Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

Department of the Treasury

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

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

Open to Public Inspection

🚡	Ear 4L	2010 ccl	or your or tay your hadinains	2010	and or die			00
	Check if a		ar year, or tax year beginning July 1 C Name of organization	, 2019, a	and endin		June 30	, 20 entification number
	Address					10 5		
⊢	Name ch	-	FAME Leaders Number and street (or P.O box if mail is not delivered to street address)		Room/suite	E Tol	8 ephone ni	1-3106863
Ē	Initial ret	-			1100111100111			
	Final retu	um/terminated	PO Box 949 City or town, state or province, country, and ZIP or foreign postal code	l	(A)	 		7) 623-3263
닏	Amende				()		oup Exer Imber 🕨	
Ļ		ion pending	Augusta, ME					
G		nting Method:	☐ Cash					the organization is not
) '.	Websit					•		ach Schedule B
_				7(a)(1) or	527	(Form	990, 990)-EZ, or 990-PF)
K		of organization:	— -	Other		-4-14	_	
-> L ∕⊏			7b to line 9 to determine gross receipts. If gross receipts are \$200, \$500,000 or more, file Form 990 instead of Form 990-EZ	,uuu or m	iore, or if t	otai asset	S • •	
					· ·	h = !==4	\$	100
	Part I		e, Expenses, and Changes in Net Assets or Fund E		•			•
n -	1 4		the organization used Schedule O to respond to any que	estion ii	n this Pa	πι		
W	1		ons, gifts, grants, and similar amounts received				1	100
	2		ervice revenue including government fees and contracts	· · ·			2	
\mathcal{V} `	3		ip dues and assessments				3	- -
•	4	Investmen					4	
	5a		ount from sale of assets other than inventory	5a			4	
₹,	_ b		or other basis and sales expenses	_5b_	<u> </u>		 	
202	≦l ္°	•	ss) from sale of assets other than inventory (subtract line 5b	from lir	ne 5a) .		5c	
	6	-	nd fundraising events:				1 1	
JUL	odo a	\$15,000) .	ome from gaming (attach Schedule G if greater than	1 - 1				
55 JU		•		6a			- I	
70	b b		ome from fundraising events (not including \$ raising events reported on line 1) (attach Schedule G if the		contribut	ions	1 1	
05	<u> </u>		ch gross income and contributions exceeds \$15,000)	1 1			1 1	
0	d .		-	6b 6c			-	
2	山 a		at expenses from gaming and fundraising events		Sh and	cubtract	-	
\sim	ALLINE OF STREET	line 6c)	e or (1033) from gaming and fundraising events (add lines	ua anu	ob and	Subtract	6d	
23	G	•	s of inventory, less returns and allowances	7a			- OU	·
7	(5)7a		-£	7b			-	
Ö	C		or goods sold				7c	
	8		nue (describe in Schedule O)	raj.			8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	100
-	10		1				10	100
	11		aid to or for members	REC	EIVE	ַטְ עַ	11	
		•			_ 	၂ပ္က	12	
	13	Profession	ther compensation, and employee benefits		2 4 20	51	13	
	14		y, rent, utilities, and maintenance	· MAY	Z 4 ZU	. S	14	
Š	15		ublications, postage, and shipping				15	
	16		enses (describe in Schedule O)	OGD	ĿN. I	<u> </u>	16	
	17	•	enses. Add lines 10 through 16			•	17	0
-	40		(deficit) for the year (subtract line 17 from line 9)				18	100
Mot A cont	19		or fund balances at beginning of year (from line 27, colui	mn (A))	(must aq	ree with		100
3	ř		ar figure reported on prior year's return)				19	0
į	20	Other char	nges in net assets or fund balances (explain in Schedule O)				20	0
Ž	21		or fund balances at end of year. Combine lines 18 through				21	100
F			ion Act Notice, see the separate instructions.		No 10642I		1	Form 990-EZ (2019)
- '	p - v		,				\boldsymbol{C}	NB
							_	シン

Pa	rt II	Balance Sheets (see the instructions	•	·				
``		Check if the organization used Schedule	O to respond to a	ny question in this			<u></u>	<u> </u>
				_	(A) Beginning of year		(B) End	of year
22		h, savings, and investments			0	22		100
23		d and buildings				23		
24		er assets (describe in Schedule O)				24		
25		al assets				25		
26		al liabilities (describe in Schedule O)				26 27		
27 Data	III	assets or fund balances (line 27 of column Statement of Program Service Accom				21		100
ı aı		Check if the organization used Schedule	•		•		Expe	enses
Wha	is the						equired fo	
		ne organization's program service accompli			rogram consisce			i 501(c)(4) s, optional for
		ed by expenses. In a clear and concise m				_	ers)	o, op.ioi.a. ioi
		nefited, and other relevant information for ea			,			
28			•	-				
	(Grant	ts \$) If this amount	includes foreign gra	ints, check here .	▶ 🔲	28	а	
29								
	(Grant	ts \$) If this amount	includes foreign gra	ints, check here .	▶ 📙	29	a	
30							ŀ	
	(C-00)	to C	unaludaa faraiga gra	nto obsole boro	······································	20.	_	
21	(Grant	program services (describe in Schedule O)	includes foreign gra			30	<u>a </u>	
31	(Grant		includes foreign gra			31:	<u>a</u>	
32	Total	program service expenses (add lines 28a	through 31a)			32		
Par		List of Officers, Directors, Trustees, and Key						or Part IV)
		Check if the organization used Schedule	O to respond to a					🗆
		Check if the organization used Schedule	O to respond to a	ny question in this	Part IV (d) Health benefits,		· · ·	od amount of
		Check if the organization used Schedule (a) Name and title	(b) Average hours per week	c) Reportable compensation (Forms W-2/1099-MISC)	Part IV			ed amount of
			(b) Average	(c) Reportable compensation	Part IV (d) Health benefits, contributions to employe			
Marti	na Johr	(a) Name and title	(b) Average hours per week	c) Reportable compensation (Forms W-2/1099-MISC)	Part IV			
Presi	dent	(a) Name and title	(b) Average hours per week	c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation			
Presi Bruc	dent Wagn	(a) Name and title	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		npensation
Presi Bruc Direc	dent Wagn tor	(a) Name and title	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation			mpensation
Presi Bruc Direc Chris	dent Wagn tor topher	(a) Name and title	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o 0
Presi Bruce Direc Chris	dent e Wagn tor topher tor	(a) Name and title nston ner Pierce	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		npensation
Presi Bruc Direc Chris Direc Chris	dent Wagn tor topher tor	(a) Name and title nston ner Pierce Roney	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o O
Presi Bruc Direc Chris Direc Chris	dent Wagn tor topher tor	(a) Name and title nston ner Pierce	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o 0
Presi Bruc Direc Chris Direc Chris	dent Wagn tor topher tor	(a) Name and title nston ner Pierce Roney	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o O
Presi Bruc Direc Chris Direc Chris	dent Wagn tor topher tor	(a) Name and title nston ner Pierce Roney	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o O
Presi Bruc Direc Chris Direc Chris	dent Wagn tor topher tor	(a) Name and title nston ner Pierce Roney	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o O
Presi Bruc Direc Chris Direc Chris	dent Wagn tor topher tor	(a) Name and title nston ner Pierce Roney	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o O
Presi Bruc Direc Chris Direc Chris	dent Wagn tor topher tor	(a) Name and title nston ner Pierce Roney	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o O
Presi Bruc Direc Chris Direc Chris	dent Wagn tor topher tor	(a) Name and title nston ner Pierce Roney	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o O
Presi Bruc Direc Chris Direc Chris	dent Wagn tor topher tor	(a) Name and title nston ner Pierce Roney	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o O
Presi Bruc Direc Chris Direc Chris	dent Wagn tor topher tor	(a) Name and title nston ner Pierce Roney	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o O
Presi Bruc Direc Chris Direc Chris	dent Wagn tor topher tor	(a) Name and title nston ner Pierce Roney	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o O
Presi Bruc Direc Chris Direc Chris	dent Wagn tor topher tor	(a) Name and title nston ner Pierce Roney	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o 0
Presi Bruc Direc Chris Direc Chris	dent Wagn tor topher tor	(a) Name and title nston ner Pierce Roney	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o 0
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Presi Bruc Direc Chris Direc Chris	dent Wagn tor topher tor	(a) Name and title nston ner Pierce Roney	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0		o O

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
00	detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 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)?			<i>y</i>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		~
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	,		3
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	-		,,,,,
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	- +	,	, -
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	-	('-	
a b	Gross receipts, included on line 9, for public use of club facilities	<u> </u>		· `
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	ţ		, '
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		,	1 .
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		~
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	•		å
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			ı ,
d	40c reimbursed by the organization	,	,	
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		_
41	List the states with which a copy of this return is filed ▶	400		
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country	1 - 3	, ,	,
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	, , -	,	
	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		~
	If "Yes," enter the name of the foreign country ▶			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	- 1	162	NO
	completed instead of Form 990-EZ	44a		· /
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			`
	completed instead of Form 990-EZ	44b		~
	Did the organization receive any payments for indoor tanning services during the year?	44c		~
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		/
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
	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	AEL		
		45b		

Form 99	10-EZ (2	019)		_				P	age 4
46		he organization engage, directly or in						Yes	
Dort		Section 501(c)(3) Organizations		, raiti			46	L	
Part		All section 501(c)(3) organization 50 and 51. Check if the organization used Scl	s must answer que			-	tables f	or line	es
		Check in the organization used con	icadic O to respond	to any question	iii uno i ai		· · ·	Yes	No
47	7 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax							,	
48	 								1
49a	Did t	he organization make any transfers to	o an exempt non-cha	ritable related orga	anization?		49a		~
Ь		es," was the related organization a se					49b		
50		plete this table for the organization's							
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the or			enter "N	lone."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mis	contribu	Health benefits, utions to employee plans, and deferred empensation	e) Estimate other com		
			-						
f 51	Com	number of other employees paid over plete this table for the organization' ,000 of compensation from the orga	s five highest compe	ensated independe	ent contra	ctors who each r	eceived	more	than
	(a)	Name and business address of each independ	lent contractor	(b) Type of service (c) Compensation					
д	Total	number of other independent contra	ctors each receiving	over \$100 000	. •		-		
52	Did	the organization complete Schedu pleted Schedule A	_		ganization	_	a ►∐ Yes		 Vo
	enalties	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than				to the best of my knov			
			Thus how			10/281	205	20	
Sign Here		Signature of officer Martha Johnston, President				Date			
		Type or print name and title	· · · · · · · · · · · · · · · · · · ·		·		·		
Paid Prep	arer	Print/Type preparer's name	Preparer's signature		Date	Check I if self-employed	PTIN		
Use (Firm's name ▶				Firm's EIN ▶			
		Firm's address >	ahaan ahaa 200 S			Phone no			
May th	ne IKS	discuss this return with the preparer	snown above? See i	nstructions		<u> ▶</u>	Yes	<u> </u>	<u> </u>

Form 990-EZ (2019)

SCHEDÙLE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2019

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the organization Employer identification number						number	
FAME Leaders Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
						ns.	
The organization is not a private found		•		•)	
1 A church, convention of chur						<u>/</u>	
2 A school described in sectio		•			• •		
3 A hospital or a cooperative h							
4 A medical research organizat hospital's name, city, and sta	ite:		·				
	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.)						
 A federal, state, or local gove An organization that normally described in section 170(b)(y receives a subs	stantial part of its sup				n the general public	
8 A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)				
9 An agricultural research orga or university or a non-land-gr university:	nization describe ant college of ag	d in section 170(b)(1) riculture (see instruction	(A)(ix) op ons). Ente	r the nan	ne, city, and state of	the college or	
10 An organization that normally receipts from activities relate support from gross investme acquired by the organization	d to its exempt fu nt income and un	inctions—subject to c irelated business taxa	ertain exc ble incom	eptions, le (less si	and (2) no more that ection 511 tax) from	n 33¹/₃% of its	
11	d operated exclu	sively to test for publi	c safety.	See sect i	ion 509(a)(4).		
12 An organization organized an							
of one or more publicly supp Check the box in lines 12a thr	_		•			, ,, ,	
a	n(s) the power to	regularly appoint or e	elect a ma	jority of t			
b Type II. A supporting org.					supported organizati	on(s), by having	
control or management o organization(s). You mus	f the supporting o	organization vested in	the same				
c Type III functionally inte	grated. A suppor	ting organization opei	rated in c			ally integrated with,	
d Type III non-functionally that is not functionally into requirement (see instructional see instructions).	egrated. The orga	inization generally mu	st satisfy	a distribi	ition requirement an		
e Check this box if the orgation functionally integrated, or	inization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	ıl, Type III	
f Enter the number of supported		monany intograted but	pporting	or garnzat			
g Provide the following information		ported organization(s).					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o	rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A) Finance Authority of Maine	010362006	6	,		0	0	
(B)							
(C)							
(D)						,	
(E)							
Total	<u> </u>		,		(i)		

			\mathbf{a}
a	а	e	Z

Pąrt	(Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	. ,
Secti	on A. Public Support	, ,					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019/	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		T				· · ·
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	/(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		ļ <i>j</i>	<u> </u>		-	
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.)				J		
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	,				12	
13	First five years. If the Form 990 is for the						
0	organization, check this box and stop her			<u> </u>	· · · · · ·		▶ 🗆
Secti 14	on C. Computation of Public Suppor Public support percentage for 2019 (line &			11 ookum - /6\		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 qual	nedule A, Part zation did not	II, line 14 .: check the box		 nd line 14 is 33	15 31/3% or more,	check this ·
b	331/3% support test—2018. If the organization this box and stop here. The organization	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or me	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts	-and-circumst	ances" test, cl	heck this box a	and stop here.	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	tion meets the fac	ne "facts-and-o ts-and-circum: 	circumstances stances" test.	" test, check the organizati	this box and s on qualifies as	a publicly
18	Private foundation. If the organization disinstructions		box on line 13			k this box and	see ▶ <u></u>

Part	III Support Schedule for Organiza	ations Desc	ribed in Sect	ion 509(a)(2)			
•	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please c	omplete Part	<u> .)</u>	
	on A. Public Support	r	T	1	1 4 9 2 2 2	T	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					/	
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
2	organization's tax-exempt purpose	-					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf					:	
5	The value of services or facilities			,			
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5				/		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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			<u>/</u>			
C	Add lines 7a and 7b	_					
8	Public support. (Subtract line 7c from		. /	,	, ,	ļ' -	
Casti	line 6.)		<u> </u>	/			<u> </u>
	on B. Total Support	(-) 0045	#\2004C	(-) 0047	(-1) 0040	(-) 0040	(0 T-1-1
Galen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2015	(b) ∕2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_			//		 		
10a	Gross income from interest, dividends, payments received on securities loans, rents,		1				
	royalties, and income from similar sources .		1				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	/					_
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or				_		
	loss from the sale of capital assets				1		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2019 (line 8	3, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2018 Sch			<u> </u>	<u> </u>	16	%
<u>Secti</u>	on D. Computation of Investment In					·· - -	
17	Investment income percentage for 2019 (%
18	Investment income percentage from 2018						%
19a	331/3% support tests—2019. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests – 2018. If the organiz						
	line 18 is not more than 331/3%, check this t	_	-	•	-	• •	_
20	Private foundation If the organization di	d not chack a	hay on line 14	10a or 10h	chack this hav	and see instru	ctions -

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **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?
- c 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.
- 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).
- 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).
- 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**.
- **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**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - **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.)

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Part	Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		الا الاستان الاستان	45 . 7
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	* 7	ZZ.	
	below, the governing body of a supported organization?	11a		~
	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		
Secu	ion B. Type I Supporting Organizations		V	NI-
1	Did the directors trustees or membership of one or more supported expenientians have the newer to	/ A	Yes	No
•	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		13	A
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	10.		
	controlled the organization's activities. If the organization had more than one supported organization,	9.2.	1	14. 3
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1 2 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	4	2
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	2-E-4	22.08
2	Did the organization operate for the benefit of any supported organization other than the supported	7	7 -	572
	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,		典機	1
	supervised, or controlled the supporting organization.	2		١
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	藏	18.17	10.00
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1000 TM	4.	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	- 20	***	45.4
C4:		1		
Secu	on D. All Type III Supporting Organizations	··· ·	V	NIa
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	387 m	Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	كوسيا	3.4	4
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		20
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	£5\042	20,246.20
2	Were any of the organization's officers, directors, or trustees either (I) appointed or elected by the supported	35.10	77 37	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	\$ 64 d	2年。 第一章	***************************************
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	100	345	9
	significant voice in the organization's investment policies and in directing the use of the organization's	7 7 g	25-86	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		- 1	
	supported organizations played in this regard.	3		
	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	nstrud	ctions	s).
a	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. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (aaa iaa		
2	Activities Test. <i>Answer (a) and (b) below.</i>	see ms]	Yes	No
		逐級影	162 A	1NU
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	200	4	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		3
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		لنستلنت
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	\$ 4	iP's	1 863
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1,2,4	4
	reasons for the organization's position that its supported organization(s) would have engaged in these	24	Take I	7
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	7 cmg	7 5 7	£7.27
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	100	11.3	\$ F
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	1	377
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	tions 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):		s.e	
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	· · · · · · · · ·	1
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		1
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-functional	ly int	egrated Type III supporti	ng organization (see
instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Section D—Distributions			Current Year	
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	r
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	<u> </u>		
	Total annual distributions. Add lines 1 through 6.	r		
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	th the organization is res	sponsive	
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			
<u>f</u>	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			THE RESERVE AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE
<u>i</u>	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	HETCHAN TESME AND ENGLISHED SPECIES AND OWN ADMINISTRA		
4	Distributions for 2019 from Section D, line 7:			
a_	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
<u>c</u>	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 .				
8	Breakdown of line 7:			
a	Excess from 2015	THE RESERVE OF THE PARTY OF THE		
<u>_</u>	Excess from 2016			
	Excess from 2017			Through the same of the same o
<u>, q</u>	Excess from 2018			
	Excess from 2019			

Pąrt 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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