990-EZ

Short Form

Return of Organization Exempt From Income Tax

2019

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

Open to Public

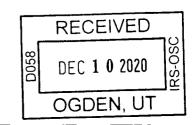
Inspection

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

2019, and ending A For the 2019 calendar year, or tax year beginning C Name of organization D Employer identification number B Check if applicable: West Virginia Black Heritge Festival, Inc. 55-0741069 Address change Name change Room/surte E Telephone number Number and street (or P.O box if mail is not delivered to street address) Initial return 304 624-3708 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Clar4ksburg, WV 26302-1614 Number ▶ Application pending H Check ► ☐ if the organization is not G Accounting Method: required to attach Schedule B Website: ▶ J Tax-exempt status (check only one) — J 501(c)(3) 501(c) ((Form 990, 990-EZ, or 990-PF) ◀ (insert no.) ☐ 4947(a)(1) or ☐ Association ☐ Other Trust L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . 66970.00 Contributions, gifts, grants, and similar amounts received . . . 1020 00 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments . . . 50334 84 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . 15322 53 C Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 8 133647.37 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 6400.00 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 72377 06 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 1139 96 1252 23 15 Printing, publications, postage, and shipping. 15 Other expenses (describe in Schedule O) . 16 57846 15 16 17 139015 40 17 Total expenses. Add lines 10 through 16 . 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 5368.03 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column end-of-year figure reported on prior year's return) 19 50618.00 20 Other changes in net assets or fund balances (explain in Schedule O) . 20 45249 97 Net assets or fund balances at end of year. Combine lines 18 through 20 Form **990-EZ** (2019) For Paperwork Reduction Act Notice, see the separate instructions. Cat No. 10642I

> #035 JAN 26 2021 Recv'd Entity



	Balance Sheets (see the instructions to	∧		7amt 11		
	Check if the organization used Schedule	O to respond to a		(A) Beginning of year	• •	(B) End of year
22	Cash, savings, and investments		 		22	45249 97
23	Land and buildings				<u></u> 23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		[25	45249.97
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)		27	45249.97
Par	t III Statement of Program Service Accom	•		•		_
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗌	(Ren	Expenses urred for section
What	t is the organization's primary exempt purpose?					c)(3) and 501(c)(4)
as m	cribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	anner, describe the			orga	nizations; optional for
28						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	• 🗖	28a	
29						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	29a	
30						
	(Grants \$) If this amount	includes foreign gra	inte chack hara		30a	
31	Other program services (describe in Schedule O)			· · · • <u> </u>		
٠.	• •	includes foreign gra		▶ □	31a	
32	Total program service expenses (add lines 28a				32	
Par	t IV List of Officers, Directors, Trustees, and Ke	Employees (list eacl	one even if not com	pensated-see the in	struc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a				<u> D</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation	(d) Health benefits, contributions to employe	١.,	Estimated amount of
Jame	es E. Griffin, President		(Forms W-2/1099-MISC) (if not paid, enter -0-)		0	other compensation
212	es E. Grillin, Fresident	,		benefit plans, and	0	other compensation
_ , _ ,	Johnson Ave. Bndgeport, WV 26330	20		benefit plans, and deferred compensation	0	other compensation
Dona	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	
Dona 438 E	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E B. Saunders Way, Clarksburg, WV 26301	,	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E B. Saunders Way, Clarksburg, WV 26301	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0
Dona 438 E Joy C	Johnson Ave. Bridgeport, WV 26330 an A James, Vice President E. B. Saunders Way, Clarksburg, WV 26301 C. Singleton, Treasurer	20	(if not paid, enter -0-)	benefit plans, and deferred compensation	0	0



Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ie	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
			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		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 change on Schedule O See instructions	24		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34	-	-
- God	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_<
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		_ ✓
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			لـــــا
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓.
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	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	,	1
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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
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 ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	170
	completed instead of Form 990-EZ	44a		
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		\
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	L	✓
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		_

Form 99	00-EZ·(2	019)							Page 4
46		he organization engage, directly or ir hdidates for public office? If "Yes," o					n 46	Yes	No
Part	VI	Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51.	s Only s must answer que	estions 47–49b ar	nd 52, and	complete the		for lin	es
		Check if the organization used Scl	redule O to respond	to any question i	n this Part	<u>vi</u>	• •	Yes	No
47		he organization engage in lobbying? If "Yes," complete Schedule C, Par		section 501(h) elec		-	× 47	163	√
48 49a		e organization a school as described in the organization make any transfers to					48 49a		1
ь 50	If "Ye	es," was the related organization a seplete this table for the organization's oyees) who each received more than	ection 527 organization five highest compen	on?	other than o	officers, directors		es, an	
	<u> </u>	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mis	(d) He contribute benefit pla	ealth benefits,	e) Estimat other cor	ed amo	unt of
f 51	Com	number of other employees paid ov plete this table for the organization, ,000 of compensation from the orga	s five highest comp	ensated independe	ent contrac	tors who each r	eceivec	l more	than
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service	(c) C	ompensat	on	
				-					
				-					
				1					
52	Did	I number of other independent contra the organization complete Schedu pleted Schedule A	ıle A? Note: All se		•	_	a ►☑ Yes		No
Under p	penalties prect, ar	of penury, I declare that I have examined this indicomplete. Declaration of preparer (other than	return, including accompar officer) is based on all info	lying schedules and state formation of which prepa	ements, and to rer has any kno	o the best of my know owledge.	vledge an	d belief,	rt ıs
		191.				5/15/	20		
Sign Here		Signature of officer Joy C Singleton, The asurer	by C	/ 11/19	120	Date			
		Type or print name and title	Preparer's signature	,	Date		PTIN		
Paid Prep	arer	Print/Type preparer's name	- Aparol O digitatoro		1	Check if self-employe			
Use	Only					Firm's EIN ▶			
May t	he IRS	Firm's address ► discuss this return with the prepare	r shown above? See	instructions		Phone no.	☐ Yes	s 🔲	No

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.

OMB No. 1545-0047 2019

Open to Public

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number

West	Virginia Black Hentage Festival, Inc					55-07	4106
Par	t I Reason for Public Char	ity Status (Ali	organizations must	comple	te this p	art.) See instruction	ns.
The c	organization is not a private foundate	ion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	☐ A church, convention of church	es, or association	on of churches descri	ibed in se	ection 17	0(b)(1)(A)(i).	M
2	☐ A school described in section		•			• •	U
3	☐ A hospital or a cooperative hos						
4	A medical research organizatio	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and state						
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6 7	 A federal, state, or local govern An organization that normally described in section 170(b)(1)(receives a subs	tantial part of its sup				n the general public
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organizer university or a non-land-granuniversity:	zation described at college of agr	d in section 170(b)(1) iculture (see instruction	(A)(ix) op ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization of	to its exempt ful income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ie (less si	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	•	_				
	of one or more publicly suppo	•		•			, ,, ,
	Check the box in lines 12a throi	•	• • • • • • • • • • • • • • • • • • • •		-		_
а		•	-			•	
	the supported organization					the directors or trust	ees of the
_	supporting organization. Yo	-	· ·				
ь	 Type II. A supporting organ control or management of t organization(s). You must organization 	he supporting o	rganization vested ın	the same			
С	Type III functionally integrits supported organization(s						ally integrated with,
d	Type III non-functionally in that is not functionally integrequirement (see instruction	rated. The orga	nization generally mu	st satisfy	a dıstribu	tion requirement an	
e	Check this box if the organi functionally integrated, or T						e II, Type III
f	Enter the number of supported o	rganızations .					[
g	Provide the following information	about the supp	orted organization(s).			<u>,</u>	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization or governing ment?		(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total	1			<u> </u>			

	(Complete only if you checked the Part III. If the organization fails to						alify under
Section	on A. Public Support						
Calen	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.")	63875 00	53065.00	48724 00	111544.00	66970.00	344178.00
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	63875.00	53065.00	48724 00	111544 00	66970 00	344178 00
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	:					
6	Public support. Subtract line 5 from line 4						1
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
7	Amounts from line 4	63875 00	53065.00	48724 00	111544.00	66970.00	344178.00
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17699 00	11038.00	22985 00	48296.00	50334 84	150352.84
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.)						494530.84
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for th	-			_		
	organization, check this box and stop her			· · · · ·			· · > [
<u>Secti</u>	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6		-			14	70 %
15	Public support percentage from 2018 Sch					15	70 %
16a	331/3% support test—2019. If the organization qual						
b	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	a, and line 15	is 331/3% 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 "corganization	019. If the orga ets the "facts- facts-and-circ	anization did no and-circumsta umstances" te	ot check a box inces" test, ch st. The organiz	on line 13, 10 eck this box a ation qualifies	6a, or 16b, and and stop here . as as a publicly	d line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	018. If the orga tion meets the neets the "fact	anization did ne e "facts-and-c s-and-circums	ot check a box ircumstances" itances" test.]	k on line 13, 1 test, check t The organization	6a, 16b, or 17 this box and son qualifies as	stop here. a publicly
18	Private foundation. If the organization did						_

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support						
Calen	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.")						
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		٦				
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						<u> </u>
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					•	•
с 8	Add lines 7a and 7b						
Secti	on B. Total Support	<u> </u>	<u> </u>	L		<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		4				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				f		
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon		-	•	n 501(c)(3)
Section	on C. Computation of Public Suppor	rt Percentag	е				
15	Public support percentage for 2019 (line 8		-	13, column (f))		15	%
16	Public support percentage from 2018 Sch			<u></u>	<u></u>	_ 16 _ \	<u>%</u>
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (17	
18	Investment income percentage from 2018					18	%
19a	331/3% support tests—2019. If the organ						, / -
b	17 is not more than 33½%, check this box 33½% support tests—2018. If the organiz	zation did not c	heck a box on	line 14 or line 1	9a, and line 16	s is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this i		_	•		•	
20	Private foundation. If the organization di	a not check a	pox on line 14,	, 19a, or 19b, c	neck this box	and see instru	ctions 🕨 📙

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.)

<u> </u>	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	.)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			1
_	• • • •	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			
	organization was described in section 509(a)(1) or (2).	2	-	1
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	 	 	
Ja	(b) and (c) below.	3a		1
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	1		
	organization made the determination.	3b		1
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		1
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		1
b				
	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		1
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		1	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4.	<u> </u>	
_	purposes.	4c	ļ <u>-</u>	<u> </u>
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		1
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		1	
_	designated in the organization's organizing document?	5b		1
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		1
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		}	ł
	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.	6		1
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	-	1
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		'
ya	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		İ	İ
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	 	7
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja	 	1
-	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		1
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			Ť
=	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		7
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		T	1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		_	L.
	supporting organizations)? If "Yes," answer 10b below.	10a		1
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
	the state of the second of the		Yes	No
,11	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)			
a	below, the governing body of a supported organization?	11a	—	-
b	A family member of a person described in (a) above?	11b		1
	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		1
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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.			
Sect	ion 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		
Sect	tion D. All Type III Supporting Organizations	<u> </u>	L	
000	John Street Special Street Special Spe		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		1
2 ر				
	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		-
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1 a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
2	Activities Test. Answer (a) and (b) below.			No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
_	•	2a	ļ	✓
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.			
а				
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

Type III Non-Functionally integrated 509(a)(3) Supporting Org	jani	zauons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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)
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-functionall instructions).	y in	tegrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
<u>1</u>	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			•
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	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			
а	From 2014			
b	From 2015			
С	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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in 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.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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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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