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CHCK OIL	me c	uestion-n	nark icon	ร เบ	uispiay	Help v	wingows

For Paperwork Reduction Act Notice, see the separate instructions.

	Th	e inforr	nation provid	ed will enable you to file a more complete return and reduce the chances the IRS will ne	ed to contact	you.
			<i>a</i> ·	Short Form		OMB No 1545-0047
	Fort	<u>, gg</u>	90-EZ	Return of Organization Exempt From Income	Tax	0010
		•		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private		, 2019
				S Boundard and a supply of the		Open to Public
	Depa	artment o	of the Treasury	Do not enter social security numbers on this form, as it may be made p	10.10	Inspection
	Inter	nal Reve	nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest informa		
		heck if a		ar year, or tax year beginning 01/01 , 2019, and ending C Name of organization n.	12/3	
	_	neck if al Address c		Girty's Place Pig Rescue and Sanctuary	D Employer	identification number hc
٠,	=	Name cha	-	Number and street (or P O box if mail is not delivered to street address) h. Room/suite	E Telephone	
•	=	nıtıal retu		4455 County Road 702		4698127340
	_	-inal retur Amended	rn/terminated return	City or town, state or province, country, and ZIP or foreign postal code	F Group Ex	emption
		Application	n pending	Farmersville, TX 75442	Number	
			ting Method	✓ Cash		If the organization is not
		ebsite			•	ttach Schedule B
			organization	eck only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 ☐ Corporation ☐ Trust ☐ Association ☐ Other	(FOITH 990, 9	90-EZ, or 990-PF).
				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets	·
				500,000 or more, file Form 990 instead of Form 990-EZ	>	\$
	Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruction	ns for Part I) Inc
	_			the organization used Schedule O to respond to any question in this Part	<u></u>	
	ĬŢ.	1		ons, gifts, grants, and similar amounts received	. 1	106081.08
	he	2	-	ervice revenue including government fees and contracts	2	53633.56
	1.E	3 4	Investment	ip dues and assessments	3	
	ш.	-т 5а		unt from sale of assets other than inventory 5a		<u> </u>
_		b		or other basis and sales expenses		
7		С		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
		6		d fundraising events:		
	a	а		ome from gaming (attach Schedule G if greater than)	
	Revenue	L.		6a		,
	eve	D		me from fundraising events (not including \$of contribution alsing events reported on line 1) (attach Schedule G if the	15	
	E			h gross income and contributions exceeds \$15,000) 6b		
		С		t expenses from gaming and fundraising events 6c		
		d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract	
			line 6c) .		6d	
				s of inventory, less returns and allowances		
2021		b b	Cross prof	of goods sold	D 0 7c	L
2		8	Other rever	t or (loss) from sales of inventory (subtract line 7b from line 3 CEIVE	78/8	
B		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	0. 1019	159714.64
%		10		similar amounts paid (list in Schedule O)	10/10	
APR		11		aid to or for members	JT - 11	
V	še	12		her compensation, and employee benefits in:	12	ļ <u></u>
\Box	Expenses	13		al fees and other payments to independent contractors inc	13	3454.88
Ä	꼾	14 15		r, rent, utilities, and maintenance		6561.77
Ž	_	16		nses (describe in Schedule O)		149217.35
SCANNED	ŀ	17		nses. Add lines 10 through 16		159234
Š.	'n	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	480.64
J	set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree		
	Net Assets			r figure reported on prior year's return)	L	26443
	ş	20		ges in net assets or fund balances (explain in Schedule O)		84444
	-	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶ 21	26923.64

Form 990-EZ (2019)

Cat No 10642I

Form 9							
Pa	rt Balance Sheets			•			
	Check if the organ	ization used Schedule	e O to respond to a	ny question in this	Part II		🗷
					(A) Beginning of year		(B) End of year
22	Cash, savings, and inves	stments		[-318	22	3514
23	Land and buildings				26125	23	23410
24	Other assets (describe in					24	
25	Total assets			` ' ' ' '	26443		2692
26	Total liabilities (describe			-		26	
27	Net assets or fund bala	•		<u> </u>	26443	27	2692
		gram Service Accom				21	
ı aı		ization used Schedule					Expenses
Mho!	t is the organization's prima		Animal rescue and		raitiii .	(Req	ured for section
	•		-				c)(3) and 501(c)(4)
erso	cribe the organization's pro- neasured by expenses. In ons benefited, and other rel	a clear and concise n	nanner, describe th	of its three largest p	rogram services, the number of	orga	inizations, optional fo
28							
	(Grants \$) If this amount	t includes foreign gra	ants, check here .	▶ 🗆	28a	
29				•			
	(Grants \$) If this amount	t includes foreign gra	ants, check here .	• 🗆	29a	
30							
			includes foreign gra				
	(Grants \$) It this amount	t includes toreian ara	ints, check here	🕨 🗆 🗆	30a	
	Other program common (de						· · · · · · · · · · · · · · · · · · ·
	Other program services (de	escribe in Schedule O)					
	(Grants \$	escribe in Schedule O)) If this amount	includes foreign gra	nts, check here	· · · · · · · · · · · · · · · · · · ·	31a	
32	(Grants \$ Total program service ex	escribe in Schedule O)) If this amount penses (add lines 28a	includes foreign gra through 31a)	ants, check here .		31a 32	
32	(Grants \$ Total program service ex t IV List of Officers, Direct	escribe in Schedule O)) If this amount penses (add lines 28a ctors, Trustees, and Ke	includes foreign gra through 31a) . y Employees (list each	ants, check here one even if not comp		31a 32	ctions for Part IV)
32	(Grants \$ Total program service ex t IV List of Officers, Direct	escribe in Schedule O)) If this amount penses (add lines 28a	includes foreign gra through 31a) . y Employees (list each	ants, check here none even if not comp ny question in this	pensated—see the in	31a 32	
32	(Grants \$ Total program service ex t IV List of Officers, Direct	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	includes foreign gra through 31a) . y Employees (list each	ants, check here none even if not company question in this (c) Reportable	pensated—see the in Part IV (d) Health benefits, contributions to employ	31a 32 nstruc	otions for Part IV)
32 Part	(Grants \$ Total program service ex t IV List of Officers, Direc Check if the organi	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a). y Employees (list eacle O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV. (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	ctions for Part IV)
32 Part	(Grants \$ Total program service ex t IV List of Officers, Direc Check If the organi	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc	etions for Part IV)
32 Part	(Grants \$ Total program service ex t IV List of Officers, Direc Check If the organi	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each O to respond to a (b) Average hours per week devoted to position	none even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc 	etions for Part IV)
32 Part (evir	(Grants \$ Total program service ext IV List of Officers, Direct Check of the organism (a) Name and the Becker Stor	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a). y Employees (list eacle O to respond to a (b) Average hours per week devoted to position	none even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc 	etions for Part IV)
32 Part (evir)irec ory	(Grants \$ Total program service ext IV List of Officers, Direct Check of the organism (a) Name and the Becker Stor	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc 	etions for Part IV)
evir Cevir Cory Cory	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each O to respond to a (b) Average hours per week devoted to position	none even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc 	etions for Part IV)
evir Cevir Cory Cory	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
evir Cevir Cory Cory	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
evir Cevir Cory Cory	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
evir Cevir Cory Cory	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
art Cevir Cevir Cory Cory Cory	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
(evir	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
evir Cevir Cory Cory	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
evir Cevir Cory Cory	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
(evir	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
32 Pari (evir Oirec Ory Oirec Seth	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	ctions for Part IV)
32 Pari (evir Oirec Ory Oirec Seth	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
32 Part Cevir Direc Cory	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
32 Part Cevir Direc Cory Direc Seth	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
32 Part Cevir Direc Cory Direc Seth	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
32 Part Cevir Direc Cory Direc Seth	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
32 Pari (evir Oirec Ory Oirec Seth	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)
32 Pari (evir Oirec Ory Oirec Seth	(Grants \$ Total program service extended by List of Officers, Direct Check of the organism (a) Name and the Becker Sparks tor Thomas	escribe in Schedule O) y If this amount penses (add lines 28a ctors, Trustees, and Ke ization used Schedule	tincludes foreign grathrough 31a) y Employees (list each of the control of the c	none even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc eee (e)	etions for Part IV)

Form	990-EZ	(2010)
	330-62	120191

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Page	

	Part			ne	age U
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	s Par	_	
	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	Yes	No
he	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		•
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
	c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		V
	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 b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ Did the organization file Form 1120-POL for this year?	37b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	b 39	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter:	38a		*
	a b 40a	Initiation fees and capital contributions included on line 9	 		
	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	_	<u> </u>
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			-
	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		<u> </u>
	41	List the states with which a copy of this return is filed ▶			
	42a	The organization's books are in care of ▶ Telephone no. ▶			
	b	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
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
		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		<u> </u>
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		Yes	• 🗆
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	NO
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	_	~
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c		V
		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
	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		<u> </u>

Form 9	90-EZ (2019)						Page 4
46	Did the organization engage, directly or it to candidates for public office? If "Yes,"	ndirectly, in political complete Schedule C	ampaign activities on	behalf of or	'ın opposi	tion	res No
Part						<u>· [40]</u>	
	All section 501(c)(3) organization		stions 47-49b and	52, and co	mplete th	e tables for	lines
	50 and 51.	·		•	•		
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI			. 🗆
					-		'es No
47	Did the organization engage in lobbying				during the	tax	ļ
	year? If "Yes," complete Schedule C, Par					47	/
48	Is the organization a school as described in	. , . , . , .				48	/
49a	Did the organization make any transfers t		_			├	
50	If "Yes," was the related organization a se Complete this table for the organization's					. [49b]	and kov
30	employees) who each received more than	s five highest compen s \$100 000 of compen	sated employees (orn	er man onic	ers, direct	ors, trustees	, and key
	omproyecs, who each received more than	 	1	(d) Health		C, CITCI 1101	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions	to employee	(e) Estimated	
		devoted to position	(Forms W-2/1099-MISC)	benefit plans, compen		other compe	ensation
NONE							
				1			
				 			
						_	
	·			l			
							
				1			
51	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	inization. If there is no	ensated independent one, enter "None." (b) Type of serv			received m	ore than
			(1) (7)				
NONE							
	- · · · · · · · · · · · · · · · · · · ·						
							
	Total number of other independent contra	•	* ***	<u> </u>			
52	Did the organization complete Schedu	ile A? Note: All se	````		ust attach	. — .	¬
	completed Schedule A	· · · · ·			· · ·		No
	enalties of perjury, I declare that I have examined this i rect, and complete Declaration of preparer (other than					nowledge and be	elief, it is
-, -,	I Validation		E		<u> </u>	- 3029	
Sign	Signature of officer	<u> </u>		Date		- سن حن	
Here	- Keun Li B	eckel		Daio			
	Type or print name and title						
Paid	Print/Type preparer's name	Preparer's signature	Da	te	Check	PTIN	
Palo Prepa					self-emplo		
Use (<u> </u>		Firm	's EIN ▶	<u> </u>	
<u> </u>	Firm's address ▶				ne no		
May th	e IRS discuss this return with the preparer	shown above? See i	nstructions			► ☐ Yes [□ No
							

167 5 16

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable 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

Name of the organization
Girty's Place Pig Rescue and Sanctuary

Employer identification number

	,						0140	00420		
	rt I	Reason for Public Cha						ons.		
The	organi	zation is not a private founda	ation because it	is: (For lines 1 through	n 12, che	ck only o	ne box.)	- ~		
1	□ A	church, convention of churc	hes, or associat	on of churches descr	ibed in s	ection 17	70(b)(1)(A)(i).	09		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3										
4		medical research organization	•	-				(iii). Enter the		
		ospital's name, city, and stat		•				, ,		
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	or operati	ed by a governmen	tal unit described in		
6	□ A	federal, state, or local gover	nment or govern	mental unit described	d ın secti	on 170(b)(1)(A)(v).			
7		organization that normally						n the general public		
		escribed in section 170(b)(1)			•	•		,		
8	ПА	community trust described i	n section 170(b)(1)(A)(vi), (Complete	Part II.)					
9		agricultural research organ				arated in	conjunction with a	land-grant college		
	or	university or a non-land-gra inversity:	int college of agr	riculture (see instruction	ons). Ente	er the nar	ne, city, and state o	f the college or		
10	∠ Ar	organization that normally i	receives: (1) mor	e than 331/3% of its s	upport fro	om contri	butions, membershi	p fees, and gross		
	re	ceipts from activities related pport from gross investmen	to its exempt tu	nctions—subject to c	ertain ex	ceptions,	and (2) no more that	in 331/3% of its		
	ac	quired by the organization a	fter June 30, 19	75. See section 509 (a	a)(2). (Co	molete P	art III.)	Dusinesses		
11		organization organized and		•		-	•			
12		organization organized and		•	-			my out the numoses		
		one or more publicly suppo								
		neck the box in lines 12a thro								
а		Type I. A supporting organ	=	**		_	,	• • •		
		the supported organization								
		supporting organization. Ye					ine directors or trust	ees of the		
b			-							
L	' ⊔	Type II. A supporting organ control or management of								
		organization(s). You must		•		persons	that control or man	age the supported		
_		- ' '	-				سديف ما يا المسم المارين	مانين ام معمد معمد ما		
С		Type III functionally integ its supported organization(any integrated with,		
_	_		•	· ·						
d		Type III non-functionally i								
		that is not functionally integ						an aπentiveness		
	_	requirement (see instructio	•	•		·-				
е		Check this box if the organ						e II, Type III		
_	-	functionally integrated, or 1			pporting	organizat	ion.			
f		er the number of supported o								
g	Prov	ride the following information	n about the supp	orted organization(s).						
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization		rganization		(vi) Amount of		
				(described on lines 1–10 above (see instructions))	4	ur governing ment?	support (see instructions)	other support (see instructions)		
				above (ode mondenono))			mod detterior,	ii isti detioris)		
					Yes	No		•		
(A)										
~										
(B)										
(C)										
										
(D)										
										
(E)										

Total

,		
	A	2
	Page.	~

Part							
	(Complete only if you checked the						alify under
0	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.) /	<u>//</u>
	ion A. Public Support	1 () 2045	(1) 0010		(0 00 10	//	
	idar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20,1,9	(f) Total
1	membership fees\received. (Do not						
	include any "unusual grants.")			74414	55654	106081	236149
2	Tax revenues levied for the	-	<u> </u>	74414	33034	/ 100001	230143
~	organization's benefit and either paid		ŀ		,		
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge 1						
4	Total. Add lines 1 through 3.			74414	55654	106081	236149
5	The portion of total contributions by						
	each person (other than a		i	/	•		
	governmental unit or publicly			/		•	
	supported organization) included on						
	line 1 that exceeds 2% of the amount						•
•	shown on line 11, column (f)	<u> </u>					236149
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support	<u> </u>		<u> </u>			230149
	dar year (or fiscal year beginning in)	(a)\2015	(b) 2016 /	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(6) 2010	74414	55654	106081	236149
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	Total support. Add lines 7 through 10	/	\			- t	236149
12	Gross receipts from related activities, etc.	. (see instruction	ons)	<u> </u>		12	53634
13	First five years. If the Form 990 is for th			d. third, fourth	ا or fifth tax ve		501(c)(3)
	organization, check this box and stop he	re		\			-
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6			1, column (f))		14	%
15	Public support percentage from 2018 Sch				\cdot \cdot \cdot \cdot \cdot	15	%
16a	331/3% support test—2019. If the organi				d line 14 is 33	¹ /3% or more,	check this
	box and stop here. The organization qua						▶ ∐
b	331/3% support test—2018. If the organithis box and stop, here. The organization					is 331/3% or mo	ore, cneck
47-	./		• • •	-	\		
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me	ote the "facte	anization did n	ot check a box	convine 13, 16	oa, or 166, and	I line 14 is
	Part VI how the organization meets the "						
	organization						> 🗆
ь	10%-facts-and-circumstances test – 20	018. If the ora	anization did n	ot check a box	con line 13 1	6a 16b or 17s	_
~	15 is 10% or more, and if the organiza						
,	∕Éxplain in Part VI how the organization n						
	supported organization					1	▶ □
/18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	see ·
	instructions			<u></u>		<u></u> .\	▶ □

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

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

Secti	on A. Public Support			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Caler	idar 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	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-,		· 1-1		
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise		<u> </u>	74414	55654	106081	236149
~	sold or services performed, or facilities					! i	
	furnished in any activity that is related to the					1	
•	organization's tax-exempt purpose		-				
3	Gross receipts from activities that are not an unrelated trade or business under section 513					53634	53634
4	Tax revenues levied for the						33004
7	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				i		
	organization without charge						
6	Total. Add lines 1 through 5		<u></u>	74414	55654	159715	289783
7a	Amounts included on lines 1, 2, and 3			1			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		l i				
	persons that exceed the greater of \$5,000			l			
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
C4:	line 6.)						289783
	on B. Total Support	(-) 0045	(1) 0040	() 0047	100010	4 3 0040	<u> </u>
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2015	(b) 2016	(c) 2017 74414	(d) 2018 55654	(e) 2019 159715	(f) Total 289783
10a	Gross income from interest, dividends,			74714	33034	1037.13	203703
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources .		ĺ				
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses			İ]		
	acquired after June 30, 1975						
С	Add lines 10a and 10b					İ	
11	Net income from unrelated business				-		
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or				T	Τ	
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			74414	55654	159715	000700
14	First five years. If the Form 990 is for the	o organization	's first secon		II	I	289783
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor				· · · · ·		· · · <u>· · · · · · · · · · · · · · · · </u>
15	Public support percentage for 2019 (line 8			13. column (fl)		15	%
16	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2019 (I			y line 13, colun	nn (f))	17	%
18	Investment income percentage from 2018	Schedule A, F	Part III, line 17			18	%
19a	331/3% support tests-2019. If the organi	zation did not	check the box	on line 14, and	d line 15 is mo		
	17 is not more than 331/3%, check this box a						
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	<u>box on line 14,</u>	19a, or 19b, cl	neck this box a	and see instruc	tions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	ion 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		
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		
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.			
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		
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		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Has the organization accepted a gift or contribution from any of the following persons? a 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? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? c A 35% controlled entity of a person described in (a) or (b) above? 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 organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations have the power to regularly appoint or elect at least at majority of the organizations directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how the organization or supported organization and visit organization is supported organization was vested in the same persons that controlled or imaniged the supporting organization was vested in the same persons that controlled or imaniged the supporting organization was vested in the same persons that controlled or imaniged the supported organization was vested in the same persons that controlled or imaniged the supported organization was vested in the same persons that controlled or imaniged the supported organization was vested in the same persons that controlled or imaniged the supported organization is of the controlled or imaniged the s	Part	IV Supporting Organizations (continued)			
a 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? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) above? c A 35% controlled entity of a person described in (a) above? 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 how the power is appoint and/or remove directors or trustees at all times during the tax year if 'No,' describe how the power is appoint and/or for any supported organization granization; and what conditions or restrictors, if any, applied to such powers during the supported organization will be appointed organization or trustees and located among the supported organization will be appointed organization or supported organization and the thin the supported organization or trustees will be appointed organization or trustees of each 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 directors or trustees during the tax year also a majority of the directors or trustees of each 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 ocintrol or management of the supporting Organization was vested in the same persons that controlled or managed (the supported organization). 1 Were a majority of the organization's supported organizations, by the last day of the fifth month of the organization's tax year, (i) a copy of the Form 990 that was most recently field as of the date of notification, and (ii) copies of the organization's appointing organization was provided organization's have a sported organization was				Yes	No
below, the governing body of a supported organization? A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) bove? If "Yes" to a, b, or c, provide detail in Part VI. To 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. Section B. Type I Supporting Organizations To 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. Section B. Type I Supporting Organizations or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees set all times during the tax year? If "No." describe how the powers to appoint and/or ermove directors or trustees we allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the surported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operated for the benefit of any supported organization of ther than the supported organization shall be supporting organization or trustees and the supporting organization or trustees and the supporting organizations or trustees of each 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 supported organization's and the supporting organization was vested in the same persons that controlled or managed the supported organization's supported organization's supported organization, and any of the organization or supported organizations is a vested, if we write nother describing the type and amount of support provided during the proof the organization's supported organizations, by the last day of the fifth month of the organization's and the supported organization's and the supported organization's and the supported organization's and the supported organizatio	11		1		
b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) of (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 in our disparation (s) effectively operated, supervised, or controlled the organization's activities to appoint and or remove directors or trustees are allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization of presents for the benefit of any supported organization of the supported organization (s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization (s) the supported organization (s) that operated, supervised, or controlled the supporting organization of the supporting organization or trustees of as the organization structors or trustees during the tax year and the directors or trustees of as the organization organization. 1 Were a majority of the organization's directors or trustees during the tax year and present of the directors or trustees of as the organization organization as vested in the same persons that controlled or managed the supported organization or provided organization organization and the controlled organization or tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of nothication, to the extent not previously provided? 2 Were any of the organization's organization's any apported organization's the very of the organization's any apported organization's income or assets at all times during the tax year? If "yes," d	а		 		
c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide datal in Part VI. 11c		The state of the s			
1 Did the directors, frustees, 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 directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization's and what conditions or restrictions, if any, applied to such powers during the tax year allow any organization's potential organization operate for the benefit of any supported organization other than the supported organization's providing such benefit carried out the purposes of 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 of the supported organization's) that operated, supervised, or controlled the supporting organization of the supported organization's through the purposes of the supported organization's through the supported organization's supervised organization's I" No," describe in Part VI how control or management of the organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's officers, directors, or trustees either (i) apported organization's officers, directors, or trustees of the supported organization's officers, directors, or trustees of the supported organization's officers, directors, or trustees enter (i) apported organization's officers, directors, or trustees enter (i) apported organization's not the organization's officers, directors, or trustees enter (i) apported organization's have a significant voice in the organization organization's necessariation organization's apported organization's apported orga			$\overline{}$		
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			3a		
	D	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 Or	gan	izations	
1	g tru	st on Nov 20, 1970 (expla	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nıza	tions must complete Secti	ons A through E.
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	·	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supportin	g organization (see

Schedu	le A (Form 990 or 990-EZ) 2019			Page 7	
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)		
Sect	Section D – Distributions				
1	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	orted		
3	Administrative expenses paid to accomplish exempt purp				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount			-	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.				
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				
<u> </u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2019 distributable amount				
i_	Carryover from 2014 not applied (see instructions)				
i_	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				
<u> </u>	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				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019	-			