Fdfm **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2019 calend	ar year, or tax year beginning January 1 , 2019, and ending [ecembe	r 31 , 20 19
Вс	heck if ap	plicable	C Name of organization D E	mployer id	lentification number
	Address c	hange	North India Missions	-	75-2901998
	Vame cha	nge	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Ti	elephone r	number
=	nıtlal retur		c/o B R Singh 2802 86Th ST	(8	06) 771 9595
=	inal retun Imended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	roup Exe	emption
=		n pending	Lubbock, TX - 79423-3127	lumber	•
G A	ccount	ing Method		k ▶ 🗸	if the organization is not
	/ebsite	_			tach Schedule B
J Ta	ax-exen	npt status (che			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	ets	
(Par	t II, colı	umn (B)) are \$	\$500,000 or more, file Form 990 instead of Form 990-EZ	. 🕨 ş	67,726
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ruction	s for Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I		
	1	Contribution	ons, gifts, grants, and similar amounts received	. 1	67,726
	2	Program se	ervice revenue including government fees and contracts	. 2	0
	3	Membersh	ip dues and assessments	. 3	0
	4	Investment	t income	. 4	0
	5a	Gross amo	ount from sale of assets other than inventory 5a	-	
	b	Less: cost	or other basis and sales expenses		
	С	Gain or (los	ss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5c	67,726
	6	Gaming an	nd fundraising events:		
ne	а	_	ome from gaming (attach Schedule G if greater than	ŀ	
Revenue	b	Gross inco	ome from fundraising events (not including \$ of contributions	 ,	
æ		from fundr	aising events reported on line 1) (attach Schedule G if the	ŀ	
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b		
	С		ct expenses from gaming and fundraising events 6c		
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	t	
		line 6c) .		6d	0
	7a	Gross sale	s of inventory, less returns and allowances		
	b		of goods sold		
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c	0
	8		nue (describe in Schedule O)	. 8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, /c, and 8	9	67,726
	10		d similar amounts paid (list in Schedule O)	. 10	35,159
	11	•	ald to or for members	. 11	
es	12		ther compensation, and employee benefits	. 12	15,900
Expenses	13	Profession	al fees and other payments to independent contractors.	13	L
ĝ	14	Occupancy	y, rent, utilities, and maintenance	. 14	6,058
Ω	15	Printing, pr	ublications, postage, and shipping	15	
	16	Other expe	enses (describe in Schedule O)	. 16	12,953
	17	Total expe	enses. Add lines 10 through 16	17	70,070
s	18		(deficit) for the year (subtract line 17 from line 9)	. 18	(2,344)
Net Assets	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree wit	h 📃	
As		end-of-yea	ar figure reported on prior year's return)	19	41,420
et	20	Other char	nges in net assets or fund balances (explain in Schedule O)	. 20	0
Z	21		or fund balances at end of year. Combine lines 18 through 20		39,076

Pa	Trt II Balance Sheets (see the instructions	s for Part II)				
	Check if the organization used Schedu	le O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[32,020	22	34,376
23	Land and buildings		[23	0
24	Other assets (describe in Schedule O)		[9,400	24	4,700
25	Total assets			41,420	-	39,076
26					26	
27	Net assets or fund balances (line 27 of colum		h line 21)	41,420		39,076
	t III Statement of Program Service Acco					
•	Check if the organization used Schedu	-		•		Expenses
Wha	it is the organization's primary exempt purpose?	<u> </u>	7 1		,	jured for section
		. l' - l				(c)(3) and 501(c)(4) anizations; optional for
as n pers	cribe the organization's program service accomp neasured by expenses. In a clear and concise cons benefited, and other relevant information for	manner, describe th cach program title.	e services provided	d, the number of	othe	
28	Trained and supported 10 missions and organized					
	kids and seniors for modical and educational need	s. Conducted gospel n	ncetings in 34 high s	chools.		
					l	
		nt includes foreign gr	ants, check here .	▶ 🗀	28a	27,866
29	Donations to other missions and missionaries.					
	(Grants \$) If this amou	nt includes foreign gra	ants, check here .	<u>.,,, ▶ ⊔</u>	29a	7,293
30						
		nt includes foreign gr			30a	· C
31	Other program services (describe in Schedule O					
		nt includes foreign gra			31a	
	Total program service expenses (add lines 28				32	
Par	TIV List of Officers, Directors, Trustees, and K			•	nstru	ctions for Part IV)
	Check if the organization used Schedu	le O to respond to a		., 		<u> 🗆</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		```	Estimated amount of other compensation
Bhrio	gunath R Singh				\top	
	, 86th Street, Lubbock, TX 79423	30	8,400	7,50	امر	C
	a Singh		5,150	1,00		
	, 86th Street, Lubbock, TX 79423	10	(0	O
	Sarah Chilcote		<u> </u>		-	
	, 7th Street, Lubbock, TX 79416	10	(d	0	•
	n Chilcote	- 10	<u> </u>		+	
	, 7th Street, Lubbock, TX 79416	10			٥	n
Kris		0			-	······································
	, Eagle River Drive, The Colony, TX 75056	10			ام	•
		- 10	 	<u>'</u>	<u> </u>	
Sugi					ام	
3529	, Eagle River Drive, The Colony, TX 75056	10	 	7	4	
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		·]	ł	1	1	

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			-
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	5 Fart	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	34		1
353	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)?	35a		1
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			
30a	Did the organization file Form 1120-POL for this year?	37b	ļ <u>.</u>	✓
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		✓
	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 4915 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		<u> </u>	
	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	- ,	Pr mgha	
ď	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	ejaste.	
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶		·	
h	Located at ► 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
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	√
	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).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		. 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	\Box	168	140
	completed instead of Form 990-EZ	44a		1
þ	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		✓
	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	✓
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	77.		
AE.	·	44d 45a	ļ	-
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	458		✓
•	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	45h	<u> </u>	

orm 990)-EZ (20	19)							age 7
	- ,							Yes	No
		e organization engage, directly or in							,
		didates for public office? If "Yes," o		, Parti,			· 46	<u> </u>	✓
Part \		Section 501(c)(3) Organizations		-ti 47 40b	150	- amplete th	n tablas (iar lia	00
		All section 501(c)(3) organization	s must answer que	stions 47–49b and	1 52, and	complete the	adies i	Or III	es
		50 and 51.			Aleia David I	л			 1
	(Check if the organization used Sch	neaule O to respond	to any question in	this Part V	<u> </u>	· · · · ·	120	<u> </u>
			** ***		! !			Yes	No
		ne organization engage in lobbying			ion in errec	ct dunng the			
	-	If "Yes," complete Schedule C, Par					· 47	 	1
48		organization a school as described in					48	<u> </u>	1
49a		e organization make any transfers to						+	1
	If "Yes	s," was the related organization a se	ection 527 organization	on?			. 49b		
50	Comp	olete this table for the organization's	five highest compen	sated employees (of	iner than o	micers, direct	ors, truste	es, an	іа кеу
	emplo	oyees) who each received more than	1 \$100,000 or comper	nsation from the org			s, enter i	vone.	
			(b) Average	(c) Reportable		alth benefits, ons to employee	(e) Estimat	ed amoi	unt of
	(a) I	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC	, benefit pla	ins, and deferred	other cor		
				, 55 11 23 14100	' com	pensation			
						Ì			
				<u> </u>					
]			
51	Comp	number of other employees paid ov plete this table for the organization' 000 of compensation from the orga	s five highest compo	ensated independer	nt contract	ors who each	received	l more	than
	(a) l	Name and business address of each independ	lent contractor	(b) Type of se	rvice	(c)	Compensat	ion	
				4					
				<u> </u>					
	•			4					
-,								····	
				-		ı			
				 					
				1					
	Total	number of other independent	actors onch rendicien	Over \$100,000					····
d Ea		number of other independent contra	-		, -				
52		he organization complete Schedu	JIE A'? Note: All se				. —		Ma
	<u>.</u>	leted Schedule A					.► Ye		
inder po rue, cor	enaities o	of perjury, I declare that I have examined this i d complete. Declaration of preparer (other thai	return, including accompan n officer) is based on all info	lying schedules and state ormation of which prepare	ments, and to or has anv kno	tne best of my kr wiedge.	iowiedge an	o Dellef,	, π is
, 50		000	A			1		72	
Sign		Signature of officer	7			Date	- 0 -		
dere		▶ Bhrigunath R Singh	25-	rector					
	1	Type or print name and title		, COB*					
	L.		Preparer's signature		Date		PTIN		
Paid	}	Print/Type preparer's name	,p=.or o aignotato			Check self-emplo	l if		
Pren:	arer					l sen-embio	,551		
•						Character City to a			
Jse (Firm's name >				Firm's EIN ▶ Phone 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. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2019

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Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 75-2901998 **North India Missions** Part I 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). 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 university: 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 33½% 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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, C 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 II, 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). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E)

	,						8
Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support	· · · · · · · · · · · · · · · · · · ·					
	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.")						
•	Tax revenues levied for the	<u> </u>				/	
2	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						
5	The portion of total contributions by				,		
_	each person (other than a			,	,		
	governmental unit or publicly			1			
	supported organization) included on			/			
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_				/			
6 Secti	Public support. Subtract line 5 from line 4\(^\) on B. Total Support	\					<u> </u>
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016 /	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	10/2010	(5) 20.0	(0) 2017	(0, 20, 0	(6) 2010	(1) 1014
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources		<u> </u>				
9	Net income from unrelated business	/					
	activities, whether or not the business	/					
40	is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets	/					
	(Explain in Part VI.)	/					
11	Total support. Add lines 7 through 10	/					<u> </u>
12	Gross receipts from related activities, etc	/(see instruction	ons)			12	<u> </u>
13	First five years. If the Form 990 is for the	, -		d, third, fourth	, or fifth tax ye	<u> </u>	n 501(c)(3)
	organization, check this box and stop/he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	rt Percentag	е				
14	Public support percentage for 2019 (line		•	1, column (f))		14	%
15	Public support percentage from 2018 Sci				<u>V </u>	15	%
16a	331/3% support test—2019. If the organ				nd line 14 is 33	31/3% or more,	check this
L	box and stop here. The organization qua		•	•			ل ◄
b	331/3% support test—2018./If the organithis box and stop here. The organization					IS 33'/3% OF IT	ore, crieck
47.	, / -	•		•	•		ليا ٠٠٠ مناطقة مسالم
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization /				quamoc		▶ □
b	10%-facts-and-circumstances test—2	018. If the ora:	anization did n	ot check a bo	x on line 13 1	6a. 16b. or 17	ے a. and line
~	15 is 10% or more, and if the organiza						
	Explain in Part VI/how the organization r						
	supported organization						🕨 🗆
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	ı, or 17b, chec	k this box anેલ્	see
	instructions ./						∖ . ▶ □

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

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

Secti	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.")	62373	60105	63030	61018	67725	314251
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	0	0	0	0	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	. 0	00	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge	0	0	O	0	0	0
6	Total. Add lines 1 through 5	62373	60105	63030	61018	67725	314251
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		ļ				1
	·						
b	Amounts included on lines 2 and 3						- 1
	received from other than disqualified						1
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						l l
_	·						
С 8	Add lines 7a and 7b						
0	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	62373	60105	63030	61018	67725	314251
10a	Gross income from interest, dividends,	52576	35.00		0.010	0,,,20	
	payments received on securities loans, rents,	į					
	royalties, and income from similar sources .	o	o	0	0	o	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	o	C	o	O	0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business			.,			
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or			:			
	loss from the sale of capital assets						
4.0	(Explain in Part VI.)	62373	60105	63030	61018	67725	314251
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)		1- £:1	1 41: 4 4	E'ELL A		- CO4(-\/O\
14	First five years. If the Form 990 is for the organization, check this box and stop her						
Cooti	on C. Computation of Public Suppor		<u> </u>	· · · · ·	· · · · ·	· · · · ·	· · ·
15	Public support percentage for 2019 (line 8			2 column (f)		15	%
16	Public support percentage from 2018 Sch					16	
	on D. Computation of Investment Inc			· · · · ·	<u> </u>	10	
17	Investment income percentage for 2019 (v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2018		• •	•		18	%
19a	331/3% support tests—2019. If the organi						
. 54	17 is not more than 331/3%, check this box						
ь	33¹/3% support tests—2018. If the organiz		-			_	
~	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization die		_		=	· ·	
				,,			

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 P	art V	<u>.) </u>	
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.			
٠ _		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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		Rec "
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.	_{пиву ⊶}	ų, e	• •
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.	415		
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.	4c	tip r	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	+0	 	
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN		Ι. `	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	1	-	
	(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	*145 1	a.
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	, cr	a 1	tras
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		İ	
	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		
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	- r4 1º	• •
93	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	, q.	0.4
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	<u> </u>		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
iva	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

Part	V Supporting Organizations (continued)			
_	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44		اــِــا
1_	below, the governing body of a supported organization?	11a 11b		✓
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		-
	on B. Type I Supporting Organizations	1110		L
<u> </u>	on or type I dapper and organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			Ī
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		,	۱, ۱
	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		'	ľ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			اب
_		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		رـــــــــــــــــــــــــــــــــــــ
Secti	on C. Type II Supporting Organizations	<u>. </u>		
			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).			
Sooti	on D. All Type III Supporting Organizations	1		l
Secu	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ		
-	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).			لـــــا
•	By reason of the relationship described in (2), did the organization's supported organizations have a	2		- 1
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below .	see in	Yes	
2	• • • • • • • • • • • • • • • • • • • •		162	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the]		
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			لـــــا
2	•	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	jani	zations	
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)	G		<u> </u>
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):		**	4
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			• 1
factors (explain in detail in Part VI):			
2 Acquisition indebtodness 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,	ļ ,		
see instructions).	4		
5 Net value of non-exempt use assets (subtract line 1 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	y int	egrated Type III supporting	ng organization (see
instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continuea)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
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 whice (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			
<u> </u>	From 2016			
<u>d</u>	From 2017			, , , , , , , , , , , , , , , , , , , ,
<u>e</u>	From 2018		······································	
f_	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			······································
<u>h</u>	Applied to 2019 distributable amount			
<u> </u>	Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.		······································	
	Distributions for 2019 from			
4	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			<u> </u>
	Remainder. Subtract lines 4a and 4b from 4.			<u> </u>
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 3 _j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
6	Excess from 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.)