Form **990-EZ** 

# Short Form $\mathcal{I} \mathcal{O} \mathcal{V}_{\mathcal{O}}$ Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

 $\blacktriangleright$  Do not enter social security numbers on this form, as it may be made public.  $\cdot$ 

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

			2020 calendar year, or tax year beginning garmany 1, , 2020, and ending	10		3/1,20
	$\overline{}$					lentification number
	_	heck if ap	·	-	-	<del></del>
	=	Address cl Name chai	322	フラ E Telep		322679
	$\overline{}$	nitial retur				840-0184
	=		nfterminated 000 -1200ce			
	□,	Amended				emption
		Application				> ?
			-			if the organization is not
		/ebsite		-		tach Schedule B
				-om 9	90, 99	0-EZ, or 990-PF).
	KF	orm of	organization: Corporation Trust Association Other			
			s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets		
			umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	• •	- 9	<u> </u>
	P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in			s for Part I) 🔝
			Check if the organization used Schedule O to respond to any question in this Part I	• •		<u> U</u>
	?	1	Contributions, gifts, grants, and similar amounts received		1	
	?.	2	Program service revenue including government fees and contracts		2	119,629
	2.	3	Membership dues and assessments	• •	3	<u> </u>
	?	4	Investment income		4	
17	,	5a	Gross amount from sale of assets other than inventory			•
$\gamma N$	_	b	Less: cost or other basis and sales expenses			
J.K	$\boldsymbol{\mathcal{C}}$	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	• •	5c	<del></del>
7[ ]	•	6	Gaming and fundraising events:	D.S	- (	11/150
V	ø.	a	Gross income from gaming (attach Schedule G if greater than	-17		IVED
	Revenue	_	\$15,000)			S
	š	b	Gross income from fundraising events (not including \$ of contribution)	s ⊦ዘ	σĭ	2 7021 S
	æ		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)   6b	~~~~		\S
				<del>()</del> (	OF.	N. UT
			Less: direct expenses from gaming and fundraising events 6c	-	THE CO.	14, 01
		ď	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subt line 6c)	ract		
		7-	, i i	• •	6d	
		l .	Gross sales of inventory, less returns and allowances			
		b	Less: cost of goods sold		70	
		C	Other revenue (describe in Schedule O)	• •	7c 8	
	•	8 9	•		9	116 1 20
		10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		10	119,629
22		11	Benefits paid to or for members	٠ . ا	11	110,940
202	Ø	12	Salaries, other compensation, and employee benefits 2		12	10-
ra		13	Professional fees and other payments to independent contractors 2		13	1800
-	en	14	Occupancy, rent, utilities, and maintenance		14	275
	Expense	15	Printing, publications, postage, and shipping		15	1.3.3
FEB			Other expenses (describe in Schedule O) 2		16	
		16	· · · · · · · · · · · · · · · · · · ·		17	113,376
SCANNED	_	17 18	Total expenses. Add lines 10 through 16		18	
Z	əts	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree		10	6253
Z	SS		end-of-year figure reported on prior year's return)		19	4764
$\ddot{\mathbf{c}}$	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	L	20	1101
Š	S	20 21	Net assets or fund balances at end of year. Combine lines 18 through 20			1400
		41	net assets of fullo balances at end of year. Combine lines to through 20		21	1489

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2020)



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Page	7

Part l						
	Check if the organization used Schedule	O to respond to a	ny question in this		<u> </u>	
				(A) Beginning of year	<u> </u>	(B) End of year
	Cash, savings, and investments			1489	22	1489
3	Land and buildings				23	
	Other assets (describe in Schedule O)				24	
	Total assets			1489	25	1489
	Total liabilities (describe in Schedule O)				26	. 0
7	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	1489	27	1489
art I		<b>plishments</b> (see th	e instructions for F	Part III)	}	
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III		Expenses
hat is	s the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
escrib	be the organization's program service accomplis	shments for each o	f its three largest p	rogram services,		anizations; optional
mea	asured by expenses. In a clear and concise m	anner, describe the	e services provided	, the number of	othe	ers.)
erson	s benefited, and other relevant information for ea	ch program title.			<u> </u>	
28					ŀ	
? (G	Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ □	<b>28</b> a	·
9						
					1	
					ľ	
(G	Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ □	<b>29</b> a	1
ס ב						
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					00-	ŀ
(G	Grants \$ ) If this amount	includes foreign gra	ints, check here .	🟲 📙	30a	0 ]
	Grants \$ ) If this amount other program services (describe in Schedule O)		ints, check here .		30a	
1 0	ther program services (describe in Schedule O)				30a	
1 O	other program services (describe in Schedule O) Grants \$ ) If this amount	includes foreign gra	nts, check here	 ▶ □		
1 0 (C 2 T	other program services (describe in Schedule O) Grants \$  otal program service expenses (add lines 28a t	includes foreign grathrough 31a)	ants, check here		31a	
31 O (G 32 T	other program services (describe in Schedule O) Grants \$  If this amount  otal program service expenses (add lines 28a t	includes foreign gra through 31a) . r <b>Employees</b> (list eacl	unts, check here .	▶ □ ▶ Densated—see the	31a 32 instru	ctions for Part IV
31 O (G	other program services (describe in Schedule O) Grants \$  If this amount otal program service expenses (add lines 28a to V  List of Officers, Directors, Trustees, and Key	includes foreign gra through 31a) . r <b>Employees</b> (list eacl	nnts, check here none even if not company question in this	oensated—see the Part IV	31a 32 instru	ctions for Part IV
31 O (G 32 T	other program services (describe in Schedule O) Grants \$  If this amount otal program service expenses (add lines 28a to V  List of Officers, Directors, Trustees, and Key	includes foreign grathrough 31a)  Employees (list each O to respond to an (b) Average hours per week	nnts, check here	pensated—see the Part IV	31a 32 instru	ctions for Part IV
1 0 (C 12 T	other program services (describe in Schedule O) Grants \$ ) If this amount otal program service expenses (add lines 28a to the company of the	includes foreign gra through 31a) .  Employees (list each O to respond to an (b) Average	nnts, check here	pensated—see the Part IV	31a 32 instru	ctions for Part IV
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Part V

AO

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part		
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	Yes	No V
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		V
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		بر
ь	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		معکمان
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b	Did the organization file Form 1120-POL for this year?	37b		سن
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	4		1
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
a b	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		\ \
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Telephone no. ► ZIP + 4 ►	· <b>-</b>		
b	Located at ► 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	.03	V
	If "Yes," enter the name of the foreign country ▶			<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country ▶	42c		V
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	· ·	. )	<b>▶</b> □
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	completed instead of Form 990-EZ	44a		
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		7
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<b> </b>	<u> </u>
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	-		<del>ا</del> لم
AF-	explanation in Schedule O	44d	$\vdash \vdash \vdash$	
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	$\vdash\vdash$	<u>~</u>
J	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45%		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990	-EZ (20	020)						P	age 4
	<b>5</b>				b-b-16	i of our papacit	:	Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," c							1
Part V		Section 501(c)(3) Organizations			· · ·	<del></del>	-   40	ł	10
raitv		All section 501(c)(3) organizations		stions 47–49b a	nd 52. an	d complete the	e tables f	or lin	es
		50 and 51.	,		· · · · · · · · · · · · · · · · · · ·				
		Check if the organization used Sch	nedule O to respond	to any question	in this Pai	rt VI			
			<del></del>					Yes	No
		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec	ction in ef	fect during the	tax 47		V
	•	•	nization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						
		ne organization make any transfers to					. 48 . 49a	1	<u> </u>
		es," was the related organization a se					. 49b		-
		plete this table for the organization's			other than	officers, directo	ors, truste	es, an	d key
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the or	rganizatıor	n. If there is non	e, enter "N	lone."	,
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contrib benefit	Health benefits, utions to employee plans, and deferred compensation	(e) Estimate other con		
					İ				
			-						
	\$100	plete this table for the organization's ,000 of compensation from the organ Name and business address of each independent	nization. If there is no				received Compensati		than
									<del></del>
							<del></del>		
									_
	<del>-</del> -								
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶	<u> </u>	•		
52	Did 1	the organization complete Scheduloleted Schedule A		ction 501(c)(3) o	-	ns must attach	_		No.
Under per	nalties	of perjury, I declare that I have examined this re		ying schedules and stat	tements, and	to the best of my kn			
true, com	ect, an	d complete. Declaration of preparer (other than		rmation of which prepa	rer has any k	<del>-</del>			
Sign	_	Signature of officer  Betty L. Gibbon	v			-   9 Date	- 2021	<u>-</u>	
Here	?	Type or print name and title	is .				<del> · · · · · · · · · · · · · · · · · · </del>		
Paid		Print/Type preparer's name	Preparer's signature		Date Check rf				
Prepa	rer		<u> </u>		self-employe		/ed		
Use O		Firm's name >				Firm's EIN ▶			
May the	2 IDC	Firm's address ► discuss this return with the preparer	shown above? See i	netructions		Phone no.	► ☐ 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.

2020 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(E)

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

ame	of the organization					Employer identification	number
$\mathcal{C}$	ASS COUNTY COUNCI	L ON Agi	NG			45-03220	
Pa							ons.
he	organization is not a private founda						
1							_
2	☐ A school described in section						5
3	A hospital or a cooperative ho						1
4	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 section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned or o	perate	d by a government	al unit described in
6	☐ A federal, state, or local gover	nment or govern	mental unit described	in section	170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8	☐ A community trust described i	n <b>section 170(b)</b>	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:						
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fult t income and uni ifter June 30, 197	nctions, subject to ce related business taxa 75. See <b>section 509(</b> a	rtain excepti ble income ( a)(2). (Compl	ions; a less se lete Pa	nd (2) no more than ection 511 tax) from irt III.)	33 <sup>1</sup> / <sub>3</sub> % of its
11	☐ An organization organized and						
12	An organization organized and of one or more publicly support Check the box in lines 12a through the control of	orted organizatio	ns described in secti	on 509(a)(1)	) or se	ection 509(a)(2). See	section 509(a)(3).
_		•					=
a	the supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a majori			
t	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same pe			
c		rated. A suppor	ting organization ope	rated in conr			lly integrated with,
C	that is not functionally inte	grated. The orga	nization generally mu	st satisfy a d	listribu	ition requirement an	
	requirement (see instruction	•	•				
€	Check this box if the organ functionally integrated, or	iization received Type III non-func	a written determination tionally integrated su	on from the I oporting orga	IRS tha anizatı	at it is a Type I, Type on.	· II, Type III —————
f	Enter the number of supported						
ę	Provide the following information	n about the supp	orted organization(s).			· · · · · · · · · · · · · · · · · · ·	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the organ listed in your go document	verning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
A)							·
B)							
C)							
D)							
_				<del></del>		· · · +	

Part	Support Schedule for Organiza (Complete only if you checked th	ations Descr	ibed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	i) alify under
	Part III. If the organization fails to	gualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	amy andor
Secti	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 received. (Do not include any "unusual grants.")	100246	107790	106743	110,085	119,629	544,493
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					ļ	54449
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				<u>l</u>		1544493
	on B. Total Support	·	•	T	T	T	
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2	2	1	1	l	7
9	Net income from unrelated business activities, whether or not the business is regularly carried on		ı				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				gift 7	\$ 520.00	520
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>	<u> </u>	<u> </u>	527
12	Gross receipts from related activities, etc			l at Suri &		12	504(-\(0\)
13	First 5 years. If the Form 990 is for the organization, check this box and stop he	re					on 501(c)(3)
	on C. Computation of Public Support Public support percentage for 2020 (line			11 column (fl)	<del></del> .	14 /	00 %
14 15 16a	Public support percentage for 2020 (life of Public support percentage from 2019 Sci 33 <sup>1</sup> / <sub>3</sub> % support test—2020. If the organic	hedule A, Part	II, line 14 .			15 /	00 %
b	box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
	this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
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 organization						
b	10%-facts-and-circumstances test—2015 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the facts-and-cir	acts-and-circu rcumstances to	mstances test est. The organ	, check this bo ization qualifie 	ox and <b>stop he</b> s as a publicly	re. Explain supported
18	Private foundation. If the organization	did not check	a box on line	e 13, 16a, 16b	o, 17a, or 17b,	, check this bo	ox and see

Section A Public Support  Calendar year for fiscal year beginning in   ►   (a) 2016	Part	(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	nization failed	to qualify u	ınder Part İl.
Calendar year (or fiscal year beginning in)    Gifts, grans, contributors, and membership fress received. (Do not include any "unusual grants").  Gross receipts from admissions, merchandse sold or services performed, or facilities furnished any area with that related to the organization's face-weapt purpose.  Gross receipts from activities or end an unrelated frade or business under action 513  Tax reveruses levied for 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 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Public support. (Subtract line 7 o from line 6).  Calendar year (or fiscal year beginning in) 9  9 Amounts from line 6  10 Gross amounts from line 6  10 Gross amounts from line 6  10 Gross amounts from line 6  11 Net income from unrelated businesses acquired after June 30, 1975.  c Add lines 10 and 10 b.  11 Net income from unrelated businesses acquired after June 30, 1975.  c Add lines 10 and 10 b.  12 Other income. Do not injudied 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, jif the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support generates form 2019 Schedule A, Part III, line 17  Investment income percentage for 2020 (line 8, column (t), divided by line 13, column (t)).  16 years 33,74%, and line 16 is more than 33,74%, and line 16 is m			under the te	sts listed bel	ow, please co	omplete Part	ll.)	/
1 Gifts, grarks, contributions, and membership fees received. Do not include any runsual grants.) 2 Gross receipts from admissions, merchandee sold or services performed, or facilities furnished in any activity that its related to the originatoris size-exempl purpose. 3 Gross receipts from activities that are not an unrelated roll or the originatoris is the exempl purpose. 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on this behalf or expended on the thing of the organization without charge. 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5. 7 A Amounts included on lines 2 and 3 received from disqualified persons. b Amounts included on lines 12, and 3 received from disqualified persons. b Amounts included on lines 12, and 3 received from disqualified persons. b And lines 7 and 7 b. 6 Public support. (Subtract line 7 6 from line 6.) 8 Public support. (Subtract line 7 6 from line 6.) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities long, exists and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 40, 1975. c Add lines 10 and 10 b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on long the complete or the co			(-) 001C	(h) 0017	(-) 2010	(-0.0010	(-) 0000	V (O Total
received. (Do not include any 'unusual grants.')  Gross receipts from admissions, merchandes sold or services performed, or facilities furnished in any activity that realized to the organization's benefit and either paid to or expended on its behalf  Tax revenues levied for the paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  The value of services or facilities furnished by a governmental unit to the organization without charge  The value of services or facilities furnished by a governmental unit to the organization without charge  The value of services or facilities furnished by a governmental unit to the organization without charge  The value of services or facilities furnished by a governmental unit to the organization without charge  The value of services or facilities furnished by a governmental unit to the organization without charge  The value of services or facilities furnished by a governmental unit to the organization without charge  The value of services or facilities furnished by a governmental unit to the organization without charge  The value of services or facilities  f the value of services or facilities or faciliti			(a) 2016	(b) 2017	( <b>c)</b> 2018	(a) 2019	(e) 2020	(t) lotai
2 Gross receipts from admissions, merchandes sold or services performed, or facilities furnished in any activity that is related to the organization's bare enter purpose.  3 Gross receipts from activities that are not an unrelated rade or business under section 513  4 Tax reverues levied for the organization's benefit and either paid to or expended on its behalf or admission without charge.  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 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 1,2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6.).  9 Amounts from line 6.  10a Gross recome from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources.  b Unrelated business taxable income (less section \$11 taxes) from businesses acquired after June 30, 1975 .  c Add lines 10a and 10b.  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of apital 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 year as a section 501(c)(3) organization, check this box and stop here.  Section D. Computation of Public Support Percentage  15 Public support percentage from 2019 Schedule A. Part III, line 15.  8 Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).  18 Investment income percentage for 2020 (line lock ochours in line 14, and line 15 is more than 33/n%, and li	ı							
sold or services performed, or facilities furnished in any activity that realised to the organization's tax-exempt purpose .  Gross recipits from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the behalf .  5 The value of services or facilities furnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from disqualified persons .  b Amounts included on lines 1, 2, and 3 received from disqualified persons .  b Amounts included on lines 1, 2, and 3 received from disqualified persons .  b Amounts included on lines 1, 2, and 3 received from disqualified persons .  b Amounts included on lines 1, 2, and 3 received from disqualified persons .  b Amounts included on lines 1, 2, and 3 received from disqualified persons .  c Add lines 1 Activities and the service of the security of the service of the security of the service of the security of the service of the security of the security of the service of the securities of the service of the securities of the service of the securities of the service of the securities of the service of the securities of the service of the securities of the service of the securities of the service of the securities of the service of the securities of the service of the securities of the service of the securities of the service of the securities of the service of the securities of t	2						/	<del> </del>
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organization without charge 6  Total. Add lines 1 through 5	•				' /	1		
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information 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.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer Identification number

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