2

8 2022	
SCANNED APR 1	
SCA	

			Short Form			OMB No. 1545-0047
Form	, <b>9</b> 9	00-EZ	Return of Organization Exempt From	Income	Tax	2020
1 0111			Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code			<u> </u>
			▶ Do not enter social security numbers on this form, as it m	av be made pu	ublic.	Open to Public
Depa	rtment o	of the Treasury	► Go to www.irs.gov/Form990EZ for instructions and the	latest informat	tion 2il 2	Inspection
		nue Service	ar year, or tax year beginning , 2020	, and ending		, 20
	heck if as		C Name of organization 2	, and chang	D Employer is	dentification number ?
_	Address c		Men's Charity Tennis, Inc			31-167183 5
	Name cha	ange	Number and street (or P.O. box if mall is not delivered to street address)	Room/suite	E Telephone r	number
_	nitial retu		5208 Monticello Ave	150	(7!	57) 941-2156
=	inal retur Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exe	emption
=		n pending	Williamsburg, Va	<u> ひり</u>	Number	▶ 2
		ting Method <sup>.</sup>	☐ Cash ☐ Accrual Other (specify) ▶	Н		if the organization is <b>not</b>
	/ebsite	·			•	tach Schedule B
			eck only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1)	or527	(Form 990, 99	00-EZ, or 990-PF).
			Corporation Trust Association Other	more or if tota	al acceta	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or \$500,000 or more, file Form 990 instead of Form 990-EZ	more, or il tota	ii assets	
	art I	. ,,	e, Expenses, and Changes in Net Assets or Fund Balan	ces (see the	instruction	s for Part I) 🔽
	211 6		the organization used Schedule O to respond to any question			
?,	1		ons, gifts, grants, and similar amounts received		. 1	28818
?	2		ervice revenue including government fees and contracts		. 2	
.?	3	_	up dues and assessments		. 3	
?	4		t income		4	
	5a	Gross amo	ount from sale of assets other than inventory 5a	ı [		
	b	Less: cost	or other basis and sales expenses	· [		
:	С		ss) from sale of assets other than inventory (subtract line 5b from	line 5a)	<u>5c</u>	
	6	-	nd fundraising events:		<b>         </b>	RECEIVED
d)	а		ome from gaming (attach Schedule G if greater than	1		LICEIVED
Revenue			6a			MAR 1 8 2021
eve	b		ome from fundraising events (not including \$	of contribution	ons	MAR 1 8 2021
œ			ch gross income and contributions exceeds \$15,000)   6b	. 1		
	c		et expenses from gaming and fundraising events 6c	+		OGDEN, UT
	ď		e or (loss) from gaming and fundraising events (add lines 6a ai	1	btract	
		line 6c) .			6d	
	7a	Gross sale	s of inventory, less returns and allowances			
	b		of goods sold			
'	С		it or (loss) from sales of inventory (subtract line 7b from line 7a)			
	8		nue (describe in Schedule O)			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			28818
	10		d similar amounts paid (list in Schedule O)			39425
	11		aid to or for members			
ses	12		ther compensation, and employee benefits ?			
eï	13		al fees and other payments to independent contractors ?			
Expenses	14 15		y, rent, utilities, and maintenance			860
-	16	-	enses (describe in Schedule O)			2121
	17		enses. Add lines 10 through 16			42406
	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	· · · · ·		-13587.41
Net Assets	19		or fund balances at beginning of year (from line 27, column (A			<u> </u>
Ass			ar figure reported on prior year's return)			16585
et /	20	•	nges in net assets or fund balances (explain in Schedule O) .		<u> </u>	
Ź	21		or fund balances at end of year. Combine lines 18 through 20		▶ 21	2998

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat. No. 10642I

Form **990-EZ** (2020)

2998

21



	art II	Balance Sheets (see the instructio	ns for Part II)				
		Check if the organization used Scheo		nv auestion in this	Part II		🖂
		Ondown the organization does const	<u></u>		(A) Beginning of year		(B) End of year
22	Casl	h, savings, and investments		[	16585	22	2998
23		d and buildings				23	
24		er assets (describe in Schedule O)		[		24	-
25		al assets		[	16585	25	2998
26		al liabilities (describe in Schedule O) .				26	
27		assets or fund balances (line 27 of colu		-	16585	27	2998
Pai	rt III	Statement of Program Service Acc			Part III)		
		Check if the organization used Sched					Expenses
Vha	at is the	organization's primary exempt purpose			<del></del>		quired for section
		ne organization's program service accor		f its three largest n	rogram conuces		(c)(3) and 501(c)(4) anizations, optional fo
		ne organization's program service accor ed by expenses. In a clear and concis				othe	
		nefited, and other relevant information for		c scriices provided	a, the number of		
		sed fund to give to Hospice Support Care		day tennis tourname	ent We raised		
20		8 this year coupled with a late contribution					
	42001	o this year coupled this a late contribution	last your onable a v or it				
.?.	(Grant	te \$ \ \ If this amo	unt includes foreign gra	ants check here	▶ □	28a	3942
29	<u> (Grain</u>	<i>j</i> 11 1110 11110	ant moladoo loroigh gil	zino, onook noro	<u> </u>		
					······		
	(Grant	te \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	unt includes foreign gra	ants check here	▶ □	29a	
30	<u> </u>	<del></del>					1
50		······					
		·····	••••••				
	(Grant	te \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	\Qı ai ii		unt includes foreign ar:	ants check here	▶ □	30a	ıl
24	Other			ants, check here .	▶ □	30a	1
31		program services (describe in Schedule	O)				
	(Grant	program services (describe in Schedule ts \$ ) If this amo	O) unt includes foreign gra	ants, check here	· · · · · · · · · · · · · · · · · · ·	30a 31a 32	1
32	(Grant	program services (describe in Schedule is \$ ) If this amo program service expenses (add lines 2	O)	ants, check here		31a 32	
32	(Grant	program services (describe in Schedule ts \$ ) If this amorprogram service expenses (add lines 2 List of Officers, Directors, Trustees, and	O) unt includes foreign gra 8a through 31a) Key Employees (list eac	ants, check here		31a 32	
32	(Grant	program services (describe in Schedule is \$ ) If this amo program service expenses (add lines 2	O)	ants, check here	pensated—see the	31a 32	
32	(Grant	program services (describe in Schedule is \$ ) If this amo program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Schedule.	O) unt includes foreign gra 8a through 31a) Key Employees (list eac	ants, check here  h one even if not comny question in this  (c) Reportable	pensated—see the II Part IV  (d) Health benefits, contributions to employ	31a 32 nstruc	ctions for Part IV)
32	(Grant	program services (describe in Schedule ts \$ ) If this amorprogram service expenses (add lines 2 List of Officers, Directors, Trustees, and	O)	ants, check here  h one even if not com y question in this  (c) Reportable	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	ctions for Part IV)
32 Pa	(Grant Total rt IV	program services (describe in Schedule ts \$ ) If this amore program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title	O)	ants, check here  h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	ctions for Part IV)
32 Pai	(Grant Total rt IV	program services (describe in Schedule ts \$ ) If this amore program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title	O)	ants, check here  h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc	ctions for Part IV)
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VIIII	(Grant Total rt IV	program services (describe in Schedule its \$ ) If this amo program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title	O)	ants, check here  h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc 	ctions for Part IV)
32 Par Vill Vice	(Grant Total rt IV  llam Berl sident If Koenig e Preside	program services (describe in Schedule its \$ ) If this amo program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title	O)	ants, check here  h one even if not com ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruc 	ctions for Part IV)
VIII Vice	(Grant Total rt IV	program services (describe in Schedule its \$ ) If this amo program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title	O)	ants, check here  h one even if not com ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc 	ctions for Part IV)
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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				ı
			Yes	No	-
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<b>&gt;</b>	- 🔯
35	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		./	-
	<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		V	- -
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~	_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	Œ
37	7a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a				] _
	<b>b</b> Did the organization file Form 1120-POL for this year?	37b		~	_
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were				]_
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	ļ	~	, E
	b If "Yes," complete Schedule L, Part II, and enter the total amount involved	4			
39	````				
	a Initiation fees and capital contributions included on line 9	-			l
	b Gross receipts, included on line 9, for public use of club facilities	4			l
4(	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►				
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958				J
	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		~	_ 6
	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, 4955, and 4958				
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e			ļ
41	List the states with which a copy of this return is filed ▶ Virginia				_
42	2a The organization's books are in care of ▶ William Morrison Telephone no. ▶	75794	12156		
	710 4 5	231	188		_
	Located at ► 5208 Monticello Ave Ste 150  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓	-
	If "Yes," enter the name of the foreign country ▶				Ī
	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? . If "Yes," enter the name of the foreign country ▶	42c		~	-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>-</b> □	<u>,                                     </u>
			Yes	No	7
44	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~	1
	<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~	1
	c Did the organization receive any payments for indoor tanning services during the year?	44c			
	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	44d		_	İ
AF		45a		·	-
40	b Did the organization have a controlled entity within the meaning of section 512(b)(13)?	100	-		İ
	Form 990-EZ. See instructions	45b		V	•

Page 4
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,							Yes	No	
	Did the organization engage, directly or in to candidates for public office? If "Yes," of				ın opposit	ļ <del></del>	_		
Part V				<u> </u>	<u>·</u>	·   46	<u>'</u>	V	1?
	All section 501(c)(3) organization		estions 47-49b and	52, and co	mplete the	e tables	for lin	es	
	50 and 51.	,		·	•				
	Check if the organization used Sc	hedule O to respond	d to any question in	this Part VI	<u> </u>		<u></u>		
							Yes	No	
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par			on in effect o	luring the				
	Is the organization a school as described in			0-1-1-1-5		47		V	12
	Did the organization a school as described li	, ,, ,, ,,	• •			. 48 . 49a		~	?
	If "Yes," was the related organization a se	-	_		•	. 491		~	
	Complete this table for the organization's							d key	
	employees) who each received more than	1 \$100,000 of compe	nsation from the orga	nization. If th	ere is none	e, enter "	None."		
	(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 contributions to benefit plans, a compen	o employee and deferred	(e) Estima other co			
no com	pensation to anyone			1					
				ļ					
<b></b>									
		-, ·	-						
					i				
			<u> </u>						
	Total number of other employees paid ov						<b></b>	41	
	Complete this table for the organization' \$100,000 of compensation from the organ			contractors	wno each	received	ı more	tnan	
			T		(0)	Componer			
	(a) Name and business address of each independ	Heric Contractor	(b) Type of ser	VICE		Compensa	uon		
			_						
		•••••	_						
			-						
			-						
	—								
						-			
	Total number of other independent contra	•		<b></b>					
	Did the organization complete Schedu	ıle A? <b>Note:</b> All se	ection 501(c)(3) orga	inizations mi	ust attach ▲			1-	
	completed Schedule A	· · · · · · · ·	www.ashadulas and staton		oot of my kn	Ye:			
true, corre	naities of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than	eturn, including accompan officer) is based on all info	ormation of which preparer	has any knowled	ge.	owiedge an	u bellet,	11.15	
		<del> </del>			3/17/2	,			
Sign	Signature of officer	<del></del>		Date	<del>-,.,, -,</del>		-		
Here	1 William C. M	25C150N	Sec/TREAS.	ر و (					
	Type or print name and title								
Paid	Print/Type preparer's name	Preparer's signature	Da	ate	Check 🗌	if PTIN			
Prepa	rer	<u> </u>			self-employ	ed			
Use O	only Firm's name ►				s EiN ▶				
Mar de -	Firm's address >	chown chave? See	instructions	Phon		► □ Ve	. 🗆	<u></u>	

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

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2020

Open to Public Inspection

Name of the organization
Men's Charity Tennis, Inc

Employer identification number

vien	s Cr	narity Tennis							7 1635
	rt I				organizations mus				ons.
he	orga	anization is	not a private founda	ition because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1		A church, o	convention of church	hes, or associati	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).	\ (A
2		A school d	escribed in <b>section</b>	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).) <b>(</b>	) - 1
3		A hospital	or a cooperative hos	spital service org	janization described i	n section	170(b)(1	)(A)(iii).	
4	4								
	hospital's name, city, and state:								
5	П	An organiz	ation operated for	the benefit of a	college or university	owned o	r operate	d by a government	al unit described in
	_	•	'0(b)(1)(A)(iv). (Com		,		·		
6					mental unit described	ın sectio	on 170(b)	(1)(A)(v).	
7					tantial part of its sup				the general public
•	ш		in section 170(b)(1)				J-1-1		, <b>3 1</b>
٥					(1)(A)(vi). (Complete	Part II \			
8			•				aratad in	accumention with a l	and grant college
9	ш	An agricuit	urai research organi	ization described	d in <b>section 170(b)(1)</b> iculture (see instruction	(A)(IX) op	erated in	conjunction with a i	the college or
		university:	ly or a non-land-gra	in conege or agr	iculture (see iristructio	inaj. Linte	ii iiie iidii	ic, city, and state of	tric college of
10			ation that normally i	eceives (1) more	than 331/3% of its su	pport fro	m contrib	utions membership	fees, and gross
	لتا	receipts fro	om activities related	to its exempt ful	nctions, subject to ce	rtaın exce	eptions: a	ınd (2) no more than	33 <sup>1</sup> /3% of its
		support fro	om gross investmen	t income and uni	related business taxal	ole incom	ie (less se	ection 511 tax) from	businesses
	_				75. See <b>section 509(</b> a				
11					sively to test for public				
12	Ш				ively for the benefit o				
					ns described in secti				
				-	scribes the type of sur				
ć	1				, supervised, or contr				
					regularly appoint or e			he directors or trust	ees of the
			• •	=	ete Part IV, Sections				
k	)				ed or controlled in co				
					rganization vested in		persons	that control or man	age the supported
		_	* *	-	V, Sections A and C.				
(	;	☐ Type II	I functionally integ	rated. A support	ting organization oper	ated in c	onnection	n with, and functions	ally integrated with,
					ns). You must comp				
(	t				pporting organization				
					nization generally mus				d an attentiveness
		require	ment (see instructio	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
•	•	☐ Check	this box if the organ	ization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III
		functio	nally integrated, or 1	Type III non-func	tionally integrated sur	oporting o	organizat	ion.	
f			mber of supported o						
ç	j P	rovide the f	following information	about the supp	orted organization(s).				
	(ı)	Name of suppo	orted organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ir governing ment?	support (see instructions)	other support (see instructions)
					above (boo mondenemen)			,	,
						Yes	No		
A)									
~, 									,
B)									
			<del></del>						
C)									
				-				,	<del></del>
D)									
E)									

Part							
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
Casti	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Calen	Gifts, grants, contributions, and	(a) 2010	(b) 2017	(6) 2018	(u) 2019	(6) 2020	(i) / Otal
•	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		Ļ	L/	l		
	on B. Total Support	(=) 0016	(b) 2017 /	(a) 2019	(4) 2010	(a) 2020	(6) Total
Calen 7	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the		s first, second	, third, fourth,	or fifth tax ye	ar as a section	
	organization, check this box and stop he				<u> </u>		<b>&gt;</b> 🗀
	on C. Computation of Public Suppor			4.4 1 (0)			
14	Public support percentage for 2020 (line 6					14	<u>%</u>
15 16a	Public support percentage from 2019 Sch 331/3% support test—2020,/if the organi	redule A, Part	check the ho	 . on line 13 ai	 nd line 14 is 33		
IVa	box and <b>stop here.</b> The organization qua						
b	331/3% support test—2019. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	Sa, and line 15	ıs 331/3% or m	ore, check
17a	10%-facts-and-circumstances test – 20	•	•	=			
174	10% or more, and/if the organization meets the organization	eets the facts	-and-circumst	ances test, ch	eck this box a	nd <b>stop here</b> .	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa	acts-and-circui	mstances test,	check this bo	x and <b>stop he</b>	re. Explain
18	Private foundation. If the organization	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	ox and see
	instructions						<b>&gt;</b> 🗆
		<del></del>					0 or 990-EZ) 2020

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

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

	ii the organization falls to qualify	ariadi tilo too	10 110100 2010	т, р.осо ос		• • • • • • • • • • • • • • • • • • • •	
	on A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise	51354	48147	41538	51921	28818	221958
2	sold or services performed, or facilities						
	furnished in any activity that is related to the					i	
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	ŀ					
			+				
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the		I				
	organization without charge						
6	Total. Add lines 1 through 5	51354	48147	41538	51921	28818	221958
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		ŀ				\\
	persons that exceed the greater of \$5,000		1				Į.
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						A
Secti	on B. Total Support	<u> </u>					
	dar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	51534	48147	41538	51921	28818	221958
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business		İ				
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets					}	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	51534	48147	41538	51921	28818	221958
14	First 5 years. If the Form 990 is for the		first, second,	third, fourth,	or fifth tax ye	ar as a section	1 501(c)(3)
	organization, check this box and stop her			<del></del>	· · · ·	· · · · ·	· · • <u></u>
	on C. Computation of Public Suppor			2 column (f)		15	100 %
15	Public support percentage for 2020 (line & Public support percentage from 2019 Sch					16	100 %
16 Section	on D. Computation of Investment Inc			<u> </u>		1 10	
17	Investment income percentage for 2020 (I			v line 13. colur	nn (f)	17	%
18	Investment income percentage from 2019					18	%
19a	331/3% support tests-2020. If the organi	zation did not	check the box	on line 14, an	d line 15 is me	ore than 331/39/	6, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on . 🕨 🔽
b	331/3% support tests-2019. If the organiz	ation did not ch	eck a box on I	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this t	oox and <b>stop he</b>	ere. The organiz	zation qualifies	as a publicly su	ipported organi	zation 🕨 🗹
20	Private foundation. If the organization die	d not check a b	ox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🗌

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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	Par	ι v.)	
Secti	on A. All Supporting Organizations		Tv	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		Yes	No
2	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	1_		
2	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a		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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	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 <b>Part VI</b> , 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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		-
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	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 <b>Part VI.</b>	Ob		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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	10-		
b	supporting organizations)? If "Yes," answer line 10b below  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	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)	1		
	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 officers, 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		<u> </u>
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,	<u> </u>		<b> </b> -
Cooki	supervised, or controlled the supporting organization.	2		L
Section	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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u> </u>	i	
36011	on b. Air Type in Supporting Organizations		Yes	No
4		$\overline{}$	162	140
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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			1
•	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		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see ın		
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			
	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.	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			
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<u> </u>		لنہ
	or its supported organizations in tres, describe in Fart VI the role played by the organization in this regard.	3b		

Part	Y Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru:	st on Nov. 20, 1970 (expl	ain in <b>Part VI</b> ). <b>See</b>
Sect	ion A—Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion BMinimum 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):			
а	Average monthly value of securities	1a	·	
b	Average monthly cash balances	1b		
	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		
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	ally i	ntegrated Type III suppo	rting organization
	(see instructions).			

Part	Type III Non-Functionally integrated 509(a)(3	) Supporting Organi	zations (continue	<u>a)</u>	
Section D—Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instructions.			6	······································
7	Total annual distributions. Add lines 1 through 6. 7  Distributions to attentive supported organizations to which the organization is responsive				
8		n the organization is res	sponsive	_	
	(provide details in <b>Part VI</b> ). See instructions.			$\overline{}$	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	<del></del>	10	/!!!\
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(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			$\dashv$	
<u>a</u>	From 2015			_	
b	From 2016			_	
<u> </u>	From 2017				
<u>d</u>	F 0040		<del></del>		· · · · · · · · · · · · · · · · · · ·
	From 2019			$\dashv$	
f	Total of lines 3a through 3e			$\dashv$	
g h	Applied to underdistributions of prior years  Applied to 2020 distributable amount			$\dashv$	
<u>''</u>	Carryover from 2015 not applied (see instructions)			$\dashv$	
÷	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	<u> </u>	<del></del>		
4	Distributions for 2020 from				
•	Section D, line 7:				
а	Applied to underdistributions of prior years			_	
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
_	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h	·			
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				1
	and 4c.				
8	Breakdown of line 7 <sup>-</sup>			_	<u> </u>
_a	Excess from 2016				<u></u>
b	Excess from 2017			$\dashv$	
С	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.)
•••••	