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)

OMB No 1545-0047 2020

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information. , 2020, and ending December31 20 20 A For the 2020 calendar year, or tax year beginning January 1 C Name of organization D Employer identification number B Check if applicable Address change 20-1767865 Los Ninos Incorporated Room/suite Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return 503.313 5118 7545 SW Whitford Drive Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Portland OR 97223 Application pending H Check ► ☐ if the organization is not G Accounting Method www.losninos.us and www porlosninos.com required to attach Schedule B I Website: ▶ (Form 990, 990-EZ, or 990-PF) J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or Other ✓ Corporation Trust Association K Form of organization L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received 176,969 Program service revenue including government fees and contracts 2 2 3 3 Membership dues and assessments Investment income 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than MA \$15,000) Revenue \$15,000) . . . ှင့်(contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 64 Gross sales of inventory, less returns and allowances 7a 7a 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 176,969 10 10 178,853 11 Benefits paid to or for members 11 12 12 13 Professional fees and other payments to independent contractors 14 15 15 547 16 Total expenses. Add lines 10 through 16 179,400 17 Excess or (deficit) for the year (subtract line 17 from line 9) 18 -2,431**Net Assets** Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 17,734 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 15,303

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2020)





Pa	rt II Balance Sheets (see the instructions f				-	
	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	Cash, savings, and investments			17,734		15,303
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total distribution (decombe in Schoolule O)			17,734	26	15,303
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column		<u> </u>	17,734		45.000
Par		<u> </u>			21	15,303
rai	Check if the organization used Schedule					Expenses
W/hat		education & nutrition				quired for section
Desc	ribe the organization's program service accomplisheasured by expenses. In a clear and concise m	shments for each o	f its three largest p	program services,	orga	(c)(3) and 501(c)(4) anizations, optional for ers)
perso	ons benefited, and other relevant information for ea	ch program title.	·	_		, T
28	Built 4 classrooms, 3 bathrooms, 1 kitchen and 3 bas					
	Ninos de Zihautanejo, Zihautanejo city government, 2		s, local and internati	onal		
	volunteers to provide educational opportunities for lo		ata abaal bara		00-	
20	(Grants \$ 14,000) If this amount		•		28a	14,000
29	Provided school meals to disadvantaged students in			national		1
	food companies					
	(Grants \$ 155,427) If this amount	includes foreign gra	nte check here	▶ ☑	29a	155 427
30	Provided academic & English language scholarships				236	155,427
00		to riigii-acilievilig, ic				
	(Grants \$ 9,426) If this amount	includes foreign ara	ints check here	▶ ☑	30a	0.426
31	Other program services (describe in Schedule O)		308	9,426		
٠.		includes foreign gra			31a	.
32	Total program service expenses (add lines 28a t				32	178,853
Par						
	Check if the organization used Schedule					<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)			Estimated amount of other compensation
Carol	Romain			<u> </u>	+	
CEO		20			0	0
	Cole Hart					
	dent, Secretary , .	7			0	0
Cindy	/ Silbernagel					
Treas		1			0	0
Nanc	y Rice					
	d Member, support	2	(0	0
- -						
					\bot	
					-	
-						
					+	
			_	 	+	
						
			-	 	+	
-						
					+	
						



Form 990-EZ (2020) Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V \Box Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b 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 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a **b** If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . 39 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 39a **b** Gross receipts, included on line 9, for public use of club facilities 39h Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 40a section 4911 ► ; section 4912 ► ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e List the states with which a copy of this return is filed > Oregon 42a The organization's books are in care of ▶ Carol Romain Telephone no. ▶ 755-129-5401 Located at ▶ Lote 60b, Calle Barra de Potosi, Col. Barra de Potosi, Petetlan, GRO, Mexico ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ in home office in Mexico Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 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

45b

								_		Yes	No
46	Did th	ne organization engage, directly or in ndidates for public office? If "Yes," c	directly, in political c omplete Schedule C	ampaign activities Part I	on behal	f of or i	ın opposit	ion <u>-</u>	46		
Part \		Section 501(c)(3) Organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			<u>- </u>	46		
		All section 501(c)(3) organizations 50 and 51.		stions 47-49b a	nd 52, ar	nd con	nplete th	e tabl	es fo	or line	es
		Check if the organization used Sch	edule O to respond	to any question	in this Pa	rt VI					
47	Did t	ho organization ongogo in lobbying	activities or have a	acation EO1(b) ala	otion in o	ffaat d	urina tha	tov [Yes	No
47	year?	he organization engage in lobbying If "Yes," complete Schedule C, Part	· II				_		47		1
48		organization a school as described in							48		√
49a b		ne organization make any transfers to	·	_				· -	49a 49b		V
50 50								s. an	d kev		
		oyees) who each received more than									
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contrib		employee nd deferred	(e) Est othe		d amou pensat	
NONE											
1					1						
f	Total	number of other employees paid over	er \$100,000	. ▶	i			-			-
51 	Comp \$100,	olete this table for the organization's ,000 of compensation from the organ	s five highest compe ization. If there is no	ensated independent ne, enter "None."	ent contra	ictors v	who each	recei	ved	more	than
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service		(c)	Compe	nsatio	n	
NONE											
						+		-			
- н	Total	number of other independent contra	ctors each receiving	over \$100 000	. •						
52	Did t	the organization complete Schedu	-	ction 501(c)(3) o	-	ns mu	_	a ▶ 🗸	Yes		No.
Under pe	enalties rect, an	of perjury, I declare that I have examined this of complete peclaration of preparer (other than	Sturn, including accompan	ving schedules and stat	ements, and	to the b	est of my kn	owledge /	e and	belief,	ıt ıs
		1 Calleman					-4/	26/	/2		
Sign Here		Signature of officer Cynthia Silbernagel, Treasurer				Date					
		Type or print name and title	Preparer's signature		Date			רם	TIN		
Paid Prepa	arer	Print/Type preparer's name	Freparer 5 Signature		Date		Check Self-employ	of [
Use C		Firm's name				1	EIN ►				
May th	e IRS	Firm's address ► discuss this return with the preparer	shown above? See i	nstructions		Phone	one e	▶ □	Yes		<u></u>

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.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

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

Inspection | Employer identification number

Los Ninos Incorporated Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of (iv) is the organization (i) Name of supported organization (iii) Type of organization (ii) EIN listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2020 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 48,725 56,406 87,743 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 176,968 424,582 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) 160,725 Public support. Subtract line 5 from line 4 263,857 Section B. Total Support **(b)** 2017 (c) 2018 (e) 2020 (a) 2016 (d) 2019 Calendar year (or fiscal year beginning in) (f) Total 7 Amounts from line 4 54,740 48,725 56,406 87,743 176,968 424,582 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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.) Total support. Add lines 7 through 10 概念经验证据 整理证证 网络拉拉拉斯 医动物 11 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 Public support percentage from 2019 Schedule A, Part II, line 14 15 53 % 16a 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

Fart	(Complete only if you checked th					d to qualify w	ndor Dart II
	If the organization fails to qualify						nuel Fait II.
Sooti	on A. Public Support	under me te	sts listed bei	ow, please co	ompiete Fait	··· <i>)</i>	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Calen	Gifts, grants, contributions, and membership fees	(a) 2010	(6) 2017	(0) 2010	(u) 2019	(e) 2020	(i) Total
'	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 organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
J	unrelated trade or business under section 513						
4	Tax revenues levied for the				 /		
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge			/	1		
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 7c from						
	line 6.)	<u> </u>	//			<u> </u>	1
	on B. Total Support		. /		1		
	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	/			,		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
	}				 		
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	/					
С 11	Net income from unrelated business		-				
• • •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						· · ·
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					-	
14	First 5 years. If the Form 990 is for the	organization	s first, second	, third, fourth,	or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop her	re					> 🗀
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2020 (line 8		•			15	%
16	Public support percentage from 2019 Sch				<u> </u>	16	%
	on D. Computation of Investment Inc						
17`	Investment income percentage for 2020 (I					17	%
18	Investment income percentage from 2019					18	<u> </u>
19a	331/3% support tests - 2020. If the organi						
	17 is not more than 331/3%, check this box a						
ь	331/3% support tests - 2019. If the organiz	ation did not o	check a box on	line 14 or line	i ya, and line 16	s more than t	33'/3%, and
	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization did	a not check a	pox on line 14	, 19a, or 19b, o	crieck this box	and see instru	ictions 🕨 🛄

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	e Par	t V.)			
Sect	on A. All Supporting Organizations					
			Yes	No		
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	:				
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	ļ			
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	,	<u> </u>			
	organization was described in section 509(a)(1) or (2).	2	<u> </u>			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b	_			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	: 4a	, ,			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		'			
	despite being controlled or supervised by or in connection with its supported organizations.					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)					
	purposes.	4c				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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?	5a				
_		5b 5c	-			
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	- ور،			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	-		ļ		
,	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	-			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		- 2		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more					
0.0	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a				
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which					
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b				
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	·				
10a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . Was the organization subject to the excess business holdings rules of section 4943 because of section	9с				
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a				
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to					

determine whether the organization had excess business holdings.)

10b

	No. of the second secon			uge C
Part	Supporting Organizations (continued)		V	No
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	'	ľ	, ,
а	11c below, the governing body of a supported organization?	11a		
_		_	 	-
b	A family member of a person described in line 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b	-	
С	detail in Part VI.	110	-	
Secti	on B. Type I Supporting Organizations	11c		L
0001	on b. Type i dupporting digunzations		Yes	No
_	Dallie and the second of the s		103	110
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	' '	[? +]	. 4
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	2.	; ; ,	
	effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported		٠.	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1	١.	
	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	' 1	ا .	٠, ا
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
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		43	: T
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed	لنط	1	
	the supported organization(s)	1		L
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1 3		
	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?	_		:
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	,	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	- 1		- +
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•	By reason of the relationship described in line 2, above, did the organization's supported organizations have	-		
3	a significant voice in the organization's investment policies and in directing the use of the organization's	.		_ 1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			٠-
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(sce ın	struct	ions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	.		, 1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			. 1
	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		احت	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, 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		,	; 1
	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 lines 3a and 3b below.	i2	, .	, 1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or) • 11		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			
	TO US SUBJECTED OFFICIALIZATIONS CIT. THE CHESCRIDE IN MART METINE FOLE DIAMED BY THE OFFICIALIZATION IN THIS FEMARA	26		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
-1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income	ii.Z.Q.t	(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		
	Other expenses (see instructions)	7		ļ
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):	,	* · · · · · · · · · · · · · · · · · · ·	y
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI).			·
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 0.015 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 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	ć	
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 (see instructions)	ally i	ntegrated Type III support	ing organization

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Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	<u> </u>
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-			
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.	h tha avananation is us	7	ļ
8	Distributions to attentive supported organizations to whice (provide details in Part VI) See instructions	n the organization is res	sponsive 8	
9	Distributable amount for 2020 from Section C, line 6	•	9	
10	Line 8 amount divided by line 9 amount		10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.		,	
3	Excess distributions carryover, if any, to 2020			-
a				
b	From 2016			
С	From 2017			
d	From 2018 ~			
е	From 2019			,
f	Total of lines 3a through 3e		, , , , , , , , , , , , , , , , , , , ,	
g	Applied to underdistributions of prior years		•	
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if	1		
	any. Subtract lines 3g and 4a from line 2. For result	ľ		, '
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3 _j and 4c.			
8	Breakdown of line 7:	,	· , · · · · · · · · · · · · · · · · · ·	
a	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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