely	ean in Se	<u>.</u> .		

Part	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua	,
Secti	Part III If the organization fails to on A. Public Support	3 quality under	tile tests lis	rea pelow, bi	ease comple	te Part III)	/
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5000	500	10,000	61,696	30713	107,909
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			
4	Total. Add lines 1 through 3	5000	500	10000	/ 61696	30713	107 909
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)	-			· 第二章	Zan Zana <mark>∗e-u</mark>	0
6	Public support. Subtract line 5 from line 4				# 12 = = = 1		107,909
Secti	on B. Total Support						
	idar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(¢) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	5000	500	/ 10,000	61,696	30,713	107,909
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0		0	0	01	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0/		0	0	0	0
11	Total support. Add lines 7 through 10						107,909
12	Gross receipts from related activities, etc	•	•	_	-	12	
13	First five years if the Form 990 is for the		's first, second	d, third, fourth	, or fifth tax ye	ear as a section	
Cooti	organization, check this box and stop he						<u> </u>
14	on C. Computation of Public Support			1 column (ft)	_	14	
15	Public support percentage from 2018 Sci			1, colui (1)		15	
16a	331/3% support test - 2019 If the organ	,		on line 13, an	id line 14 is 33		
	box and stop here. The organization qua					·	▶ □
b	331/3% support test—2018. If the organithis box and stop here The organization					is 331/3% or m	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	eets the "facts-	and-circumsta	ances" test, ch	eck this box a	ind stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets the	e "facts-and-c	ircumstances'	test, check	this box and s	top here.
18	Private foundation If the organization d	id not check a t	oox on line 13,	, 16 a, 16b, 17 a	, or 17b, chec	k this box and	see ▶ □
					- Cal	odulo A (Earm 00)	nr 990-F7) 2019

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Schedu	e A (Form 990 or 990-EZ) 2019						Page 3
Part						•	
	(Complete only if you checked the						der Part II.
	if the organization fails to qualify	under the tes	ts listed belo	w, please co	mplete Part I	l)	
	on A. Public Support	r	. .				
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	E 000	Egg	10.000	(1,0)	20742	107000
2	Gross receipts from admissions, merchandise	5,000	500	10,000	61696	30713	107909
	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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3			-		_	107,909
	received from disqualified persons						0
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						. 0
C	Add lines 7a and 7b	Constructive and the second	فيرمده دمادت فقدة يسطست		session is		0
8	Public support. (Subtract line 7c from line 6)	2					107.000
Secti	on B. Total Support	<u> </u>	jl	<u> </u>			107,909
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	5,000	500	10,000	61,969	30,713	107,909
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					-	0
11	Net income from unrelated business					<u></u>	
	activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	5					
13	Total support (Add lines 9, 10c, 11,	5,000	500	10,000	61969	31,713	107909 107909
14	and 12) First five years. If the Form 990 is for the		's first, second	d, third, fourth,	or fifth tax ye	ar as a sectioi	n 501(c)(3)
Socti	organization, check this box and stop he on C. Computation of Public Support						▶ 🗸
15	Public support percentage for 2019 (line			2 column (6)		las l	
16	Public support percentage for 2019 (line of 2018 Sci			S, Column (I))		15	<u>%</u>
	on D. Computation of Investment In					101	
17	Investment income percentage for 2019 (· · · - · · · · · · · · · · · · · · · ·	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2018	3 Schedule A, P	art III, line 17			18	%
19a	331/3% support tests – 2019 If the organ						
b	17 is not more than 331/3%, check this box 331/3% support tests—2018 If the organization	-	_	-		_	_
U	line 18 is not more than 331/2%, check this						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

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 (b) and (c) 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 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 **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 (b) and (c) 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.
- 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 79 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 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
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Part	W Supporting Organizations (continued)		rage	<u> </u>
Part	Supporting Organizations (continued)	— 1	es No	_
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		上
b	A family member of a person described in (a) above?	11b		_
С	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		_
	on B. Type I Supporting Organizations			_
		Y	es 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 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PR
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
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)		es No	The state of the s
Sect	on D. All Type III Supporting Organizations	<u> </u>		_
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?		es No	中国中国中国
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		1
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 Part VI the role the organization's supported organizations played in this regard	3		でいないまときで
Sect	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	ınstruct	ions)	_
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			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.			_
2	Activities Test Answer (a) and (b) below.	Y	es No	<u>) </u>
a	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		ا آھ د
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		:
3	Parent of Supported Organizations Answer (a) and (b) below.	1 4		
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? <i>Provide details in Part VI.</i>	3a	The year	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	- 1	.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	_
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ons A through E
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
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 (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	*:-	The state of the s	17 一班是他的
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	<u> </u>	1
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 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		
2 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	北海域中海 社区特别	Į.
5 Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·	
6 Distributable Amount Subtract line 5 from line 4, unless subject to		2.7	
emergency temporary reduction (see instructions)		SHARWAY STATE	4
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	ng organization (see
instructions)			•

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	poses of supported orga	inizations	
	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)		 	<u> </u>
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6	h the erganization is rec		
	Distributions to attentive supported organizations to whice (provide details in Part VI) See instructions	the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(ı) Excess Distributions	(II) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	THE SHAPE IN		
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI) See instructions			
	Excess distributions carryover, if any, to 2019	45		
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f_	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u> </u>	Applied to 2019 distributable amount			Livering the Party and a second transfer to the second to
'_	Carryover from 2014 not applied (see instructions)		New Police	
!_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			The state of the s
c	Remainder Subtract lines 4a and 4b from 4	PARAMA TRACTA A GALL COLOR		
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 Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c	The state of the s		
8	Breakdown of line 7	and the state of the state of		
а	Excess from 2015			
b	Excess from 2016		THE STATE OF THE S	
	Excess from 2017			
d	Excess from 2018	开启的 是1.50%	a partice no	THE RESERVE OF THE PARTY.
е	Excess from 2019	建学和通常学习	(C) (E) (E) (E) (E) (E)	建筑社员工工程

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)