Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2019

OMB No 1545-0047

Department of the Treasury

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

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

Open to Public Inspection

Int	emal Reve	nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest info	rmation.		
A	For the	2019 calend	ar year, or tax year beginning , 2019, and endi	ng		, 20
В	Check if a	pplicable	C Name of organization	DE	mployer ide	ntification number
	Address o	change	Owen Cooper & Gene Triggs Foundation		64	-0779926
	Name cha	ange	Number and street (or P.O box if mail is not delivered to street address) Room/su	ite E î	relephone nu	
	Initial retu	irn	1153 Owens Road		(601	1) 857-8544
닏		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	O F	Group Exen	
片	Amended		· · · · · · · · · · · · · · · · · · ·	1 4 1	Number ▶	•
		on pending	Terry, MS 39170 ✓ Cash Accrual Other (specify) ►			the organization is not
	Website	ting Method	Cash Cash Other (specify)			ch Schedule B
			Stantiana)	l`		-EZ, or 990-PF).
_	•		eck only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	1 (10)		
		organization	✓ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total ass	ets	
			5500,000 or more, file Form 990 instead of Form 990-EZ	•	· • \$	10,214
Ŀ	Part I		e, Expenses, and Changes in Net Assets or Fund Balances (see			
			the organization used Schedule O to respond to any question in this P	art I .	· · · · · ·	<u> </u>
^	1		ons, gifts, grants, and similar amounts received		. 1	6,536
3	2	Program s	ervice revenue including government fees and contracts		. 2	
CANNED	3	Membersh	ip dues and assessments		. 3	
Z	4	Investment	income		. 4	
~	5a	Gross amo	unt from sale of assets other than inventory 5a	3,6	678	
Ë	Ь		or other basis and sales expenses			
	c		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		. 5c	3,678
	6		d fundraising events.			
	a	_	ome from gaming (attach Schedule G if greater than			
9		\$15,000)				
, L			me from fundraising events (not including \$ of contribution)	utions	_	
Revenue	b		alsing events reported on line 1) (attach Schedule G if the	ulions		
α	1		th gross income and contributions exceeds \$15,000) 6b			
	İ .					
	2		t expenses from gaming and fundraising events 6c	d oubtro		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	Subira	1	
	_	line 6c)			· 6d	
	7a		s of inventory, less returns and allowances			
	b		of goods sold			
	C	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)		. 7c	
	8	Other reve	nue (describe in Schedule O)		. 8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	10,214
	10	Grants and	l similar amounts paid (list in Schedule O)		. 10	6,000
	11	Benefits pa	aid to or for members		. 11	
()	12	Salaries, of	ther compensation, and employee benefits		. 12	
Expenses	13	Profession	al fees and other payments to independent contractors		. 13	
De.	. 14	Occupancy	/, rent, utilities, and maintenance		. 14	
Ш	15		iblications, postage, and shipping		. 15	
	16	• .	inses (describe in Schedule O)			
	17	•	nses. Add lines 10 through 16			6,000
_	40	Evcess or	deficit) for the year (subtract line 17 from line 9)			4,214
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must a		·	7,514
Š	.		r figure reported on prior year's return)			281,551
ţ	20	-			. 20	201,331
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)	 	20	- 005 705
	21		or fund balances at end of year. Combine lines 18 through 20	CEIV		285,765 Form 990-EZ (2019)
Fo	r Papen	work Reduct	ion Act Notice, see the separate instructions.			
			ါက္ခါ		2020	ξĺ
			MA 8835	R.O 2 2	2020 IS	3/17
			$ ^{\omega} $		lo lo	
				DEN		1 //

Do	Register of the instructions and the instructions	for Dort II)		····		
Га	Check if the organization used Schedul		av guaetian in this	Dort II		г
	• Check if the organization used Scheduli	e O to respond to a	ly question in this	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			281,552	22	285,76
23	Land and buildings			201,332	23	203,70
24	Other assets (describe in Schedule O)				24	
25	Total assets			281,552		285,76
26	Total liabilities (describe in Schedule O)			201,002	26	
27	Net assets or fund balances (line 27 of colum		n line 21)	281,552	27	285,765
Par						
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part III .		Expenses
Wha	t is the organization's primary exempt purpose?	provide funding for a	griculture mission	orojects		quired for section (c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomp	lishments for each o	f its three largest p	orogram services,	orga	anizations, optional for
as m	neasured by expenses. In a clear and concise r	manner, describe the	e services provide	d, the number of	othe	ers)
<u></u>	ons benefited, and other relevant information for e	each program title.				T -
28						
	(Conta C	t radicalos foreiga are	nto chook horo		282	
29		t includes foreign gra			200	<u>1</u>
29						
				••••		
	(Grants \$) If this amoun	t includes foreign gra			298	,
30	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	🕨 🗌	30a	3
31	Other program services (describe in Schedule O)					
		t includes foreign gra			318	1
_	Total program service expenses (add lines 28a			_	32	
Par						
	Check if the organization used Schedule	e O to respond to ar				<u> U</u>
	(a) Alama and title	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e	Estimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)			other compensation
	The second secon		(ii not paid, citer -o-)	deletted compensatio		
Jim A	Vatson, President	- 5			0	,
Bon I	Baker, Vice President		'		+	<u></u>
NOUL	Jaker, Vice Freshaent				٥	(
Bobb	y Redding, Secretary-Treasurer			·	Ť	
	<i>y</i>	-{ 5			0	(
Ben I	ngram, Board Member					
		<u> </u>		o	0	
Joyc	e Watson, Board Member					
				D	0	(
		_				
					_	
-		{				
	· · · · · · · · · · · · · · · · · · ·	 	· - · ·			
	••••••					
				 	+	
		-				
		 		 	+-	
		-				
		 		+	+	
		-1			1	



Form 990-EZ (2019) Page 3 Part V . Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 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 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 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 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 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 during the year? If "Yes," complete applicable parts of Schedule N 36 1447: 4 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ | 37a | 37b 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 b If "Yes," complete Schedule L, Part II, and enter the total amount involved 39 Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9 . . . 39a Gross receipts, included on line 9, for public use of club facilities 39b 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 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, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ Mississippi 41 42a The organization's books are in care of ▶ Mississippi Baptist Foundation Telephone no. ▶ (601) 292-3210 Located at ► 515 Mississippi Street, Jackson, MS 39201 ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over 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 ▶ 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 ▶ 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 No Yes \$2000 B 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b 44c c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 45a 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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

45b

Page	4

Form **990-EZ** (2019)

	•						Yes	No
46	Did the organization engage, directly or ii	ndirectly, in political c	ampaign activities or	behalf of o	r in opposit	tion 🎒		
•	to candidates for public office? If "Yes," of	complete Schedule C	, Part I			. 46	;	1
Part \	Section 501(c)(3) Organization	s Only						
	All section 501(c)(3) organization	is must answer que	stions 47-49b and	52, and co	mplete th	e tables	for lin	es
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	I to any question in t	this Part VI		. <u></u>		. \square
							Yes	No
47	Did the organization engage in lobbying		section 501(h) election	on in effect	during the	tax		
	year? If "Yes," complete Schedule C, Par	tll				. 47	<u>' </u>	✓
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		. 48	<u>; </u>	✓
49a	Did the organization make any transfers t	o an exempt non-cha	ırıtable related organı	zation?	•	. 49	а	✓
	If "Yes," was the related organization a se					. 491	-	
50	Complete this table for the organization's	five highest compen	sated employees (oth	er than offic	ers, directo	ors, truste	ees, an	ıd key
	employees) who each received more than	1 \$100,000 of comper	nsation from the orga	nization. If the	nere is non	e, enter "	None.'	1
		(b) Average	(c) Reportable	(d) Health contributions		(e) Estima	ome bet	unt of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,	and deferred		ompensa	
		devoted to position	(1 011113 ***-27 1000**********************************	comper	nsation			
		1				 		
				<u> </u>				
						<u> </u>		
	<u> </u>							
				1				
	Total number of other employees paid ov		. >					
	Complete this table for the organization			contractors	who each	1 received	d more	thar
	\$100,000 of compensation from the orga	inization. If there is no	one, enter "None."	<u> </u>				
	(a) Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c)) Compensa	ation	
							-	
	 							
			-					
	•••••		1					
-								
			1					
	Total number of other independent contra	actors each receives	Over \$100,000	<u> </u>				
		9	•		ust attack		-	
	Did the organization complete Scheducompleted Schedule A	ile A' Note: All Se	ction sortcits orga	inzations n		. ► ☑ Ye	. C	No
	enalties of perjury, Vdeclare that I Nave examined this	roturn unaluduna aasamnan	una ashadular and statem	onte and to the				
true, corr	ect, and complete Declare that I have examined this ect, and complete Declaration of preparer (other that	return, including accompan n officer) is based on all info	ying schedules and statem ormation of which preparer	ents, and to the has any knowle	dge	iowieuge ai	iu beller,	, IL IS
	XIIII	<u> </u>			<u> </u>			
Sign	Signature of officer			Date				
Here	Tours A Water Dury	. Prosident			2-12	·zoz	0	
	Type or print name and title	1 107111ENG						
	Print/Type preparer's name	Preparer's signature	l Da	ate	Tarring	PTIN	-	
Paid					Check L. self-emplo	l If [
Prepa	1 a .			Eiro	n's EIN ▶	1		
Use C					ne no			
May th	Firm's address ▶ e IRS discuss this return with the prepare	r shown above? See	instructions .] F110		▶ ∏ Ye	s Di	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Owe	n Cooper & Gene Triggs Foundation						79926	
Pa							ns.	<u> </u>
The	organization is not a private foundate							
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	1.	9
3	☐ A hospital or a cooperative hos							
4	A medical research organizatio	n operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Ente	r the
	hospital's name, city, and state). 						
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned c	r operate	ed by a government	al unit d	lescribed in
6	A federal, state, or local govern							
7	An organization that normally i			port from	a gover	nmental unit or fron	n the ger	neral public
8	described in section 170(b)(1)(A community trust described in			Part II.)				
9	An agricultural research organiz				erated in	conjunction with a l	and-grar	nt college
•	or university or a non-land-gran	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the colle	ege or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt fui income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less si	and (2) no more tha ection 511 tax) from	n 33¹/₃%	of its
11	An organization organized and							
	✓ An organization organized and						rv out th	e purposes
•-	of one or more publicly suppo	rted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section	n 509(a)(3).
	Check the box in lines 12a throu							
а	Type I. A supporting organi	zation operated	, supervised, or contr	olled by	ts suppo	rted organization(s),	typically	by giving
_	the supported organization(
	supporting organization. Yo							
b	✓ Type II. A supporting organ	ization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by	having
_	control or management of t							
	organization(s). You must o				·		_	
С							ally integ	rated with,
	its supported organization(s							
d								
	that is not functionally integ						d an atte	entiveness
	requirement (see instruction	-	-					
е		zation received	a written determination	on from the	ne IRS th	at it is a Type I, Type	II, Type	: III
	functionally integrated, or T		tionally integrated sur	oporting (organizat	ion.	_	
f							• • [
g					 .			
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10		rganization ur governing	(v) Amount of monetary support (see	, ,	mount of upport (see
			above (see instructions))		ment?	instructions)		uctions)
				Yes	No			
				163	110			
(A)				/				
A	gricultural Development Foundation	64-0654508		-				
(B)								
(C)								
(D)								
								
(E)								
Tota		STOPE AND SEC.		SERVER.	II to a sale			

Part							
	(Complete only if you checked the						alıfy under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.));
	on A. Public Support	1-1-0045	1 (1) 2016	(1) 0017	/-N 0010	(-) 0010	(O Tatal
	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	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		V 100015	A second value by the second		WHILE THE WHITE I STORY IN FOR	
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	预影曲宏观部	TARRES BE	CXXXXXXX	THE PROPERTY	的小能的不是例	
	on B. Total Support		T # 20040 4	/ \ 0017	() 0040	(1) 0010	(0 T-1-1
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			\ \ \			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				-		
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	Gross receipts from related activities, etc	, (see instruction				12	- E01(a)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop he				1		n 501(c)(3) ► □
Secti	on 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	<u>%</u>
16a	331/3% support test—2019. If the organ box and stop here. The organization qua	ization did not	check the box		nd line 14 is 33	3 ¹ / ₃ % or more,	check this □
b	331/3% support test—2018. If the organithis box and stop here. The organization					is 33 ¹ / 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 "organization".	eets the "facts	-and-circumst	ances" test, cl	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization.	ation meets th	e "facts-and-o	circumstances	" test, check t	this-box\and s	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see ▶ □

Part							
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.) <u>/</u>	
	ion A. Public Support	T	1	1	T		
Caler 1	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
•	received. (Do not include any "unusual grants.")		1	İ			
2	Gross receipts from admissions, merchandise			-	 		
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the				/		
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						_
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		\				
	received from disqualified persons .		$\overline{}$	 -			
ь	Amounts included on lines 2 and 3 received from other than disqualified			J			
	persons that exceed the greater of \$5,000			\setminus			
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	, ,				_	
	line 6.)		<u>/</u>			•	
	on B. Total Support	(5) 0015/	/b) 0016	(-) 2017	(4) 2010	(-) 2010	(6) Takal
calen 9	idar year (or fiscal year beginning in) Amounts from line 6	(a) 2015/	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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			<u> </u>			
11	Add lines 10a and 10b				\		
• •	activities not included in line 10b, whether				\ \		
	or not the business is regularly carried on				1	\	
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
10	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					\	
14	First five years. If the Form 990 is for th	e organization	's first, secon	ld. fourth	or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	-				\	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8		•			15	%
16	Public support percentage from 2018 Sch			<u></u>	<u></u>	16	<u>%</u>
	on D. Computation of Investment Inc				(0)	T i= 1	
17	Investment income percentage for 2019 (I						% %
18 19a	Investment income percentage from 2018 331/3% support tests—2019. If the organi					18 ore than 33½%	
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2018. If the organiz	-					
	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization did	d not check a	hox on line 14	19a or 19b o	check 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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete is	art v.)	
Secti	on A. All Supporting Organizations	- 15-	
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.		es No
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	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in 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?	5b	
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 6	
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 .	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	
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.	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

1

_				<u> </u>
Part	Supporting Organizations (continued)			
	the following program 0	Unick Till	Yes	No No
11	* Has the organization accepted a gift or contribution from any of the following persons?	35.2	144.0-7	
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		11b		/
c	A DESC. IN THE SECOND OF THE S	11c		√
Sect	ion B. Type I Supporting Organizations			
		NAME OF THE PARTY OF	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,		加的	
	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	- Mars	
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	4.	
Sect	ion C. Type II Supporting Organizations	1 -		
000.	ion of type it eapperming organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1	gari Nexa	建 增
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		腰引	
	or management of the supporting organization was vested in the same persons that controlled or managed	122		
	the supported organization(s)	1 1	✓	
Sect	ion D. All Type III Supporting Organizations	—т	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	3 Alban	Jes Jes	-1876-187
•	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		15.55°	
	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)	12.516.		
_		2	HPROL.	SSSEH
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	預別		
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstruc	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	(000 101	tru ot	اممما
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	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	政治教		HEAL
а	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	12 PM		
	that these activities constituted substantially all of its activities	2a	L'AND AND A	al.et33e* u t i
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			测
	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			福利
	activities but for the organization's involvement	2b	-20 -21 11	725.334
3	Parent of Supported Organizations. Answer (a) and (b) below.	12.12.2	3H263,	ISSUE I
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.	За		
b	The state of the s	经数		
_	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard.	3b	į	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jan	izations	
 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	1. 1000 1000 1000 1000 1000 1000 1000 1	
2 Enter 85% of line 1.	2	超级规划学程 化过程电子收线	
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	TO STATE OF THE PROPERTY OF THE PARTY OF THE	
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 supporting	organization (see

Part	V ,Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	on D—Distributions		\	Current Year
1_	Amounts paid to supported organizations to accomplish		'	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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			
	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	sponsive	
9_	Distributable amount for 2019 from Section C, line 6	·		,
10	Line 8 amount divided by line 9 amount		2	
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		出版的自然的	
2	Underdistributions, if any, for years prior to 2019	FINESCHE PROPERTY OF THE PROPE	*	
	(reasonable cause required - explain in Part VI). See	HARRING HILL		
	instructions.		OTHERS PRINTS AND AN ENGINEERS IN HOUSE OF THE STREET	
3	Excess distributions carryover, if any, to 2019			RESTRICTION OF THE STATE OF THE
a	From 2014 ,		Con Linder San Contain	
,p	From 2015			AP ALTONOMICO DE LIGITA
<u>c</u>	From 2016			
d	From 2017	THE STATE OF STATES		
<u>e</u>	From 2018	· 是我们是经验了了。	STATE OF THE STATE	PLICE STREET WAS BOUNDED
f	Total of lines 3a through e Applied to underdistributions of prior years	CASABANTA TALIKASANSA	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	CACCAMPAGE A COMPAGE
g h	Applied to underdistributions of prior years Applied to 2019 distributable amount	Excellent in a language of	MODERANDE PRECISION NAMED IN THE	and an an appropriate discourse and
	Carryover from 2014 not applied (see instructions)	*X 6.27.30 - 27.20 * (25.50) * (2.50) *		NOW TO RESIDENCE
- 	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	,	Wilder States	
4	Distributions for 2019 from	Con Consideration Figure 1		
	Section D, line 7 \$			
a	Applied to underdistributions of prior years	47778884445444966	A CACH ANGLES AS A STATE AND A STATE OF THE PARTY OF THE	
b	Applied to 2019 distributable amount	ASSERT SEASENCE	NATIONAL PARTY OF THE PARTY OF	
С	Remainder, Subtract lines 4a and 4b from 4.		ETPIZZELE LE	
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.	A CONTRACTOR OF THE CONTRACTOR		CARPONE SANCE
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.	1		
8	Breakdown of line 7.	ENTRACE STATE	ASSE AREA SERVICE	
а	Excess from 2015	为小位为新发生。并为发露	化组织的建筑化设计	STEATON SOUTH THE
b	Excess from 2016 .	ACCOPAGNOS ASSESSED.	。2000年的阿拉斯	第 20世紀第2世紀
С	Excess from 2017	34 -55-63	WHITE MAKES STA	28、28、种致医疗机能23
d	Excess from 2018	计制型报告部项的		
е	Excess from 2019	appression of the second		

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.)
	,