1

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)

2007

OMB No 1545 0047

2019

Department of the Treasury Internal Revenue Service

SCANNED MAY 2 5 2021

► 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

| Α | For t | he 2019 calendar year, or tax year beginning 8/01 , 201 | 9, and ending | 7/31 | , 2 | 2020 |
|------------|-------------|---|---------------------------|-----------------|-------------------------------------|--------------------------|
| В | Check | ıf applicable C | | | D Employer iden | tification number |
| | Addres | ss change | | | 20 5205 | 214 |
| | Name | change G Pauline Parker Academic Foundation | | | 20-5305 E Telephone num | |
| | Instial | return P.O. Box 540 | | | _ ′ | |
| | Final rel | Terre Haute, IN 47808-0540 | | ٠ | | 38-6257 |
| Ļ | Amen | ded return | | 03 | F Group Exen | nption |
| | | ation pending | | • | Number | |
| G | | unting Method X Cash Accrual Other (specify) > | | | ► [X] If the ore ed to attach Sc | ganization is not |
| 1 | | site: N/A | (a)(1) or 527 | | ed to attach Sc i 990, 990-EZ, d | |
| <u> </u> | Tax-e | | | | | |
| K | | of organization Corporation X Trust Association Other | | | | |
| L | Add asse | lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts a ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form | re \$200,000 or 990-EZ | more, or i | f total ►\$ | 23,748. |
| Pa | | | | the ins | tructions for | |
| | | Check if the organization used Schedule O to respond to any question in the Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments Investment income Gross amount from sale of assets other than inventory | his Part I | | | X |
| | 1 | Contributions, gifts, grants, and similar amounts received | | | 1 | |
| | 2 | Program service revenue including government fees and contracts | | | 2 | |
| | 3 | Membership dues and assessments | Q/P | | 3 | |
| | 4 | Investment income | y Tover | | 4 | 10,840. |
| | 5 a | Gross amount from sale of assets other than inventory | CO 340 S | 12,9 | 008 | |
| | Ь | Less cost or other basis and sales expenses | 3p 1/4 (1 | Co 11. 9 | 80. | |
| | , ا | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | See Sched | i§e 0 | 5 c | 928. |
| | 6 | Gaming and fundraising events | 2020 | | | |
| οğ | a | Gross income from gaming (attach Schedule G if greater than \$13000) | 6 a | | | |
| Ĭ | ь | Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ | of contribu | tions | | |
| Revenue | | from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | /- 6ы | | | |
| | С | Less direct expenses from gaming and fundraising events | 6 c | ., | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | j | | 6 d | |
| | 7 a | Gross sales of inventory, less returns and allowances | 7 a | | | |
| | b | Less cost of goods sold | 7 b | | | |
| | С | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | | | 7 c | |
| | 8 | Other revenue (describe in Schedule O) | | | 8 | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | ▶ 9 | 11,768. |
| | 10 | Grants and similar amounts paid (list in Schedule O) | See Schedu | ıle O | 10 | 28,543. |
| | 11 | Benefits paid to or for members | | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | | 12 | 4,642. |
| Se | 13 | Professional fees and other payments to independent contractors | | | 13 | |
| Expense | 14 | Occupancy, rent, utilities, and maintenance | | | 14 | |
| g, | 15 | Printing, publications, postage, and shipping | | | 15 | |
| ω | 16 | Other expenses (describe in Schedule O) | See Schedu | ile O | 16 | 15. |
| | 17 | Total expenses. Add lines 10 through 16 | | | ► 17 | 33,200. |
| | 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | | | 18 | -21,432. |
| Net Assets | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) figure reported on prior year's return) |) (must agree w | ith end-of | -year 19 | 397,531. |
| χA | 20 | Other changes in net assets or fund balances (explain in Schedule O) | See Schedu | ıle O | 20 | 7,602. |
| Š | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | | | ▶ 21 | 383,701. |
| BA | | r Paperwork Reduction Act Notice, see the separate instructions. | - | | | orm 990-EZ (2019) |

| For | m 990 EZ (2019) G Pauline Parke | r Academic Foundat | ion | 20 | -530 | 5314 Page 2 |
|------------|--|--|--|---|---------------|--|
| Pa | Till Balance Sheets (see the inst | tructions for Part II) | iestion in this Part II | | | X |
| | Check if the organization used Sche | edule O to respond to any qu | | A) Beginning of ye | ar | (B) End of year |
| 22 | Cash, savings, and investments | | <u> </u> | 395, 941 | | 382,215. |
| | Land and buildings | | : | | 23 | 302,213. |
| 24 | _ | See Schedul | e 0 | 1,590 | 24 | 1,486. |
| 25 | Total assets | | | 397,531 | | 383,701. |
| 26 | Total liabilities (describe in Schedule O |) | | 0 0 | | 0. |
| 27 | Net assets or fund balances (line 27 of | column (B) must agree with | line 21) | 397,531 | | 383,701. |
| Pá | rt川麗 Statement of Program Service Ad | complishments (see the ins | tructions for Part III) | | | Expenses |
| | Check if the organization used Sc | hedule O to respond to any | question in this Part III | X | (Regui | ired for section 501 |
| What | is the organization's primary exempt purpose? See | Schedule O | | | (c)(3) | and 501(c)(4) |
| Des | cribe the organization's program sorvice a isured by expenses. In a clear and concisi | ccomplishments for each of | its three largest progra | m services, as | | zations, optional |
| mee ben | isured by expenses. In a clear and concision in a clear and concision for e | e mannor, describe the servi each program lifle | ces brovided, the nilmr | er of persons | for oth | ers.) |
| 28 | To provide educational ma | | training and | emunment | | |
| | for the students of Oblon | | | | 1 | |
| | public school district). | ig_communitey_onite_ | Deligor Discrine | _ 110 1 _(11 | 1 | |
| | (Grants \$ 28.543.) If th | is amount includes foreign g | rants, check here | FM | 28 a | 28,543. |
| 29 | 20,343.7 | | | | | 20,313. |
| | | | | | | |
| | | | | | 1 1 | |
| | (Grants \$) If th | is amount includes foreign g | rants, check here | <u>-</u> - | 29 a | |
| 30 | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | 1 | |
| | | | | | | |
| | (Grants \$) If th | is amount includes foreign g | rants, check here | - [7 | 30 a | |
| 31 | Other program services (describe in Sch | | | | | |
| | · · · | is amount includes foreign g | rants, check here | ▶ 🗍 | 31 a | |
| 32 | Total program service expenses (add lin | nes 28a through 31a) | · · · · · · · · · · · · · · · · · · · | • | 32 | 28,543. |
| Pai | tillV List of Officers, Directors, | Trustees, and Key Emp | loyees (list each one ever | ı ıf not compensated — s | see the ins | |
| | | | - | | | J J |
| | Check if the organization used Sci | nedule O to respond to any t | question in this Fait IV | | | |
| | | (b) Average hours per | i | (d) Health benefit | | (e) Estimated amount of |
| | (a) Name and title | | (c) Reportable compensation (Forms W 2/1099-MISC) (if not paid, enter -0-) | contributions to empl benefit plans, and def | oyee | (e) Estimated amount of other compensation |
| | (a) Name and title | (b) Average hours per week devoted to | (c) Reportable compensation (Forms W 2/1099-MISC) | contributions to empl | oyee | |
| | (a) Name and title | (b) Average hours per week devoled to position | (c) Reportable compensation (Forms W 2/1099-MISC) (if not paid, enter -0-) | contributions to empl benefit plans, and def | oyee erred | other compensation |
| | (a) Name and title | (b) Average hours per week devoted to | (c) Reportable compensation (Forms W 2/1099-MISC) | contributions to empl benefit plans, and def | oyee | |
| | (a) Name and title | (b) Average hours per week devoled to position | (c) Reportable compensation (Forms W 2/1099-MISC) (if not paid, enter -0-) | contributions to empl benefit plans, and def | oyee erred | other compensation |
| | (a) Name and title | (b) Average hours per week devoled to position | (c) Reportable compensation (Forms W 2/1099-MISC) (if not paid, enter -0-) | contributions to empl benefit plans, and def | oyee erred | other compensation |
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| | (a) Name and title | (b) Average hours per week devoled to position | (c) Reportable compensation (Forms W 2/1099-MISC) (if not paid, enter -0-) | contributions to empl benefit plans, and def | oyee erred | other compensation |
| | (a) Name and title | (b) Average hours per week devoled to position | (c) Reportable compensation (Forms W 2/1099-MISC) (if not paid, enter -0-) | contributions to empl benefit plans, and def | oyee erred | other compensation |
| | (a) Name and title | (b) Average hours per week devoled to position | (c) Reportable compensation (Forms W 2/1099-MISC) (if not paid, enter -0-) | contributions to empl benefit plans, and def | oyee erred | other compensation |
| | (a) Name and title | (b) Average hours per week devoled to position | (c) Reportable compensation (Forms W 2/1099-MISC) (if not paid, enter -0-) | contributions to empl benefit plans, and def | oyee erred | other compensation |
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| | (a) Name and title | (b) Average hours per week devoled to position | (c) Reportable compensation (Forms W 2/1099-MISC) (if not paid, enter -0-) | contributions to empl benefit plans, and def | oyee erred | other compensation |
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| | (a) Name and title | (b) Average hours per week devoled to position | (c) Reportable compensation (Forms W 2/1099-MISC) (if not paid, enter -0-) | contributions to empl benefit plans, and def | oyee erred | olher compensation |
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| | (a) Name and title | (b) Average hours per week devoled to position | (c) Reportable compensation (Forms W 2/1099-MISC) (if not paid, enter -0-) | contributions to empl benefit plans, and def | oyee erred | other compensation |
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| Form 990-EZ (2019) G Pauline Parker Academic Foundation | 20-530531 | | | age : |
|---|--|--|----------------|-------------------|
| Part V Other Information (Note the Schedule A and personal benefit contract statement return the instructions for Part V) Check if the organization used Schedule O to respond to an | equirements in by question in this Part V | See . | Sch | ° 🗆 |
| 33 Did the organization engage in any significant activity not previously reported to the IRS? | | | Yes | No |
| If 'Yes,' provide a detailed description of each activity in Schedule O 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 | 33 | ļ | Х |
| a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | amonoca about to the french | 34 | l | Х |
| 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from | business activities | | | <u> </u> |
| (such as those reported on lines 2, 6a, and 7a, among others)? b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an office of the year? | ovalanation in Schodula O | 35 a | ļ | X |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section | · | 33.0 | | <u> </u> |
| reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I | II. | 35 c | | X |
| 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 | | Х |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions | 37 a 0. | | | |
| b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employ | aa or wara | 37b | 5 | X |
| any such loans made in a prior year and still outstanding at the end of the tax year covered | by this return? | 38 a | | X |
| b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved | 38b 0 | 1:- | - 1,35 (1 | 1 |
| 39 Section 501(c)(7) organizations Enter | 0 | 1 | , (Ĵ, ` | •• |
| a Initiation fees and capital contributions included on line 9 | 39a 0. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ř | |
| b Gross receipts, included on line 9, for public use of club facilities. | 39b 0. |] ,] | ; * | |
| 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the | | | | . 4 |
| section 4911 ► 0 , section 4912 ► 0 , section 4950 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an | | | 4 | |
| benefit transaction during the year, or did it engage in an excess benefit transaction in a price | or year that has not been | 1 | | |
| reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | -1 | 40 ь | | <u>X</u> |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organiz managers or disqualified persons during the year under sections 4912, 4955, and 4958. | ation ► 0. | | _ ^ ` | 1 |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimburiby the organization | sed 0. | 4 | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibite | d tax | | | X |
| shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed ► IL | | 40 e | | |
| 42 a The organization's books are in care of ► First Financial Bank, N.A. Located at ► One First Financial Plaza Terre Haute IN b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fill '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 Ac | nancial account)? | 322 | | 7 |
| c At any time during the calendar year, did the organization maintain an office outside the Unit If 'Yes,' enter the name of the foreign country • | ed States? | 42 c | | <u>X</u> _ |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 EZ in lieu of Form 1041. Chand enter the amount of tax exempt interest received or accrued during the tax year. | eck here | —— | | N/A N/A No |
| 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990 EZ | ompleted instead | 44 a | řužušát, | X |
| b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ | be completed | 44 b | | χ |
| c Did the organization receive any payments for indoor tanning services during the year? | | 44 c | \Box | Х |
| d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | | 44 d | _ (6 Q)(6 | 10211 - 21100 |
| 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | 45 a | | X |
| 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, | | - 7 | , |
| Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions BAA TEEA0812L 08/23/19 | For | 45 b m 990 | - EZ (2 | X 2019) |
| | | | | |

| Form 990 | EZ(2019) G Pauline Parker Ad | cademic Foundat | ion | 20-53 | 05314 Page 4 |
|----------------------------------|---|---|--|--|--|
| 46 Did | . the organization engage, directly or indiredidates for public office? If 'Yes,' complete | ectly, in political campa e Schedule C, Part I | ign activities on behalf (| of or in opposition to | Yes No |
| Part:VI | Section 501(c)(3) Organization All section 501(c)(3) organization for lines 50 and 51 | | uestions 47-49b an | d 52, and complete | e the tables |
| | Check if the organization used Schedu | le O to respond to any | question in this Part VI | | |
| 17 Did I | the organization engage in lobbying activities iplete Schedule C, Part II | or have a section 501(h) |) election in effect during | the tax year? If 'Yes,' | Yes No |
| 19 a Did | ne organization a school as described in s the organization make any transfers to an | exempt non charitable | • | edule E. | 48 X 49 a X |
| 50 Com | es,' was the related organization a section iplete this table for the organization's five hig loyees) who each received more than \$100,0 | hest compensated emplo | | | (cy 49b |
| | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W 2/1099 MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
| None | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 51 Comp | I number of other employees paid over \$1 plete this table for the organization's five high pensation. If there is | nest compensated indepe | endent contractors who ea | ach received more than \$ | 100,000 of |
| | (a) Name and business address of each independent co | | (b) Type o | of service | (c) Compensation |
| None | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | ******* | | | |
| | | | | | |
| | | | | | |
| d Total | I number of other independent contractors | s each receiving over \$ | 100.000 | <u> </u> | |
| 52 Did t | he organization complete Schedule A? N o pleted Schedule A | • | | llach a | ► X Yes No |
| Undor penaltic true correct a | os of perjury. I declare that I have examined this return and complete. Declaration of preparer (other than officer | including accompanying sched) is based on all information o | ules and statements, and to the f which preparer has any knowle | : best of my knowledge and beli edge | ef it is |
| Sign | Puter Sacob Fanda | gouleas | | 9/39/30A | 0 |
| Here | PETER JACOB PANAGOULEAS Type or print name and title | TRUSTATAX | OFFICER FIR | ST FINANCIAL 'BA | |
| | Print/Type preparei s name | Preparer s signature | Date 9/29 | Check II | TIN |
| Paid | Eleanor M Caldwell, CPA | Eleanor M Caldwel | 11, CPA 1/27 | 120 self employed Pt | 00634823 |
| Preparer Use Only | Firm's name SACKRIDER & COMPANY, Firm's addiess 1925 Wabash Avenue | , INC | | Firm's EIN | 35-1327464 |
| Joe Only | Terre Haute, IN 4780 | 07-3326 | | | 329492 |
| May the IR | S discuss this return with the preparer sh | | ictions | | ► X Ycs No |
| BAA | | - | | · | Form 990-EZ (2019) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

G Pauline Parker Academic Foundation

OMB No 1545 0047



| Trust | | | | | 20-530531 | 4 |
|---|--|---|----------------|--|--|---|
| Partil Reason for Public Ch | | | | | | ctions |
| The organization is not a private foun | | , | | • | • | |
| 1 A church, convention of churc | | | | | (1). | 5 |
| 2 A school described in section | | · · | | | | |
| 3 A hospital or a cooperative | | | | | | |
| 4 A medical research organiza | ation operated in conj | unction with a hospital | describe | ed in se | ction 170(b)(1)(A)(iii) E | inter the hospital's |
| name, city, and state | | | | | | |
| 5 An organization operated fo section 170(b)(1)(A)(iv). (Co | | ege or university owned | d or ope | rated by | a governmental unit d | escribed in |
| 6 A federal, state, or local gov | _ | | | | | |
| / An organization that normally in section 170(b)(1)(A)(vi). | | part of its support from a | governm | nental un | it or from the general pu | blic described |
| 8 A community trust described | , , , , | | • | | | |
| 9 An agricultural research organ | | , ,, ,, ,, , | | • | • | • |
| or university or a non-land-gra | int college of agriculture | e (see instructions). Ente | r the nan | ne, city, | and state of the college | or |
| university | | | | | | |
| An organization that normally from activities related to its investment income and unre June 30, 1975 See section | exempt functions—sub lated business taxabl | bject to certain exception eincome (less section | ons, and | (2) no | more than 33-1/3% of | its support from gross |
| 11 An organization organized a | nd operated exclusive | ely to test for public saf | ety See | section | n 509(a)(4). | |
| 12 X An organization organized a or more publicly supported of lines 12a through 12d that d | organizations describe | d in section 509(a)(1) o | or sectio | on 509(a |)(2). See section 509(a | ut the purposes of one ()(3). Check the box in |
| a Type I A supporting organization(s) the power to recomplete Part IV, Sections a | ion operated, supervise | d, or controlled by its sui | oported o | oroanizat | ion(s), typically by giving | the supported on You mus t |
| b Type II. A supporting organi management of the supporting must complete Part IV, Seci | zation supervised or c i organization vested in | controlled in connection the same persons that c | with its | support manage | ted organization(s), by the supported organizat | having control or ion(s) You |
| c Type III functionally integrated organization(s) (see instruct | I. A supporting organizat | ion operated in connections | n with, ai | nd functio | onally integrated with, its | supported |
| d X Type III non-functionally integrated The instructions) You must com | rated. A supporting org | anization operated in co | nnection | with its s | supported organization(s t and an attentiveness |) that is not requirement (see |
| [] | | | | | | |
| e [X] Check this box if the organized integrated, or Type III non-fu | ation received a writti inctionally integrated | en determination irom supporting organization | J THE IKS | that it is | за турет, туреп, тур | |
| f Enter the number of supported | | | | | | 1 |
| g Provide the following information | n about the supported | d organization(s) | | | | |
| (i) Name of supported organization | (II) EIN | (III) Type of organization (described on lines 1-10 above (see instructions)) | organizal | s the tion listed joverning ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | Yes | No | | |
| Oblong School Academ | ic Foundation | | | | - | |
| (A) | 37-1257681 | 10 | X | | 0. | 0 |
| | 37 1237001 | | - | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | : | | | 0. | 0 |
| (4) | | | | l | U. | |

| | (Complete only if you checked organization fails to qualify | the box on line 5, | 7, or 8 of Part I or | if the organization | n failed to qualify un | id 170(b)(ider Part III 1 | f the | (V)) |
|-----|---|--|---|---|--|-------------------------------|---------|-------------------|
| | ction A. Public Support | T | | | | T | - | |
| | endar year (or fiscal year innıng in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 201 | 9/ | (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 | | | | | | | |
| Sec | tion B. Total Support | | | | | | | |
| | ndar year (or fiscal year nning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | • | (f) Total |
| 7 | Amounts from line 4 | | | | | | | · |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | |
| | Gross receipts from related activ | / | | | | | 12 | |
| | First five years. If the Form 990 is organization, check this box and | stop here | | ird, fourth, or fifth t | tax year as a sectio | n 501(c)(3) | | <u> </u> |
| | tion C. Computation of Pul Public support percentage for 20 | | | o 11 column (f) | | | 14 | 0/ |
| | Public support percentage from 2 | / | | ie 11, column (1)) | | - | 14 | <u> </u> |
| | 33-1/3% support test—2019. If II and stop here The organization | ne organization di | d not check the b | | d line 14 is 33-1/3 | % or more, | | |
| b | 33-1/3% support test—2018 If th and stop here. The organization | organization did qualifies as a pub | I not check a box blicly supported o | on line 13 or 16a rganization | a, and line 15 is 33 | 3-1/3% or mo | ore, ch | neck this box |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the facts | meets the 'facts-a | nd-circumstances | test, check this | box and stop her | e. Explain in | Part 1 | VI how |
| | 10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and | meets the 'facts-a d-circumstances' t | nd-circumstances est. The organiza | s' test, check this ition qualifies as a | box and stop here a publicly supporte | e. Explain in ed organizat | Part ' | VI how the ► |
| 18 | Private foundation the organiz | zation did not ched | ck a box on line 1 | 3, 16a, 16b, 17a, | , or 17b, check this | s box and se | e inst | ructions |
| BAA | / | | | | Sch | edule A (Fo | rm 990 | 0 or 990-EZ) 2019 |

| | till Support Schedule fo | or Organizatio | ns Described | in Section 509 | (a)(2) | | |
|---|--|--|--|--|--|---|--|
| • | (Complete only if you che fails to qualify under the | | | | on failed to qualify | under Part II If th | é organization |
| Sec | tion A. Public Support | tests listed below, | please complete | Tartin) | | | |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (-, | | <u> </u> | | <u></u> |
| | received (Do not include | | | Ì | | | |
| 2 | any 'unusual grants ') Gross receipts from admissions, | | | | ļ | / | |
| _ | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in any activity that is | | | 1 | | / | |
| | related to the organization's | | | | 1 | / | |
| 3 | tax-exempt purpose Gross receipts from activities | | | | / | <u>'</u> | |
| 3 | that are not an unrelated trade | | | | | | |
| 4 | or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and | | | | | | |
| | either paid to or expended on its behalf | | 1 | } | | 1 | |
| 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 | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line | | 1000 | | | | <u> </u> |
| Sec | 7c from line 6) tion B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 20/16 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | (4) 20.0 | (3,29.3 | (0)2017 | (4) 2010 | (6)20.5 | (1) 1000 |
| 40 | | | | | | | |
| ιúa | Gross income from interest, dividends, | | | | | | |
| ιúa | payments received on securities loans, | | | | | | |
| | payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable | | | | | | |
| | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| b | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| b | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| b | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, | | | | | | |
| b | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business | | | | | | |
| b c 11 | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include | | | | | | |
| b c 11 | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| b c 11 | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| b c 11 | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, | | | | | | |
| b c 11 12 | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 | | ation's first, second | nd, third, fourth, o | r fifth tax year as | a section 501(c)(3) | |
| b c 11 12 13 14 | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and | stop here | | nd, third, fourth, o | r fifth tax year as | a section 501(c)(3) | |
| b c 11 12 13 14 Sec | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu | stop here blic Support P | ercentage | | ······································ | | |
| b 11 12 13 14 Sect | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu | stop here blic Support P 119 (line 8, columi | ercentage n (f), divided by li | | ······································ | 15 | % |
| 11 12 13 14 Sect 15 16 | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from | stop here blic Support P 019 (line 8, columi 2018 Schedule A, | ercentage n (f), divided by li Part III, line 15 | ne 13, column (f) | ······································ | | |
| 11 12 13 14 Sect 15 16 Sect | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Invitor 10 processing the simple support percentage from the simple support percentage from the sup | blic Support P 019 (line 8, columi 2018 Schedule A, restment Incor | ercentage n (f), divided by li Part III, line 15 ne Percentage | ine 13, column (f)) |) | 15 16 | 90 |
| b 11 12 13 14 Sect 15 16 Sect | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20. Public support percentage from tion D. Computation of Inv | blic Support P 019 (line 8, column 2018 Schedule A, restment Incor or 2019 (line 10c, | ercentage n (f), divided by li Part III, line 15 ne Percentage column (f), divid | e ed by line 13, colu |) | 15 16 | 000 |
| 5 c 11 12 13 14 Sec 15 16 Sec 17 18 | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f | blic Support P 019 (line 8, columi 2018 Schedule A, restment Incor or 2019 (line 10c, rom 2018 Schedu | Percentage n (f), divided by li Part III, line 15 ne Percentage column (f), divid le A, Part III, line | e ed by line 13, column 17 | ımn (f)) | 15 16 17 18 | 000 |
| 5 c 11 12 13 14 Sec 15 16 Sec 17 18 | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20. Public support percentage from tion D. Computation of Inv | blic Support P DI9 (line 8, column 2018 Schedule A, restment Incor or 2019 (line 10c, rom 2018 Schedu the organization d | ercentage n (f), divided by li Part III, line 15 ne Percentage column (f), divid le A, Part III, line id not check the | e ed by line 13, column (f); 17 box on line 14, an | imn (f)) d line 15 is more | 15 16 17 18 than 33-1/3%, and | 000 |
| 5 c 11 12 13 14 Sec 15 16 Sec 17 18 19a | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from thousand tion D. Computation of Investment income percentage finest investment income percentage fines and more than 33 1/3%, check 33-1/3% support tests—2018 If its not more than 33 1/3%, check 33-1/3% support tests—2018 If its processing the sup | blic Support P DI9 (line 8, column 2018 Schedule A, restment Incor or 2019 (line 10c, rom 2018 Schedu the organization d this box and stop the organization d | Percentage In (f), divided by life Part III, line 15 INTERIOR OF PERCENTAGE COLUMN (f), divid le A, Part III, line ind not check the phere. The organid not check a book of the column of the column in the column i | e ed by line 13, column 17 box on line 14, an aizalion qualifies a | imn (f)) d line 15 is more is a publicly supple e 19a, and line 16 | 15 16 17 18 than 33-1/3%, and orted organization 5 is more than 33-1 | % % % Inne 17 |
| 5 c 11 12 13 14 Sec 15 16 Sec 17 18 19a b | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from thoustment income percentage from thoustment income percentage from 1 investment income 1 investment income 1 investment income 1 investment income 1 investment investment income 1 investment investment investment investment investment investment i | blic Support P DI9 (line 8, column 2018 Schedule A, restment Incor or 2019 (line 10c, rom 2018 Schedu the organization d this box and stop the organization d check this box a | ercentage n (f), divided by li Part III, line 15 ne Percentage column (f), divid le A, Part III, line id not check the phere. The organ id not check a bo and stop here. The | e ed by line 13, column (f)) e 17 box on line 14, an aizalion qualifies a ix on line 14 or line organization qualifies qualifies and se organization qualifi | imn (f)) d line 15 is more s a publicly suppo e 19a, and line 16 alifies as a public | 15 16 17 18 than 33-1/3%, and orled organization is more than 33-1 y supported organi | % % % Inne 17 |
| 5 c 11 12 13 14 Sec 15 16 Sec 17 18 19a b | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from thousand tion D. Computation of Investment income percentage finest investment income percentage fines and more than 33 1/3%, check 33-1/3% support tests—2018 If its not more than 33 1/3%, check 33-1/3% support tests—2018 If its processing the sup | blic Support P DI9 (line 8, column 2018 Schedule A, restment Incor or 2019 (line 10c, rom 2018 Schedu the organization d this box and stop the organization d check this box a | ercentage n (f), divided by li Part III, line 15 ne Percentage column (f), divid le A, Part III, line id not check the phere. The organ id not check a boand stop here. The | e ed by line 13, column 17 box on line 14, an itization qualifies a ix on line 14 or lin ie organization qual 14, 19a, or 19b, cl | omn (f)) d line 15 is more is a publicly suppore e 19a, and line 16 alifies as a publicly | 15 16 17 18 than 33-1/3%, and orled organization is more than 33-1 y supported organi | % % % line 17 /3%, and zation |

Part V 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

- 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
- 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)
- 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)

| | Yes | No |
|------|--|----------------------|
| | | |
| 1 | X | |
| 2 | | X |
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| | 1974 3272 | |
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| ₩. | *************** | |
| 10b | ************************************** | and the same |

| <u>P</u> a | Supporting Organizations (continued) | | T., | т |
|------------|---|------------------|--|---------------|
| , 11 | Has the organization accepted a gift or contribution from any of the following persons? | 98.00 | Yes | No |
| | 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? | 11a | | X |
| | b A family member of a person described in (a) above? | 11b | | X |
| | c 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 | l | X |
| Sec | ction B. Type I Supporting Organizations | | \ \ \ | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint | TOTAL CONTRACTOR | Yes | No |
| | or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization | 2 | | |
| Sec | ction C. Type II Supporting Organizations | | | |
| | | হৈছিৰ ক | 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 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | mre#2.sa | 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 | X | |
| 2 | See Part VI Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | X |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard | 3 | | <u>х</u> Х |
| Sec | tion 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 instructions). | ,- | | |
| á | The organization satisfied the Activities Test Complete line 2 below | | | |
| ŀ | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instruc | tions) | |
| • | | ſ | | |
| . 2 | Activities Test Answer (a) and (b) below | 1012.00 C | Yes | No |
| ć | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | nictions 2a | | |
| Ŀ | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below | を変数 | | |
| 2 | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustoos of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| | 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 Part VI the role played by the organization in this regard | 3b | | |
| | | | | |

instructions)

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C | | | |
|--|---------|------------------------------|-----------------------------|
| Check here if the organization satisfied the Integral Part Test as a qualifyir | _ | | · |
| instructions. All other Type III non-functionally integrated supporting orga | nızat | ions must complete Sections | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | 3,167 | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | 11,432 | 11,768 |
| 4 Add lines 1 through 3 | 4 | 14,599 | 11,768 |
| 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 | ĺ | [| |
| maintenance of property held for production of income (see instructions) | 6 | 5,241 | 4,657 |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | 9,358 | 7,111 |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year) | | | |
| a Average monthly value of securities | 1a | 376,043 | 359,276 |
| b Average monthly cash balances | 1b | | 11,393 |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | 384,258 | 370,669 |
| e Discount claimed for blockage or other | 93 | | |
| 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 | 384,258 | 370,669 |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | \top | | |
| see instructions) | 4 | 5,764 | 5,560 |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 378,494 | 365,109 |
| 6 Multiply line 5 by .035. | 6 | 13,247 | 12,779 |
| 7 Recoveries of prior-year distributions | 7 | 0 | 0 |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | 13,247 | 12,779 |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for pnor year (from Section A, line 8, Column A) | 1 | | 9,358 |
| 2 Enter 85% of line 1 | 2 | | 7,954 |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | 13,247 |
| 4 Enter greater of line 2 or line 3 | 4 | | 13,247 |
| 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 | | 13,247 |
| 7 Check here if the current year is the organization's first as a non-functional | ly inte | grated Type III supporting o | rganization (see |

| Part | V Type III Non-Functionally Integrated 509(a)(3 | Supporting Organi | zations (continued) | Page I |
|---------------|--|---|---|---|
| | on D - Distributions | / oupporting organi | zaciono (commuco) | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | emot ourposes | | 28,543 |
| | | 1 | | |
| _ | organizations, in excess of income from activity | - | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organiza | ations | |
| 4 | Amounts paid to acquire exempt-use assets | <u> </u> | | |
| 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 | ·,· | | 28,543 |
| <u>.</u> | Distributions to attentive supported organizations to which t | he organization is respon | nsive | |
| • | (provide details in Part VI) See instructions | | | 28,543 |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | 13,247 |
| 10 | Line 8 amount divided by line 9 amount | | | 2 155 |
| | Section 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 | | 110-2010 | 13,247 |
| | Underdistributions, if any, for years prior to 2019 | | <u> </u> |) , , , , , , , , , , , , , , , , , , , |
| - | (reasonable cause required—explain in Part VI) See | | | |
| | instructions | | | |
| 3 | Excess distributions carryover, if any, to 2019 | <u> </u> | | |
| a | From 2014 . | , , , , , , , , , , , , , , , , , , , | <u> </u> | |
| <u>a</u> b | From 2015 | <u> </u> | <u> </u> | <u>,</u> |
| C | From 2016 2,135 | · · · · · · · · · · · · · · · · · · · | | <u> </u> |
| d | From 2017 24,991 | , | <u></u> | |
| e | From 2018 | · | <u></u> | , ~ |
| _ | Total of lines 3a through e | 51,013 | | <u>'</u> |
| | Applied to underdistributions of prior years | 31,010 | 0 | |
| <u> </u> | Applied to Underdistributions of prior years Applied to 2019 distributable amount | | | 8,831 |
| | Carryover from 2014 not applied (see instructions) | 1 | <u>, </u> | 1,001 |
| | Remainder Subtract lines 3g, 3h, and 3i from 3f | 42,182 | | <u> </u> |
| 4 | Distributions for 2019 from | 72,102 | | |
| 7 | Section D, line 7 \$ 28,543 | , | , | |
| а | Applied to underdistributions of prior years | <u> </u> | 0 | <u> </u> |
| b | Applied to 2019 distributable amount | <u> </u> | | 4,416 |
| c | Remainder Subtract lines 4a and 4b from 4 | 24,127 | · · · · · · · · · · · · · · · · · · · | |
| 5 | Remaining underdistributions for years prior to 2019, if | 21,127 | · | |
| • | any Subtract lines 3g and 4a from line 2. For result | , | | , , , |
| | greater than zero, explain in Part VI See instructions | | ol | 1 % |
| 6 | Remaining underdistributions for 2019 Subtract lines 3h | | | |
| • | and 4b from line 1 For result greater than zero, explain in | | | |
| | Part VI See instructions | | •• | 0 |
| 7 | Excess distributions carryover to 2020. Add lines 3 | - ' - ' | ************************* | |
| • | and 4c | 66,309 | 1 | |
| 8 | Breakdown of line 7 | 00,003 | | <u> </u> |
| a | Excess from 2015 0 | | · | <u> </u> |
| b | Excess from 2016 0 | 1 | , | |
| c | Excess from 2017 18,295 | · | , | |
| d | Excess from 2018 23,887 | | , , , , , , , , , , , , , , , , , , , | |
| e | Excess from 2019 24,127 | | , | |
| | 27,121 | <u> </u> | · · · · · · · · · · · · · · · · · · · | |

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)

Part IV, Section D, Line 2 - Organization Maintained A Relationship with Supported Orgs.

As trustee of the G. Pauline Parker Academic Foundation Trust, First Financial Bank, N.A. has maintained a close and continuous working relationship with the Oblong Academic Foundation for 14 years. Financial statements of the trust are sent to the Foundation on a quarterly basis for review of the investment performance and activity of the trust. The Foundation determines the use of the net income and principal received from the trust.

Part V, Section D, Line 8 - Distributions To Attentive Supported Organizations

The trust meets the attentiveness test based upon the amount of support distributed to the foundation each year.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide info?nation for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

QMB No 1545 0047

Open to Public Inspection:

Name of the organization G Pauline Parker Academic Foundation Trust

Employer identification number 20-5305314

Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price:

12,908. 11,980.

Cost or Other Basis:

Total Gain (Loss) Publicly Traded Securities \$

Total Net Gain (Loss) From Noninventory Sales ₹ 928.

928.

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Excess of \$5,000

Donee's Name:

Oblong School Academic Foundation

Cash Amount Given:

28,543.

Form 990-EZ, Part I, Line 16 Other Expenses

Filing fees

Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances

Net Unrealized Gains and Losses on Investments

7,602.

Form 990-EZ, Part II, Line 24 Other Assets

Mineral Interests

Beginning Ending 1,486. Total 1,486.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To provide educational materials, supplies, training and equipment for the students of Oblong Community Unit School District No. 4 (A public school district).

TEEA4901L 08/19/19

Name of the organization G Pauline Parker Academic Foundation
Trust

Employer identification number 20-5305314

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No