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

		2019 calenda	ar year, or tax year beginning . , 2019, and ending			, 20
Bo	heck if a	plicable.		D Emp	loyer i	dentification number
	Address o	hange	Mercy House, Inc.			473784898
	Name cha	nge	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Tele	ohone r	number
=	nıtıal retu		2808 S Claremont Drive		6	08-365-6499
		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	un Exe	emption
	Amended Analicatio	return n pending	Beloit, WI 53511			► []
		ing Method				if the organization is not
	Vebsite	-				tach Schedule B
						0-EZ, or 990-PF).
_			☑ Corporation ☐ Trust ☐ Association ☐ Other		,	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets		
			500,000 or more, file Form 990 instead of Form 990-EZ		▶ ⟨	30590
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in		ction	
			the organization used Schedule O to respond to any question in this Part I			
?	1		ns, gifts, grants, and similar amounts received		1	30590
2	2		ervice revenue including government fees and contracts	• •	2	-0-
2	3	-	p dues and assessments	• •	3	-0-
7	4	Investment	•	•	4	-0-
132	5a		unt from sale of assets other than inventory 5a	 .n.	┝┷	
	b		or other basis and sales expenses	-0-	ł	
,	C		s) from sale of assets other than inventory (subtract line 5b from line 5a)	<u>_</u> _	5c	-0-
ň	. 6	•	d fundraising events:	•	30	-0*
	· a	_	ome from garning (attach Schedule G if greater than	-		
P	•			-0-	l	•
Revenue	h	•	me from fundraising events (not including \$ -0-of contributions		1	,
ě			aising events reported on line 1) (attach Schedule G if the			
•			h gross income and contributions exceeds \$15,000) 6b	-0-	ł	
	С		t expenses from gaming and fundraising events 6c	-0-	ł	
	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract	j	
	_	line 6c) .			6d	-0-
	7a	•	s of inventory, less returns and allowances	-0-		
i	Ъ		of goods sold	-0-		
	C		t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	-0-
	8	-	nue (describe in Schedule O)	•	8	-0-
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	30590
	10				10	625
ļ	11		similar amounts paid (list in Schedule O) RECEIVED		11	-0-
8	12	•	har companyation, and ampleyed handita 🗖		12	-0-
Expenses	13	Profession:	her compensation, and employee benefits		13	10
ĕ	14		r, rent, utilities, and maintenance	•	14	-0-
X	15				15	-0-
Expenses	16		Iblications, postage, and shipping OGDEN, UT		16	32355
	17		nses (describe in deficultie of legit	•	17	32990
ᆛ	18		deficit) for the year (subtract line 17 from line 9)	_	18	(2400)
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	vith .	.0	(400)
Assets	13		r figure reported on prior year's return)		19	97683
Vet Assets	20	-	ges in net assets or fund balances (explain in Schedule O)	i	20	-0-
زي کړ	20		or fund balances at end of year. Combine lines 18 through 20		21	95281
	21				£1	Form 990-EZ (2019)
ror	raperv	vork Heaucti	on Act Notice, see the separate instructions. Cat. No. 10642I			· Jini JJU-LE (2019)

	Balance Sheets (see the instructi	ions for Part II)				6 5
	Check if the organization used Scho	edule O to respond to a	ny question in this			<u> D</u>
			1	(A) Beginning of year) End of year
22 Cas	sh, savings, and investments			9683		7281
	d and buildings			88000		88000
24 Oth	er assets (describe in Schedule O) .				24	-0-
	al assets		[97683		95281
	al liabilities (describe in Schedule O)		[26	-0-
27 Net	assets or fund balances (line 27 of co	olumn (B) must agree wit	th line 21)	97683	27	95281
art III	Statement of Program Service Ac					_
	Check if the organization used Scho					Expenses ed for section
/hat is the	organization's primary exempt purpos	e? Physical and emotion	onal support of orpha	ns in Haiti		3) and 501(c)(4)
s measur ersons be	ne organization's program service accorded by expenses. In a clear and concordenefited, and other relevant information	ise manner, describe th	of its three largest p se services provided	rogram services, I, the number of	organiz others.)	rations; optional for
	re land by continuation of fence					
Secui	e property will be inhabited by future orp	hanage families approxim	atly 20 people			
(Gran		nount includes foreign gr			28a	32355
29 Supp	ort funding for Elementry School for one	child				
Supp	ort includes tuition, uniform and books					
(Gran		nount includes foreign gr	ants, check here .	▶ ⊔	29a	44!
	ort funding for Trade School for one child				l i	
Admi	tting fees for electrical apprentance progr	ram				
(Gran		nount includes foreign gr		▶ 🗆	30a	180
31 Other	program services (describe in Schedul	le O)				
(Gran	ts\$) If this an	nount includes foreign gr	ants, check here .	▶ 🗆	31a	-0
32 Total	program service expenses (add lines	28a through 31a)		•	32	32990
art IV	List of Officers, Directors, Trustees, an	nd Key Employees (list eac	h one even if not com	pensated-see the ir	nstructio	ons for Part IV)
	Check if the organization used Scho	edule O to respond to a	ny question in this	Part IV		🗆
	(a) Name and title	(b) Average	(c) Reportable ?;	(d) Health benefits.		
enny Grui		hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	oth	itimated amount of er compensation
	nder	devoted to position	(Forms W-2/1099-MISC	benefit plans, and	oth	
resident	nder		(Forms W-2/1099-MISC	benefit plans, and deferred compensation	oth	er compensation
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	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	٧.		
	10			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			1	
?;	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			6.; esc	- ?
	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	,	/	-
	b	activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 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		<u> </u>	?
	37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a -0- Did the organization file Form 1120-POL for this year?	37b			j
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		7	?
	39	If "Yes," complete Schedule L, Part II, and enter the total amount involved				
	а	Initiation fees and capital contributions included on line 9				
	ь 40а	Gross receipts, included on line 9, for public use of club facilities				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			?;
	. C	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				
		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 ► WI				
	42a	The organization's books are in care of ▶ Tom Grunder Telephone no. ▶		2-4884	,	
		Located at ► 2808 S. Calremont Drive, Beloit WI ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	53511			
	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)? If "Yes," enter the name of the foreign country	42b	Yes	No ✓	į
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				i
	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		<u> </u>	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. •	• 	
	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 V	
-	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			
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>	
	AE-	·	44d 45a			
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	40a			
		Form 990-EZ. See instructions	45b		~	

m 990)-EZ (2019)							Ρ.	age 4
	.*	,		•	14 - 4			Yes	No
~	Did the organi	ization engage, directly or in	ndirectly, in political of	campaign activities on	behalf of or	in oppositi	on 🗀	7	
		for public office? If "Yes," of			· · · ·	<u> </u>	46		~
rt \		501(c)(3) Organization:				- 1			
		on 501(c)(3) organization	is must answer que	stions 47-49b and	52, and con	riplete the	tables f	or line	s ;
	50 and	51.							
	Check if	the organization used Scl	hedule O to respond	I to any question in t	his Part VI				$\cdot \Box$
				· · · · · · · · · · · · · · · · · · ·				Yes	No
	Did the organ	ization engage in lobbying	activities or have a	section 501(h) election	n in effect d	uring the t	ax		
		' complete Schedule C, Par					47		~
	Is the organiza	ition a school as described in	n section 170(b)(1)(A)(i)? If "Yes." complete:	Schedule F				~
	Ÿ	zation make any transfers to	, . , . , . ,	· · · · · · · · · · · · · · · · · · ·					」
		the related organization a se	•	_			49b	1	
		table for the organization's						es and	key
		ho each received more than							cy
		10 000,11000,100			(d) Health b		, 011101 11		
	(a) Name and	title of each employee	(b) Average hours per week	(c) Reportable	contributions to	o employee	(e) Estimate		
	(2)	and or ozon omproyee	devoted to position	(Forms W-2/1099-MISC)	benefit plans, a compens		other com	npensati	on
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	Complete this \$100,000 of c	table for the organization' compensation from the organization	's five highest componization. If there is no	ensated independent one, enter "None."	contractors				than
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d	Complete this \$100,000 of complete this \$100,000 of complete this state of complete this st	table for the organization's compensation from the organ business address of each independent	s five highest compounization. If there is not dent contractor	ensated independent one, enter "None." (b) Type of service of the control of the	contractors	(c) (Compensati ne	on	thar
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Form 990-EZ (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	y Hous						<u> </u>	84898
Pai	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The	organiz	zation is not a private founda	ition because it i	is: (For lines 1 through	12, che	ck only o	ne box.)	
1	$\Box A$	church, convention of churc	hes, or associati	ion of churches descr	ibed in se	ection 17	'O(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	4 🔲 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
	ho	spital's name, city, and state	9 :					
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	□ A1	federal, state, or local goven	nment or govern	mental unit described	in section	on 170(b))(1)(A)(v).	
7		organization that normally scribed in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public
8	ØA€	community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	or	agricultural research organi university or a non-land-gra iversity:						
10	rec	organization that normally r ceipts from activities related pport from gross investment quired by the organization a	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	☐ An	organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
12	☐ An	organization organized and	operated exclus	ively for the benefit o	f, to perfe	orm the fu	unctions of, or to cal	rry out the purposes
		one or more publicly suppo						
	Ch	eck the box in lines 12a thro	ugh 12d that des	scribes the type of sur	porting o	rganizati	on and complete line	es 12e, 12f, and 12g
а		Type I. A supporting organ	ization operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
		the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t	he directors or trust	ees of the
		supporting organization. Yo	ou must comple	ete Part IV, Sections	A and B.	,		
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 to organization(s). You must		-		persons	that control or man	age the supported
C		Type III functionally integrates supported organization(s						ally integrated with,
d	П	Type III non-functionally i	•					orted organization(s
_		that is not functionally intogrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	tion requirement an	• ,
е		Check this box if the organ	•	•				all Type III
C		functionally integrated, or T	voe III non-func	tionally integrated sur	oportina (organizati	acicis a Type I, Type ion.	s II, Type III
f	Ente	r the number of supported o						
		ride the following information				• • •		· · L
9		ne of supported organization	(ii) EIN	(iii) Type of organization	T	rganization	(v) Amount of monetary	(vi) Amount of
	(1) 146211	ic of supported organization	(, =	(described on lines 1–10 above (see instructions))		ir governing	support (see instructions)	other support (see instructions)
					Yes	No		
					163			
A)			:					
B)		ļ						
C)							:	
D)								ī.
E)								<u> </u>
_,								

Total

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						, -
Secti	on A. Public Support				• 1	• , (
	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.")	11821	13489		24985		109493
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
4	Total. Add lines 1 through 3	11821	13489	28608	24985	30590	109493
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)				;		,
_							109493
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support	<u> </u>	L	l	,		107473
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	11821	13489	28068	24985	30590	109493
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-0-	0-	· -0-	-0-	. , , : -0-	-0-
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	·° ·	-0-
	loss from the sale of capital assets (Explain in Part VI.)	- '-0-	-0-	-0-	· -0-	-0-	-0-
11	Total support. Add lines 7 through 10	L	<u></u>	<u> </u>			109493
12	Gross receipts from related activities, etc					12	-0-
13	First five years. If the Form 990 is for the organization, check this box and stop he						- -
Socti	ion C. Computation of Public Suppor				*		· · · <u>· · · · · · · · · · · · · · · · </u>
14	Public support percentage for 2019 (line			1 column (fl)	 	14	%
15	Public support percentage from 2018 Sci					15	
16a	33 ¹ / ₃ % support test—2019. If the organ box and stop here. The organization qua	ization did not	check the box	k on line 13, ar	nd line 14 is 33	31/3% or more,	check this
b	33 ¹ / ₃ % support test—2018. If the organithis box and stop here. The organization	ization did not qualifies as a	check a box o publicly suppo	n line 13 or 16 rted organizati	a, and line 15 on	is 33 ¹ /3% or m	ore, check ▶ □
17a	10%-facts-and-circumstances test—2: 10% or more, and if the organization meets the " organization	eets the "facts 'facts-and-circ	-and-circumst	ances" test, chest. The organi	neck this box a	and stop here.	Explain in
, b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets the meets the "fac	e "facts-and- ts-and-circum	circumstances' stances" test.	' test, check t The organizati	this box and	stop here.
18	Private foundation. If the organization di					k this box and	

Part						, ,-, . /	
	(Complete only if you checked the						ınder Part II.
`	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.) / ·	
	ion A. Public Support					1./2.50	
Calen	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017 (t	፥ (d) 2018 ፣ ተ	: (e) 2019	ு ு (f) :Total க
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			•	· /	1	
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				1 ;		
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	•					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						<u> 5</u>
8 8	Add lines 7a and 7b					,	,
	on B. Total Support	1 2 201 5	#3.0040	(-) 0047	4.0040	(-) 2010	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	· (d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6		•			•	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b		ત્યા, ત્યુ	المرأء وإر	to getting	ng gat i	74
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	•		,			
13 14	Total support. (Add lines 9, 10c, 11, and 12.)	o organization	's first second	d third fourth	or fifth tay ye	ar as a socti	on 501(a)(3)
	organization, check this box and stop her	re	<u> </u>				`````
<u> </u>	Public support percentage for 2019 (line 8			3. column (fl)		15 ,	
16	Public support percentage from 2018 Sch					16	. %
	on D. Computation of Investment Inc				<u> </u>	.1	- 70
17	Investment income percentage for 2019 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2018	Schedule A, I	Part III, line 17			18	%
19a	331/3% support tests—2019. If the organi 17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly supp	orted organiza	tion . 🕨 🗌
b	331/2% support tests—2018. If the organization of the support tests—2018 and the organization of the organ	box and stop h	ere. The organi	zation qualifies	as a publicly s	upported orga	nization 🕨 🔲

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 1

Sections A, D, and E. If you checked	12d of Part I, complete Sections	A and D, and com	plete Pa	rt V.)	
Section A. All Supporting Organizations	12 3 d 16 fr	* "C 7 (_ *)	'		-
					۷۵٥

ecti	on A. All Supporting Organizations	٠.	•	
			Yes	No
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.	1		
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			
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 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 Part VI 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 Part VI 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.	4a	_	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI 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 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.	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 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?			
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
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 Part VI .	- <u></u> 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 Part VI.	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 Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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

Dank	Comparing Organizations (continued)			
Part	Supporting Organizations (continued)		1.4	·
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1 -		1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ĩ1a		l
, , ,	below, the governing body of a supported organization?		<u>'</u> -	-
	A family member of a person described in (a) above?	11b	<u> </u>	—
	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	<u></u>	L
Secti	on B. Type I Supporting Organizations			
	ı ,		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 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		
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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	_ · 1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	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 Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (soo in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below.	see in		ions).
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 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 a	Parent of Supported Organizations. Answer (a) and (b) below. 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.	За		- * -
ь	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	gan	zations	•
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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 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		
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 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	,	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	, 1
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Current Year
	Amounts paid to supported organizations to accomplish		·	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	nizations		
_ 4	Amounts paid to acquire exempt-use assets		•	
5	Qualified set-aside amounts (pnor IRS approval required)			
6	Other distributions (describe in Part VI). 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 Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	·		
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable 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			
_ 	From 2014			-
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount		,	
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			1
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	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 Part VI. See instructions.		٠	- 4
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.			
8	Breakdown of line 7:			
а	Excess from 2015			
þ	Excess from 2016			, ,
С	Excess from 2017			,
d	Excess from 2018			
е	Excess from 2019			