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

Department of the Treasury

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.					
A	or the	<u> </u>	, 20		
В	Check if a	pplicable	C Name of organization D E	nployer id	entification number
	Address o	change	JACKPOT RANCH FOUNDATION 4	7-5589	9699
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite E To	elephone n	umber
$\overline{}$	Initial retu		2200 N CENTRAL AVE 105 (602)25	53-1812
=	Final retur Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	roup Exe	mption
=		n pending	[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lumber 🕨	•
G /	Account	ting Method		k ▶ 🔀 :	f the organization is not
	Vebsite		requi		ach Schedule B
JT	ax-exen	npt status (che	ck only one) — 🗵 501(c)(3) 🔲 501(c) () ◀ (insert no) 🔲 4947(a)(1) or 🔲 527 (Form	n 990, 990	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 asset	ts	
			500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	7,911.
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the insti		•
		Check If	the organization used Schedule O to respond to any question in this Part I		
	1	Contribution	ns, gifts, grants, and similar amounts received	1	7,911.
	2		ervice revenue including government fees and contracts	2	
	3	Membersh	p dues and assessments	3	
	4	Investment		4	
	5a	Gross amo	unt from sale of assets other than inventory 5a	_	
	b		or other basis and sales expenses		
	С	•	s) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	_	d fundraising events:	' '	
a)	a		ome from gaming (attach Schedule G if greater than		
Revenue		\$15,000) .		- '	
ķ	b		me from fundraising events (not including \$of contributions		
æ			aising events reported on line 1) (attach Schedule G if the	.	
			h 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 subtrac		
		line 6c) .		6d	
	7a		s of inventory, less returns and allowances		
	b				
	C		t or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8		nue (describe in Schedule O)	9	7 011
	9		similar amounts paid (list in Schedule O)	 +	7,911.
	10 11		1 11606	10	1,500.
′ 0	12	Selevies et	d to or for members	12	
Se	13	Drofossion	her compensation, and employee benefits MAR 0.9.2020	13	395.
Expenses	14		r, rent, utilities, and maintenance	14	958.
X	15			15	930.
_	16		ablications, postage, and shipping	16	
	17	*	nses. Add lines 10 through 16	17	2,853.
	18		deficit) for the year (subtract line 17 from line 9)	18	5,058.
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		
SS			r figure reported on prior year's return)	19	
Net Assets	20	-	ges in net assets or fund balances (explain in Schedule O)	20	
Š	21		or fund balances at end of year. Combine lines 18 through 20	21	5,058.
		1401 a22612	or raing balances at one or year. Combine lines to through 20		<u> </u>



REV 02/11/20 PRO

Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		<u></u> <u>.</u>
		•		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	1_
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column				27	<u>5,058</u> .
Par		•		•		_
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III 🔲	/Bear	Expenses ured for section
Wha	t is the organization's primary exempt purpose?	CHARITABLE FU	ND RAISING			c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplineasured by expenses. In a clear and concise rons benefited, and other relevant information for e	nanner, describe the ach program title.			orgar other	nizations, optional for s)
28	RAISED FUNDS FOR LOW INCOME YOUTH	PROGRAMS				
					00-	1 500
20	(Grants \$ 1,500.) If this amount	t includes foreign gra	ints, check here .	🟲 🗆	28a	_1,500.
29						
		t includes foreign gra			29a	
30					294	
30						
	(Crosto C) If this amount	tunaludaa faraian ara	nto chook horo		200	:
24		t includes foreign gra		· · · · <u></u>	30a	
31	Other program services (describe in Schedule O)				24.0	
20	(Grants \$) If this amount Total program service expenses (add lines 28a	t includes foreign gra			31a 32	1 500
Par						1,500.
rar	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule					
	Crieck if the organization used Scriedule	T	(c) Reportable	(d) Health benefits,		<u>· · · · LJ</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ	ot	Estimated amount of her compensation
JOE	KNAUER	_				
DIR	ECTOR	1.00	0.	0.		0.
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				···		



Part				
•	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part		
00	D. Laboratoria de la Companya de la		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)?			
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	35a 35b		×
c	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 $\ldots \ldots \ldots \ldots \ldots \ldots$	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	441		FILE.
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		×
	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39 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			
	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 ▶ GARRY SHUSTER Telephone no. ▶ (60.	~ .	3-18	12
b	Located at ► 2200 NORTH CENTRAL AVE, PHOENIX AZ ZIP + 4 ► 8509. At any time during the calendar year, did the organization have an interest in or a signature or other authority over	04	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country ▶			BUI
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	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		. •	► □
	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 ×
	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		×
d	Did the organization receive any payments for indoor tanning services during the year?	44d	र्व्याची भी वर्ष (Sais Labe	×
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		× · · · · ·

1							
Form 99	990-EZ (2019)					F	Page 4
	D 100			la ala alfordio de la company		Yes	No
.46	Did the organization engage, directly or it to candidates for public office? If "Yes,"					ļ	×
Part					. 40	.1	
	All section 501(c)(3) organization		stions 47-49b and	52, and complete the	ne tables f	or lin	es
	50 and 51.						_
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI	<u> </u>	Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		, ,	n in effect during the	e tax . 47	163	×
48	Is the organization a school as described i	n section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E	. 48		×
49a	Did the organization make any transfers t	•	-		. 49a		×
b	If "Yes," was the related organization a so				. 49b	<u></u>	سالم
50	Complete this table for the organization's employees) who each received more than						
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate	ed amou	unt of
N/A				- Componidation	 		
N/A		0.00	0.	0.			0.
·		•					
							
	Total number of other employees paid ov		►ensated independent	contractors who eac	h received	more	thar
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independ	's five highest compe anization. If there is no			h received		thar
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no	ne, enter "None."				thar
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no	ne, enter "None."				thar
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no	ne, enter "None."				thar
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no	ne, enter "None."				thar
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no	ne, enter "None."				thar
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no	ne, enter "None."				thar
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no	ne, enter "None."				thar
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no	ne, enter "None."				thar
NONE	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no dent contractor	ne, enter "None." (b) Type of serv				thar
NONE	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no dent contractor	over \$100,000 ction 501(c)(3) organ) (c	c) Compensati	on	
NONE d 52	Complete this table for the organization \$100,000 of compensation from the organization from the organization state of the organization from the organization from the organization complete Scheduling Schedulin	's five highest compeanization. If there is no dent contractor dent contractor actors each receiving the A? Note: All seconds in the contractor of the con	over \$100,000 . ction 501(c)(3) organ	nizations must attac	h a ▶⊠ Yes	on	No
NONE d 52 Under petrue, cor	Complete this table for the organization \$100,000 of compensation from the organization from the organization shall be compensation from the organization of the complete shall be completed Schedule A	's five highest compeanization. If there is no dent contractor dent contractor actors each receiving the A? Note: All seconds in the contractor of the con	over \$100,000 . ction 501(c)(3) organ	nizations must attac	h a ▶⊠ Yes	on	No
d 52 Under potrue, corr	Complete this table for the organization \$100,000 of compensation from the organization from the organization state of each independent contraction. Total number of other independent contraction of the organization complete Scheducompleted Schedule A	's five highest compeanization. If there is no dent contractor dent contractor actors each receiving the A? Note: All seconds in the contractor of the con	over \$100,000 . ction 501(c)(3) organ	nizations must attac	h a ▶⊠ Yes	on	No
MONE d 52 Under potrue, corr	Complete this table for the organization \$100,000 of compensation from the organization from the organization state of the complete schedule A	's five highest compeanization. If there is no dent contractor dent contractor actors each receiving the A? Note: All seconds in the contractor of the con	over \$100,000 . ction 501(c)(3) organ	nizations must attac	h a ▶⊠ Yes	on	No
d 52 Under petrue, cor	Complete this table for the organization \$100,000 of compensation from the organization from the organization said responsible to the organization complete schedule and complet	's five highest compeanization. If there is no dent contractor dent contractor actors each receiving the A? Note: All seconds in the contractor of the con	over \$100,000 . ction 501(c)(3) organ	nizations must attac	h a . Now Yes nowledge and	on	No
NONE NONE d 52 Under prirue, cor Sign Here	Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization complete schedule A Did the organization complete Schedule A Denalities of perjury, I declare that I have examined this interect, and complete Declaration of preparer (other than organization of preparer (other than organization). TOM KNAUER, DIRECTOR Type or print name and title Print/Type preparer's name	's five highest compeanization. If there is no dent contractor dent contractor actors each receiving tale A? Note: All sements actors in cluding accompany officer) is based on all information.	over \$100,000 .ction 501(c)(3) organization of which preparer h	nizations must attac ints, and to the best of my kas any knowledge	h a . Now Yes nowledge and	on N	No it is
d 52 Under pitrue, correspondence Paid Prepaid	Complete this table for the organization \$100,000 of compensation from the organization complete schedule and	return, including accompany officer) is based on all information. If there is no dent contractor actors each receiving actors each	over \$100,000 .ction 501(c)(3) organization of which preparer h	nizations must attactions, and to the best of my kas any knowledge The Check Check Check Firm's EIN ▶ 8 6	h a Yes nowledge and 20	belief,	No it is
NONE NONE d 52 Under pitrue, cor	Complete this table for the organization \$100,000 of compensation from the organization of each independent contrastic from the organization complete Schedule A formalities of perjury, I declare that I have examined this interect, and complete Declaration of preparer (other than from the organization of preparer).	return, including accompany officer) is based on all information. If there is no dent contractor actors each receiving actors each receiving alle A? Note: All sections are under the contractor and the contractors are under the contractors. Preparer's signature steven O. Jay C.P.A. Road, Suite 12	over \$100,000 . ction 501(c)(3) organization of which preparer h	nizations must attactions, and to the best of my kas any knowledge The Check Check Check Firm's EIN ▶ 8 6	h a Yes nowledge and 20	belief,	No litis

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

2019
Open to Public Inspection

Employer identification number Name of the organization 47-5589699 JACKPOT RANCH FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) ☐ 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations. Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						<u> </u>
	on A. Public Support dar year (or fiscal year beginning in)	(-) 0015 .	(h) 0016	(0) 2017	(4) 2010	(e) 2019	(6) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,			1	,	•
3	The value of services or facilities furnished by a governmental unit to the organization without charge						• .
4	Total. Add lines 1 through 3	SARTE OF ACTION APPROXIMENTAL AND	7.201100000014 6457 4472 / 428.00. 2.	Mariora Marcomorphogram	Taring tipmental action	Street State Care State	
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6.	Public support. Subtract line 5 from line 4	1 13 S 341	Transfert of To-	## 7 Y 1 2 1 ##	SEPTEMBER STORY		ţ-
	on B. Total Support	• •					
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016/	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4	•				*	•
9	Net income from unrelated business activities, whether or not the business is regularly carried on			-			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.):	. /.	-				. ,
·11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ons)			12	, ,
13	First five years. If the Form 990 is for the	7			, or fifth tax ye	ear as a section	n 501(c)(3)
Sacti	organization, check this box and stop he on C. Computation of Public Suppor			<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · · ·	· · · · · ·	· · P [
14	Public support percentage for 2019 (line 6			1. column (f))		14	
15 16a	Public support percentage from 2018 Sch 33 ¹ / ₃ % support test—2019. If the organi	nedule A, Part I zation did not	ll, line 14 check the box			15 1 ¹ /3% or more,	check this
b	box and stop here. The organization qual 331/3% support test—2018. If the organization this box and stop here. The organization	zation did not	check a box o	n line 13 or 16		is 33½% or m	· ► □ ore, check · · ► □
.17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts-	-and-circumsta	ances" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ition meets the neets the "fact	e "facts-and-c s-and-circums 	circumstances" stances" test.	' test, check t The organization	his box and son qualifies as	top here. a publicly ► □
18	Private foundation. If the organization did	d not check a l	box on line 13,			this box and s	
			. ,		<u> </u>	<u> </u>	<u>···</u> ⊔,

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						<u> </u>
	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")			11,301.]		11,301.
2	Gross receipts from admissions, merchandise						<u> </u>
	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	<u> </u>		<u> </u>		<u> </u>	
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge			11 201			11 201
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3			11,301.		ļ	11,301.
7a	received from disqualified persons .					,	
			 -			· ·	
b	Amounts included on lines 2 and 3 received from other than disqualified		ĺ	[ĺ	
	persons that exceed the greater of \$5,000			, i			
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b		· · · · · · · · · · · · · · · · · · ·			 	
8	Public support. (Subtract line 7c from	1.19 m late \$ 148-50			a de la companya de l	Table of the	
	line 6.)	ALSO DE SE	I was	427.134.4	de Herri		11,301.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6			11,301.			11,301.
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					,	
^	Add lines 10a and 10b		 			 	
. 11	Net income from unrelated business						
•	activities not included in line 10b, whether	ł	'				
	or not the business is regularly carried on	i	1				
12	Other income. Do not include gain or				· · · ·		
	loss from the sale of capital assets		1		•		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)			11,301.		<u> </u>	11,301.
14	First five years. If the Form 990 is for the						
Casti	organization, check this box and stop he on C. Computation of Public Suppor			_ 	<u> </u>	· · · · ·	· · • U
15	Public support percentage for 2019 (line			(f)		15	100 %
16	Public support percentage from 2018 Sch						100 %
	on D. Computation of Investment In			_ · . · ·	<u> </u>		100 /0
17	Investment income percentage for 2019 (ov line 13. colu	mn (f))	17	0 %
18	Investment income percentage from 2018						%
19a	331/3% support tests-2019. If the organ						, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2018. If the organization						31/3%, and
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organi	zation qualifies	as a publicly s	upported organiz	zation 🕨 🔲
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗌

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?
- 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**.
- 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.)

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Part	IV Supporting Organizations (continued)	
<u> المنت</u>		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	7302 140 520
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
c	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	· [3] [4] [2]
	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	
	inguinzations and what conditions of restrictions, if any, applied to 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).	
Socti	on D. All Type III Supporting Organizations	
CLI	on b. 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
ecti	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 (se	e instructions)
a	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	h. (a.amatm.at.a.ma)
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity. Activities Test. Answer (a) and (b) below.	Yes No
		South Made Cardon Made Strictmontal and
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	
	these 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	1 11 11 11 11 11 11 11 11 11 11 11 11 1
_	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.	
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 Part VI the role played by the organization in this regard	3h

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>gan</u>	izations		
• 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 (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	i		
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):	100			
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	CONTROL OF THE PARTY.		
5 Income tax imposed in prior year	5	factorial processing da		
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	v m	tegrated Type III supporting	organization (see	

Schedule A (Form 990 or 990-EZ) 2019

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (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		orted	
	organizations, in excess of income from activity		·	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>	<u> </u>	
6	Other distributions (describe in Part VI). See instructions.	<u> </u>	<u> </u>	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	ch 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)	(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.		A Superior and the Layer Commencer and the Comme	Fig. 3-48 Section 2016
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
<u>b</u>	From 2015			
<u>c</u>	From 2016			
d_	From 2017			
<u>e</u>	From 2018			
<u>f</u> _	Total of lines 3a through e	DANS AND PRODUCTION OF PORTUGATOR		
<u>g</u>	Applied to underdistributions of prior years			
_ <u>h</u>	Applied to 2019 distributable amount			ET SERVICION SER
_ <u> i</u>	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
<u>a</u> b	Applied to underdistributions of prior years Applied to 2019 distributable amount			Mary Control of the C
<u>_</u>	Remainder, Subtract lines 4a and 4b from 4.	A Company of the Comp		
_	Remaining underdistributions for years prior to 2019, if			
5	any. Subtract lines 3q and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2019. Subtract lines 3h			Property of a commercial and the
U	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	CONTRACTOR SALE AN AND AND CONTRACTOR OF CONTRACTOR		
•	and 4c.			
8	Breakdown of line 7:			
_ <u>-</u>	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018	H0702000000		
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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