Short Form

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A F	or the	2020 calend	ar year, or tax year beginning , 2020, and endir	-		, 20
В	heck if ap	plicable	C Name of organization ?	D Emp	oyer ide	ntification number
	Address c	hange	SQUAT Media. Inc		46	1439043
	Name cha	inge	Number and street (or P O box if mail is not delivered to street address) Room/suit	te E Telep	hone nur	mber
=	nıtıal retur -	1	1724 E Miles St.		520	-977-1346
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code) F Gro	up Exem	ption
=	Amended Annlicatio	n pending	Tucson AZ 85719	. 1	nber ▶	
		ting Method	☐ Cash ☐ Accrual Other (specify) ►	H Check	► V if	the organization is not
	Vebsite	-	.squatmedia.org			ch Schedule B
			eck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			EZ, or 990-PF)
				(1 01111 3	30, 330	22, 01 330 117
		organization	✓ Corporation ☐ Trust ☐ Association ☐ Other 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total accete		
			S500,000 or more, file Form 990 instead of Form 990-EZ	ioiai asseis		
				11	\$	(D)
ľ	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see		ctions '	for Part I)
_			the organization used Schedule O to respond to any question in this Pa	art I		<u> </u>
?	1		ons, gifts, grants, and similar amounts received		1	15,840
?	2	Program s	ervice revenue including government fees and contracts		2	0
.?_	3	Membersh	ip dues and assessments		3	0
7	4	Investment	t income		4	0
	5a	Gross amo	ount from sale of assets other than inventory 5a	0		
	b	Less. cost	or other basis and sales expenses	0	1	
	С	Gain or (los	ss) from sale of assets other than inventory (subtract line 5b from line 5a) .		5c	0
	6	•	d fundraising events			
e le	a	-	ome from gaming (attach Schedule G if greater than		i l	
	"	\$15,000)		0	!!!	
Revenue	h		me from fundraising events (not including \$ of contrib	utions	ľ	
ě	b		aising events reported on line 1) (attach Schedule G if the	utions	h	
α				^		
				<u> </u>	1	
	C		t expenses from gaming and fundraising events 6c		{	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract		_
		line 6c) .		•	6d	0
	7a		s of inventory, less returns and allowances		ļ ļ	
	b	Less. cost	of goods sold			
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)	1	7c	0
	8	Other reve	nue (describe in Schedule O)	VFV-	8	0
co	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 / 🗸 🗸 📈 👝 📜		/9	15,840
Ö	10	Grants and	d similar amounts paid (list in Schedule O)	12. 7.01	10	0
₽	11	Benefits pa	aid to or for members		11	0
S	12	Salaries, o	ther compensation, and employee benefits 🛭	~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12	0
Τğ	13	Profession	al fees and other payments to independent contractors 🛭 💢 🔾	7. */	13	15,974
J e	14	Occupanc	y, rent, utilities, and maintenance	· / .	14	1199
AVEXPENSENNA AVEXPENSENNA	15		ublications, postage, and shipping	~	15	
₹	16		enses (describe in Schedule O) 🛂	•	16	
	17		enses. Add lines 10 through 16		17	17,173
>	18		(deficit) for the year (subtract line 17 from line 9)		18	-1,333
ats.	19		or fund balances at beginning of year (from line 27, column (A)) (must a		13	-1,333
Assets 1	'3		r figure reported on prior year's return)	-	10	0 504
* \ \ \	00				19	8,591
Net	20		nges in net assets or fund balances (explain in Schedule O)		20	
_	21	ivet assets	or fund balances at end of year Combine lines 18 through 20	🟲	21	7,258

	Balance Sheets (see the instructions f	•		5		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		
	Cook comments and investments		-	````````		nd of year
2	Cash, savings, and investments			· 8591		7258
3	Land and buildings				23	
4	Other assets (describe in Schedule O)			<u>_</u>	 	7250
5	Total assets			8591		7258
6	Total liabilities (describe in Schedule O)		<u> </u>	0		7050
7	Net assets or fund balances (line 27 of column			8591	27	7258
<u> </u>	Statement of Program Service Accom Check if the organization used Schedule	•		•	Ex	penses
na			arch for reproductive			for section
rs	cribe the organization's program service accomplismeasured by expenses. In a clear and concise means benefited, and other relevant information for ea	anner, describe the ach program title.				and 501(c)(4) ons, optional fo
В	Conducted wide-ranging study of home health care	providers			j	
	48040			······		45.054
2	(Grants \$ 15840) If this amount	includes foreign gra	ants, check here	▶ ⊔	28a	15,974
9						
	maintained web site					
	(Outside the Control of the Control				00-	4.64
_	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	29a	100
D						
					.	
			ants, check here .		30a	
1	Other program services (describe in Schedule O)					
			ants, check here .		31a	
	Total program service expenses (add lines 28a t	through 31a)				16,074
					32	-,-
311	List of Officers, Directors, Trustees, and Key	/ Employees (list eac	h one even if not com	pensated—see the i		-,-
ēl!	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	/ Employees (list eac	h one even if not com ny question in this	pensated-see the i Part IV		-,-
E.Li		/ Employees (list eac	n one even if not com ny question in this (c) Reportable 2 compensation (Forms W-2/1099-MISC	pensated—see the I Part IV	ree (e) Estim	s for Part IV)
	Check if the organization used Schedule	C to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation	pensated—see the I Part IV (d) Health benefits, contributions to employ	ree (e) Estim	s for Part IV)
ıra	Check if the organization used Schedule (a) Name and title ah Tarver-Wahlquist	C to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable 2 compensation (Forms W-2/1099-MISC	pensated—see the I Part IV	ree (e) Estim	s for Part IV)
ara	Check if the organization used Schedule	C to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable 2 compensation (Forms W-2/1099-MISC	pensated—see the I Part IV	ree (e) Estimother of	s for Part IV)
ol	Check if the organization used Schedule (a) Name and title ah Tarver-Wahlquist ly Dutton Kenny	C to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable 2 compensation (Forms W-2/1099-MISC	pensated—see the I Part IV	ree (e) Estim	s for Part IV)
ol!	Check if the organization used Schedule (a) Name and title ah Tarver-Wahlquist	C to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable 2 compensation (Forms W-2/1099-MISC	pensated—see the I Part IV	nstructions . ree (e) Estimother of	s for Part IV)
ol	Check if the organization used Schedule (a) Name and title ah Tarver-Wahlquist ly Dutton Kenny	C to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable 2 compensation (Forms W-2/1099-MISC	pensated—see the I Part IV	ree (e) Estimother of	s for Part IV)
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ol!	Check if the organization used Schedule (a) Name and title ah Tarver-Wahlquist ly Dutton Kenny	C to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable 2 compensation (Forms W-2/1099-MISC	pensated—see the I Part IV	nstructions . ree (e) Estimother of	s for Part IV)
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oll	Check if the organization used Schedule (a) Name and title ah Tarver-Wahlquist ly Dutton Kenny	C to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable 2 compensation (Forms W-2/1099-MISC	pensated—see the I Part IV	nstructions . ree (e) Estimother of	s for Part IV)
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ra oli	Check if the organization used Schedule (a) Name and title ah Tarver-Wahlquist ly Dutton Kenny	C to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable 2 compensation (Forms W-2/1099-MISC	pensated—see the I Part IV	nstructions . ree (e) Estimother of	s for Part IV)

Part V

34

35a

b

С

36

37a

38a

b

b 39

> а b

40a

b

C

0-EZ (2020)		Р	age 3	}
Other Information (Note the Schedule A and personal benefit contract statement requirements	in th		-90 -	•
instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	٧ .		
		Yes	No	-
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		~	- 2
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		~	-
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	—		-
If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b			-
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	350			-
during the year? If "Yes," complete applicable parts of Schedule N	36		1	2
Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	-00			وي ا
Did the organization file Form 1120-POL for this year?	37b		~	
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were	0.2			Í
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~	2
If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b				i —
Section 501(c)(7) organizations. Enter:				
Initiation fees and capital contributions included on line 9				
Gross receipts, included on line 9, for public use of club facilities				
Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.				
section 4911 ► ; section 4912 ► ; section 4955 ►				
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	\vdash	-	, i
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				
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line				
40c reimbursed by the organization				
All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter				
transaction? If "Yes," complete Form 8886-T	40e			
List the states with which a copy of this return is filed ▶				-
The organization's books are in care of ▶ Telephone no. ▶				-
				_
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		>	7
If "Yes," enter the name of the foreign country ▶				1
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		~	-

49 Se 40 ΑII tra Lis 42a Th Lo b At a f If ' Se Fir At If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 🗆 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 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? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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

Form 99	n-E7 (2020)						Boos /
46	Did t	the organization engage, directly or i			behalf of or	ın opposit		
Part	_	Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	s Only ns must answer que	stions 47-49b and		mplete th	· 46 e tables f	🗆
47		the organization engage in lobbying? If "Yes," complete Schedule C, Pa		section 501(h) electio			tax . 47	Yes No
48 49a b 50	Is the Did to If "Y"	e organization a school as described in the organization make any transfers the es," was the related organization a supplete this table for the organization's soloyees) who each received more that	n section 170(b)(1)(A)(i to an exempt non-cha ection 527 organizatio s five highest compen	intable related organiz on? sated employees (oth	zation? er than offic	ers, directo	. 48 49a 49b ors, truste	es, and key
	(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 benefit plans, comper	to employee and deferred		ed amount of npensation
None							-	
							-	
f 51	Com	Il number of other employees paid over the organization 0,000 of compensation from the orga	's five highest compe	ensated independent	contractors	who each	received	more than
) Name and business address of each indepen	dent contractor	(b) Type of serv	ice	(c)	Compensati	on
Scient	ific ar	nd Technical Consulting		Research coordinatio implementation	n and			15,974
						- .	_	
d 52		I number of other independent contr	-	· ·	>		0	
	com	pleted Schedule A	<u></u>	<u> </u>	<u></u>	<u> l</u>	► 🗹 Yes	
true, co	rect, a	s of perjury, I declare that I have examined this nd complete. Declarating of preparer (other that	n officer) is based on all info	ying schedules and stateme ormation of which preparer h	ents, and to the has any knowled	best of my kr	nowledge and	r pelief, it is
Sign Here	?	Signature of officer Sarah Tarver-Wahlquist		5/29/21	Date	<u> </u>	1	
		Type or print name and title Print/Type preparer's name	Preparer's signature	Da	te		PTIN	

Print/Type preparer's name

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Firm's address ▶

Paid

Preparer Use Only

► ☐ Yes ☐ No

Check if self-employed

Fırm's EIN ▶

Phone no

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.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

SQUAT Media Inc

Employer identification number 461439043

Par							ons.	
The c	organization is not a private foundate							
1	A church, convention of church						\sim	
2	A school described in section						501	
3	A hospital or a cooperative hos	pital service org	anization described in	n section	170(b)(1)(A)(III).	/ :::\	Se tha
4	A medical research organization 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.)							
6 7								
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)				
9	An agricultural research organizor university or a non-land-granuniversity	nt college of agri	iculture (see instructio	ns). Ente	r the nam	ne, city, and state of	the co	llege or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fui income and uni	nctions, subject to ce related business taxal	rtain exce ole incom	eptions; a ie (less se	ind (2) no more than ection 511 tax) from	331/39/	of its
	An organization organized and							
12	☐ An organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	inctions of, or to car	ry out	the purposes
	of one or more publicly suppo Check the box in lines 12a throi	rted organization ugh 12d that des	ns described in secti scribes the type of sup	on 509(a porting c)(1) or se organizatio	ection 509(a)(2). Secon and complete line	e secti es 12e,	on 509(a)(3). 12f, and 12g.
а	Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	Type II. A supporting organ control or management of to organization(s). You must o	he supporting o	rganization vested in	the same				
С	Type III functionally integrits supported organization(s	rated. A support	ting organization oper	ated in c	onnection	n with, and functiona	ally inte	grated with,
d							orted o	rganization(s)
u	that is not functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	d an at	tentiveness
е	Check this box if the organ functionally integrated, or T						e II, Typ	oe III
f	Enter the number of supported of	organizations .						
g	Provide the following information	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))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
				Yes	No			
(A)								भर
(B)								
(C)								
(D)								
(E)								
_							 	

	(Complete only if you checked the Part III. If the organization fails to						ilify under
Section	on A. Public Support	quality dride	i the tests his	ited below, pr	case comple	to i art iii.j	
_	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(6) 2017	(0) 2010	(4) 2013	(6) 2020	(i) Total
•	membership fees received (Do not			İ			_/
	include any "unusual grants.")	500	10,000	61,696	30,713	15,840	118,249
_	· · · · · · · · · · · · · · · · · · ·	500	10,000	01,030	30,7 13	13,040	1/10,249
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	500	10000	61696	30713	15840	118249
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				/	i	
	line 1 that exceeds 2% of the amount]	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			/			118249
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	/(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	500	10000	61696	30713	15840	118249
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		·		ĺ		
10	• •	- / 		_			
10	Other income. Do not include gain or loss from the sale of capital assets	/					
	(Explain in Part VI.)						•
4.4		<u> </u>					440040
11	Total support. Add lines 7 through 10	(· · t · · · - t · ·		L			118249
12	Gross receipts from related activities, etc					12	504/ \/0\
13	First 5 years. If the Form 990 is for the						
O = -1:	organization, check this box and stop he			<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	· · · ·	. ▶ ☑
	on C. Computation of Public Suppor			4.4			
14	Public support percentage for 2020 (line		-			14	<u>%</u>
15	Public support percentage from 2019 Sch					15	<u> %</u>
16a	331/3% support test - 2020. If the organi						
	box and stop here. The organization qua	•		•			· · • 🟲 🗀
b	331/3% support test /2019. If the organi					is 331/3% or mo	ore, check
	this box and stop here. The organization	qualifies as a j	publicly suppo	rted organizati	on		. ▶ 🔲
17a	10%-facts-and-cj/cumstances test - 26	-					
	10% or more, and if the organization m	eets the facts	-and-circumsta	ances test, che	eck this box a	nd stop here.	Explain in
	Part VI how the organization meets the	facts-and-circ	umstances tes	st The organiz	ation qualifies	as a publicly	supported
	organization						. ▶ □
b	10%-facts-and-circumstances test -2	019. If the ora:	anization did n	ot check a box	x on line 13. 1	6a, 16b. or 17a	a, and line
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
	organization						▶ □
18	Private foundation. If the organization	did not check		13, 16a, 16b.	17a, or 17b.	check this bo	x and see
-	Instructions			-,,,	., =:,		▶ □

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees				,		
	received (Do not include any "unusual grants")	500	10000	61696	30713	15840	118249
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						118249
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						
8 8	Add lines 7a and 7b						118249
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	500	10000	61696	30713	15840	118249
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						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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)	500	10,000	61696	30713	15840	118249
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	re <u>.</u> .	•			ar as a section	
Secti	on C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2020 (line 8	3, column (f), di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2019 Sch			<u> </u>		16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2020 (line 10c, colum	n (f), dıvıded b	y line 13, colui	mn (f))	17	
18	Investment income percentage from 2019					18	<u>%</u>
19a	331/3% support tests—2020. If the organ						
	17 is not more than 331/3%, check this box						
b	33 ¹ / ₃ % support tests – 2019. If the organize line 18 is not more than 33 ¹ / ₃ % check this 18						
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a. or 19b, c	heck this box	and see instruc	

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.)

<u>Secti</u>	on A. All Supporting Organizations			
	the first of the second of the	-	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 of this toric and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		_	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	2 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.	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 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)	5a		
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 inore 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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 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.	9a 9b		-
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below	10a	<u> </u>	
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	 	-

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
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		
b	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		
Secti	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) 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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supportation	2		
Secti	on C. Type II Supporting Organizations		V = -	NI.
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
<u> </u>		1		<u> </u>
Secti	on D. All Type III Supporting Organizations		Vaa	No
			Yes	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	l		i
	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		
^	•	<u> </u>		1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how]
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
•				i
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		L
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	nstru	ction	s)
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	(see II.	$\overline{}$	
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			i
	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	<u> </u>	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,		1	
	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		ļ
3	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 Part VI .	3a		Ļ,
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	3b	<u></u>	

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Control of	gan	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	g tru nizat	st on Nov. 20, 1970 (<i>exp.</i> lions must complete Sec	lain in Part VI) See tions A through E.
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 B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
Ċ	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		-
e	Discount claimed for blockage or other factors (explain in detail in Part VI).			
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	l	-
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 (see instructions).	ally ı	ntegrated Type III suppo	rting organization

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	d)	
Sect	ion D—Distributions				Current Year
2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted	1	
		occo of cupported orga		3	
3 4	Administrative expenses paid to accomplish exempt purp Amounts paid to acquire exempt-use assets	oses of supported orga	inizations	4	
5	Qualified set-aside amounts (prior IRS approval required-	nrovide details in Part	1//\	5	
$\frac{-3}{6}$	Other distributions (describe in Part VI). See instructions.		<i>VI</i>)	6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive		
	<u> </u>			8 9	
9 10	Distributable amount for 2020 from Section C, line 6			10	
	Line 8 amount divided by line 9 amount ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior 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		negdom/membership		***************************************
a	From 2015				
b	From <u>2016</u>				
c	From 2017				
d	From 2018				
<u>e</u>	From 2019				
f	Total of lines 3a through 3e	7.00.000			
<u>g</u>	Applied to underdistributions of prior years	• • • • • • • • • • • • • • • • • • • •			
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u>	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. \$				
a	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 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 <i>Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c				
8	Breakdown of line 7				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019	1			
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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