Form **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

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

Open to Public Inspection

Inter	nal Rever	nue Service	Go to www.irs.gov/rormssoc2 for instructions and the latest informatio	"   H	1 -	
A F	or the	2019 calend	ar year, or tax year beginning , 2019, and ending			, 20
В	Check if ap	oplicable	D Emplo	-	entification number	
	Address c	hange	COLORADO NATIVE PLANT SOCIETY		8	40734596
	Name cha	ınge	none nu	ımber		
=	Initial retur		PO BOX 200		970	0-663-4085
_		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group	p Exer	nption
=	Amended Application		FORT COLLINS, CO 80522-0200		ber ▶	· <del>-</del>
		ting Method	✓ Cash Accrual Other (specify) ► H C	heck >	· V if	the organization is <b>not</b>
	Vebsite		***************************************			sch Schedule B
				•		)-EZ, or 990-PF)
		organization	☑ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total a	essets		
			500,000 or more, file Form 990 instead of Form 990-EZ		•	
			e, Expenses, and Changes in Net Assets or Fund Balances (see the Ir	actruc	tions	for Part I) [67
	art I					
	٠ .		the organization used Schedule O to respond to any question in this Part I	· · · ·		17,702
?	1		ns, gifts, grants, and similar amounts received	-	1	20,561
2	2	-	ervice revenue including government fees and contracts	-	2	27,802
?	3		p dues and assessments	-	3	
?	4	Investment	1 1	-	4	12,015
	5a		unt from sale of assets other than inventory . 5a			
	b		or other basis and sales expenses . [5b]			
<u>-</u>	С	•	ss) from sale of assets other than inventory (subtract line 5b from line 5a)	· ·	5c	
) 4	6	_	d fundraising events.	1		
,	а		ome from gaming (attach Schedule G if greater than	i		
ž		\$15,000)				
Revenue	b	, <u> </u>				
Re			aising events reported on line 1) (attach Schedule G if the			
		sum of suc	h gross income and contributions exceeds \$15,000)			
	С	Less direc	t expenses from gaming and fundraising events . 6c		İ	
	d	Net incom-	ract			
•		line 6c) .			6d	
•	7a	Gross sale	s of inventory, less returns and allowances . 7a 60	0,497		
)	b	Less: cost	of goods sold	7,821		
	С	Gross prof	t or (loss) from sales of inventory (subtract line 7b from line 7a) .	.	7c	32,676
	8	· · · · · · · · · · · · · · · · · · ·	nue (describe in Schedule O)	. [	8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶ 「	9	110,756
	10		similar amounts paid (list in Schedule O)	,	10	5,650
	11		ald to or for members . RECEIVED	1. [	11	15,370
Ś	12	Salaries of	her compensation, and employee benefits (4)	!	12	39,628
Expenses	13	Profession	al fees and other payments to independent contractors 🖾 וווו 🧿 1 วดวก	١. ٢	13	715
Ser.	14	Occupancy	r, rent, utilities, and maintenance	<b>—</b>	14	
X	15		iblications, postage, and shipping	<u> </u>	15	5,440
_	16		nses (describe in Schedule O)	— <u> </u>	16	8,665
	17	•	nses. Add lines 10 through 16	₁ ▶ ├	17	75,468
	18		deficit) for the year (subtract line 17 from line 9)		18	35,288
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree v			
SS	.		r figure reported on prior year's return)	-	19	312,135
Net Assets	20	_		-	<del></del>	(32)
Se	20		ges in net assets or fund balances (explain in Schedule O)	<b>⊢</b>	20	347,391
	21		or fund balances at end of year. Combine lines 18 through 20		21	
ror	raperv	work Heduct	on Act Notice, see the separate instructions. Cat No 10642			Form <b>990-EZ</b> (2019)

Form **990-EZ** (2019)

?

?; P	art II	Balance Sheets (see the instructions	•		· <del>-</del>		
		Check if the organization used Schedule	O to respond to a	ny question in this			<u>.</u>
					(A) Beginning of year	Ь.	(B) End of year
22	2 Cas	h, savings, and investments			326,674	1==-	355,904
23	3 Lan	d and buildings				23	
24	4 Oth	er assets (describe in Schedule O)			28,087	24	24,123
25	5 Tota	al assets		•	354,761	25	380,027
26	5 Tota	al liabilities (describe in Schedule O)		•	42,626	26	32,636
27	7 Net	assets or fund balances (line 27 of column	n (B) must agree wit	h line 21) .	312,135	27	347,391
21 Pa	art III	Statement of Program Service Accom	plishments (see th	ne instructions for	Part III)		
-		Check if the organization used Schedule	O to respond to a	ny question in this	Part III . 🗹		Expenses
Wh	at is the	organization's primary exempt purpose?	Education & conse	rvation of Colorado	's native plants	١,	quired for section
Do	scriba th	ne organization's program service accompli	shmonts for each o	if its three largest	program convoc	1	(c)(3) and 501(c)(4) anizations, optional for
		ed by expenses In a clear and concise m					ers )
		nefited, and other relevant information for ea		e services provide	a, the number of		
28 28		ings, workshops, classes, field trips, field sem	<del></del>	t conservation prog	rams for 1200	<del>                                     </del>	
		bers throughout Colorado throughout the year	<u>.</u>	<del>-</del>			
		ent research speakers, meetings and field trips					
					<u></u> -	-00	92 924
<u>.</u>	_ \	if this amount perly educational newsletter and weekly event eNews	includes foreign gra			<b>28</b> a	82,824
29	,	nation, ability to register for events on-line, and the la		·			
		lucational outreach program to schools, and p			cation to public		
	(Grant		ıncludes foreign gra		▶ 🗆	29a	9,773
30		ts given to researchers, students, authors, and		<del>:</del>			
	adva	ncing the field, and public awareness of Color	ado native and rare p	lants, and the ecosy	stems that	İ	
	supp	ort them; open to all members					
	(Grant	s \$ 5,650 ) If this amount	includes foreign gra	ants, check here	▶ 🗆	30a	5,650
31	Other	program services (describe in Schedule O)					
	(Grant	. = .	includes foreign gra	ants, check here .	▶ □	31a	5,043
32		program service expenses (add lines 28a			. >	32	
Pa	rt IV	List of Officers, Directors, Trustees, and Key	/ Employees (list each	n one even if not con	npensated—see the ii	nstru	ctions for Part IV)
		Check if the organization used Schedule			•		
				(c) Reportable		Ť	
		(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
			devoted to position	(Forms W-2/1099-MISO (if not paid, enter -0-			other compensation
1.0	nda Smit	h, Administrative Coordinator	15		1	+	
		·		14,511	,	,	^
	nico Wil	con Marketing & Events Coordinator	11	14,511	· · · · · · · · · · · · · · · · · · ·	<del>'</del>	0
		son, Marketing & Events Coordinator,	] 11	5.045		$\cdot$	•
	x prepar			5,845	'	<u></u>	0
Ka	itnieen O	kon, Workshop Coordinator	6			.	
				6,336		<u> </u>	0
Je	nnifer Bo	ousselot, Book Sales & Mktg & Events	4				
				4,342	(	)	0
Ea	n Tafoya	, Marketing & Events Coordinator	4	ļ			
				4,427	'	)	0
Ва	yard Ew	Ing, Treasurer, Executive Board	3				
	<del></del>		1	0			0
Ar	ny Yarge	r, Secretary, Executive Board	3			+-	
			Ì	l		,	0
Ar	n Grant.	Executive Board	3			+	<del></del>
			1	o		,	0
- Da	wid Julio	, Executive Board	3		<del></del>	<u>'</u>	
			3		,		•
		Dana Baard of Divertors	ļ	0	-	4	0
	uianne b	Bane, Board of Directors	2				
		<u> </u>		0		<u>'</u>	0
De	ryn Davi	dson, Board of Directors	1				
				0	0		0
Ch	ristina A	lba, Board of Directors	1				
				0		) [	0

1	
1	Page

	Part				
-		instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	is Pari	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	res	NO
2	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		<i>y</i>
	b 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		~
	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		1
	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?  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?	37b 38a		7
	b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved . 38b Section 501(c)(7) organizations. Enter.	_	٠,٠,٠	,
	a b 40a	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.  section 4911 ▶ ; section 4912 ▶ , section 4955 ▶	,   ,		•
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<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	, ,	1	
	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	1	~
	41	List the states with which a copy of this return is filed ▶ Colorado			
	42a	The organization o books are in early of F	970-66	3-4085	5
		Located at ► 4057 Cottonwood, Loveland, CO ZIP + 4 ►	805	38	
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	42b	Yes	No 🗸
		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 and enter the amount of tax-exempt interest received or accrued during the tax year .   43	•	Yes	No.
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	7- 44a		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 		✓ 
		Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ See instructions .	45a 45b		\(\frac{1}{\chi}\)

\$100	0,000 of compensation from the organization. If there is no	one, enter "None"	
(a)	Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None			
<b>d</b> Total	I number of other independent contractors each receiving	over \$100,000 ▶	0
	the organization complete Schedule A? <b>Note:</b> All sepleted Schedule A		s must attach a
	s of perjury, I declare that I have examined this return, including accompand complete. Declaration of preparer (other than officer) is based on all info		
Sign	Signature of officer		7/11/20 Date
Here 🖳	Bayard Ewing, Treasurer Type or print name and title		
	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,		- Lower Lower Land
Paid Preparer	Print/Type preparer's name  Denise C Wilson  Preparer's signature	_C:	Check I if Self-employed 539015
Use Only	Firm's name Wilson Associates, Inc		Firm's EIN ▶ 84-1137516
OGC City	Firm's address ▶ 34316 Gap Rd, Golden, CO 80403		Phone no 303-642-0510
May the IRS	discuss this return with the preparer shown above? See i	nstructions	. ▶ ☑ Yes ☐ No

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization
COLORADO NATIVE PLANT SOCIETY

Employer identification number 84-0734596

Pa	Reason for Public Cha	rity Status (All	organizations must	t comple	ete this p	art.) See instruction	ons.			
The	organization is not a private found	ation because it	is. (For lines 1 through	12, che	ck only o	ne box )	M			
1	A church, convention of church						M			
2										
3										
4	hospital's name, city, and state.									
5	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)									
6 7										
8	A community trust described	ın section 170(b	)(1)(A)(vi). (Complete	Part II)						
9	An agricultural research organ or university or a non-land-gra university.									
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fu it income and un	nctions—subject to c related business taxa	ertain exi ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3%	of its		
11	An organization organized and									
12	An organization organized and of one or more publicly supp Check the box in lines 12a thro	orted organizatio	ns described in secti	ion 509(a	)(1) or se	ection 509(a)(2). Se	e section	1 509(a)(3).		
_		-	- · · · · · · · · · · · · · · · · · · ·		_	·		_		
а	the supported organization supporting organization	n(s) the power to	regularly appoint or e	lect a ma	ajority of t					
b	☐ <b>Type II.</b> A supporting orga					supported organizati	on(s), by	having		
	control or management of organization(s) You must	the supporting of	organization vested in	the same		• •		_		
С	Type III functionally integers its supported organization		• •				ally integr	ated with,		
d	Type III non-functionally that is not functionally inte requirement (see instructional see instructions).	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	•	· ·		
е		nization received	a written determination	on from tl	he IRS th	at it is a Type I, Type	e II, Type	III		
f	Enter the number of supported	• •		oporting .	organizat	1011	, —			
g	Provide the following information	•	orted organization(s)				<u> </u>			
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	other su	nount of pport (see actions)		
				Yes	No			<u>.                                    </u>		
(A)										
B)										
C)										
D)		_		_						
E)		-								
		<del>                                     </del>		<del></del>	<del> </del>					

Part							
-	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)/	<del></del>
	on A. Public Support			T-:	T		T
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			<i>.</i> .	-	. ,	
6	Public support. Subtract line 5 from line 4						l
	on B. Total Support			· · · · · · · · · · · · · · · · · · ·	T		T
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	<u>/</u>					
11	Total support. Add lines 7 through 10					υ <i>Φ</i> .,	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990/is for the	•	n's first, secon	d, third, fourth	ı, or fifth tax y	ear as a section	
	organization, check this box and stop he		<u> </u>	•	· · · ·		. ▶ 🗆
	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6			1, column (f))		14	<u>%</u>
15 16a	Public support percentage from 2018 Sch 331/3% support test—2019. If the organi box and stop here. The organization qua	zation did not	check the box		nd line 14 is 30	15 31/3% or more	check this
þ	331/3% support test—2018. If the organithis box and stop here. The organization				•	ıs 33 <sup>1</sup> /3% or n	nore, check ▶ □
17a	10%-facts-and circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumsta	ances" test, ch	neck this box a	and <mark>stop here</mark>	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.
18	<b>Private foundation.</b> If the organization dinstructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see ▶ □

## 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.)

0 1	in the organization rails to quality	under the tes	sts listed beit	w, please co	mpiete Fart i	! <i>.)</i>	<del></del>
	on A. Public Support	(-) 0045 <sup>1</sup>	(1) 0010	(-) 0047	(-1) 0040	(-) 0040	(A) T
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	00.007	07.440	20.000	40.400	40.440	470 464
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	28,267	27,119	30,828	49,499	43,448	179,161
	organization's tax-exempt purpose	42,118	47,405	56,365	83,682	83,115	312,685
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	70,385	74,524	87,193	133,181	126,563	491,846
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	5,000	5,000	5,000	5,000	5,000	25,000
С	Add lines 7a and 7b	5,000	5,000	5,000	5,000	5,000	25,000
8	Public support. (Subtract line 7c from line 6)					•	466,846
	on B. Total Support				-		
	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	70,385	74,524	87,193	133,181	126,563	491,846
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,603	13,742	7,427	10,181	12,014	60,967
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	17,603	13,742	7,427	10,181	12,014	60,967
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 loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	87,988	88,266	94,620	143,362	138,577	552,813
14	First five years. If the Form 990 is for thorganization, check this box and stop her	e organization		d, third, fourth,			
Section	on C. Computation of Public Support		•				
15	Public support percentage for 2019 (line 8			3, column (f))		15	84 %
16	Public support percentage from 2018 Sch					16	83 %
	on D. Computation of Investment Inc			_			
17	Investment income percentage for 2019 (li	ne 10c, colum	n (f), divided b	y line 13, colur	nn (f)) .	17	11 %
18	Investment income percentage from 2018	•	•			18	12 %
19a	331/3% support tests—2019. If the organiz						
b	17 is not more than 331/3%, check this box a 331/3% support tests—2018. If the organization	ation did not ch	eck a box on l	ine 14 or line 19	9a, and line 16	is more than 33	3 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this b						_
20	Private foundation. If the organization did	not check a b	oox on line 14,	19a, or 19b, cl	heck 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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art v	<u>.)                                    </u>	
Sect	ion A. All Supporting Organizations		1	T
		_	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	<b> </b>	
2	Did the organization have any supported organization that does not have an IRS determination of status	<b>-</b>	$\vdash$	<del>                                     </del>
2	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2	<del></del>	ļ
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u> </u>	<u> </u>	i
-	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		<b>†</b>	1
	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				
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			-
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		ļ.,
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 <b>Part VI</b> 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.	4-	<b> </b>	
E-		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	1		
	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	-		Ι,
	was accomplished (such as by amendment to the organizing document).	5a		<del></del> -
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		
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			
	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.	6		ļ.,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			ľi
	(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).			<b> </b> .J
		7	_	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	P		1
34	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 <b>Part VI</b> .	9a		1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	1		, 1
-	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	, ·		I
	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	-		1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720 to	I		

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)			.
_	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		
	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		<u></u>
Secti	on B. Type I Supporting Organizations		1	1
4	Did the divertors twisters as weekly of an analysis of all the divertors and a later than the divertors are the divertors as a later than the divertors are the divertors and the divertors are the divertors and the divertors are the divertors and the divertors are the divertors and the divertors are the divertors and the divertors are the divertors and the divertors are the divertors are the divertors and the divertors are the divertors and the divertors are the divertors are the divertors and the divertors are the divertors and the divertors are the divertors are the divertors are the divertors and the divertors are the divertors are the divertors and the divertors are the divertors and the divertors are the divertors and the divertors are the divertors and the divertors are the divertors are the divertors and the divertors are		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		İ	ŀ
	controlled the organization's activities. If the organization had more than one supported organization,		İ	-
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		ĺ	-
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<b>-</b>		<del> </del>
_	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,			l
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			1
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	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			
	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		<u> </u>
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 <b>Part VI</b> how	'		1
	the organization maintained a close and continuous working relationship with the supported organization(s).			اــــا
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		-
•	significant voice in the organization's investment policies and in directing the use of the organization's		i	
	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		
Section	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	nstruc	ctions	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	tructi	ons)
2	Activities Test Answer (a) and (b) below.	[	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ļ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<del></del>
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		ĺ	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	.		
^	-	2b		<del></del>
3	Parent of Supported Organizations Answer (a) and (b) below.			j
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>	- <u>-</u> - -	<u> </u>	
1_		3a		—,
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		
_	or to depression or game and the root of control in the art with the role played by the diganization in this regard	เป็น		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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).	3		
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)	Ex		
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	•	A Company of the Comp	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
2 Enter 85% of line 1	2	17,40 30 5 5 5 18 W	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Ter 18 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4 Enter greater of line 2 or line 3.	4	and any of the second s	
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	y int	egrated Type III supporting	organization (see

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	<del> </del>			
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	oses of supported orga	inizations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI) See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ) See instructions	th the organization is res	sponsive		
9	Distributable amount for 2019 from Section C, line 6	<del></del>	<del></del>		
10	Line 8 amount divided by line 9 amount				
	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 <b>Part VI</b> ) See instructions.				
3	Excess distributions carryover, if any, to 2019	į			
а	From 2014		•		
b	From 2015				
С	From 2016 .	•			
d	From 2017 .				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years			1	
<u>h</u>	Applied to 2019 distributable amount				
<u>i</u>	Carryover from 2014 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2019 from			İ	
	Section D, line 7 \$		<u>-</u> .		
a	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount				
С	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 <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j and 4c.				
8	Breakdown of line 7				
a	Excess from 2015				
b	Excess from 2016				
С	Excess from 2017 .				
d	Excess from 2018				
ее	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.)
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