2949200812406

OMB No 1545-0047

2020

Department of the Treasury Internal Revenue Service

# **Short Form Return of Organization Exempt From Income Tax**

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

▶ 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	For the	2020 calenda	ar year, or tax year beginning , 2020, and ending			, 20		
В	Check if ap	oplicable	C Name of organization ?	D Empl	oyer ı	dentification number ?		
	Address c	change	Riverside Athletic Booster Club, Inc	47-237456 🤣				
닏	Name cha	•	Number and street (or P O box if mail is not delivered to street address) ? Room/suite	E Telephone number				
님	Initial retui		19019 Upper Belmont Place		7	03-624-2524		
₹	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	јр Ех	emption		
=	Application		Leesburg, VA 20176	Nun	nber	▶ 2		
G	Account	ting Method	☐ Cash ☑ Accrual Other (specify) ► H	Check I	▶ 🗹	if the organization is not		
ı١	<b>V</b> ebsite	:: ▶				tach Schedule B		
Jĩ	ax-exen	npt status (che	ck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◄ (insert hb.) 🛅 -947(a)(1) ∪r 🔲 527	(Forn 9	90, ba	30-⊭∠, or 990-, ₹). ¹		
ΚI	Form of	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other					
L A	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets				
(Pa	rt II, colu	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		▶ ;	\$		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ction	s for Part I) 2		
			the organization used Schedule O to respond to any question in this Part					
?	1		ns, gifts, grants, and similar amounts received		1	28669		
?	2	Program se	ervice revenue including government fees and contracts		2			
?		Membershi	p dues and assessments		3	840		
?	4	Investment	income		4			
	5a	Gross amo	unt from sale of assets other than inventory   5a	8527				
	b	Less: cost	or other basis and sales expenses	7313				
	С	Gain or (los	5c	1214				
	6		d fundraising events:					
	а	Gross inco	ome from gaming (attach Schedule G if greater than					
E		\$15,000) .						
Revenue	b	Gross inco	ons					
Ŗ	1	from fundra						
	1	sum of suc	h gross income and contributions exceeds \$15,000)   6b					
	С	Less: direct	t expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract				
		line 6c) .			6d			
	7a	Gross sales	of inventory, less returns and allowances					
	b	Less: cost	of goods sold					
	С		t or (loss) from sales of inventory (subtract line 7b from line 7a)	· [	7c			
	8		nue (describe in Schedule O) RECIEVED	. [	8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	30723		
	10		similar amounts paid (list in Schedule O)	} <b>}</b>	10	47828		
	11	•	id to or for members	) ·	11			
ses	12		her compensation, and employee benefits 🔞	{	12	<u></u> _		
eñ	13	Professiona	al fees and other payments to independent contractors GDEN; UT.	·	13			
Expenses	14	Occupancy	, rent, utilities, and maintenance	┛ [	14			
ш	15	Printing, pu	blications, postage, and shipping	[	15	122		
	16	Other expe	nses (describe in Schedule O) 🛂	[	16			
	17	Total expe	nses. Add lines 10 through 16		17	47950		
ţ	18		deficit) for the year (subtract line 17 from line 9)	[	18	(17227)		
sse	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree					
Net Assets			figure reported on prior year's return)		19	120990		
Ş	20	Other chang	ges in net assets or fund balances (explain in Schedule O)	[	20	0		
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶	21	103763		

Pai	t II	Balance Sheets (see the instructions for Par	rt II)				
		Check if the organization used Schedule O to r	espond to ar	ny question in this	Part II		🗆
					(A) Beginning of year		(B) End of year
22	Casl	n, savings, and investments		[	192038	22	104308
23	Land	l and buildings				23	
24	Othe	er assets (describe in Schedule O)		[	1906	24	2271
25	Tota	lassets		[	192944	25	106579
26	Tota	Il liabilities (describe in Schedule O)		[	72953	26	281
27		assets or fund balances (line 27 of column (B) mu		}	120990	27	103763
ari		Statement of Program Service Accomplishm	nents (see th	e instructions for I	Part III)		
		Check if the organization used Schedule O to r	espond to ar	ny question in this	Part III		Expenses
/hat	is the	organization's primary exempt purpose? Suppo	rt athletic tear	n and school progra	ms		equired for section 1(c)(3) and 501(c)(4)
<b>6</b> 90	rihe th	e organization's program service accomplishment	ts for each of	f its three largest o	rogram services		janizations, optional fo
		d by expenses. In a clear and concise manner,				oth	ers.)
		nefited, and other relevant information for each pro		•	,		
28	Schola	ırships					
				***************************************			
				••••			
?	(Grant	s \$ ) If this amount include	es foreign gra	nts, check here .	▶ 🗆	288	a 6000
29	<del></del>	c team requests					
	(Grant	s\$ ) If this amount include	es foreign gra	nts. check here .	• 🗖	298	1084
	<u></u>	Lablada a sana a ta					- 100
		I atnietic requests					
							İ
	(Grant	s\$ ) If this amount include	es foreign gra	nts check here	▶ □	30a	30980
	<del></del>					-	3070
	(Grant	•				312	
		program service expenses (add lines 28a through				32	
	V	List of Officers, Directors, Trustees, and Key Emplo					
		Check if the organization used Schedule O to re				i3ti u	
				(c) Reportable ?	(d) Health benefits.	Ť	· · · · · · · · · · · · · · · · · · ·
			) Average Irs per week	compensation (Forms W-2/1099-MISC)	contributions to employe		
		devot	ed to position	(if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
atric	ia Flvr	n, President		· · · · · · · · · · · · · · · · · · ·		+	
			5	C		٥	c
uar	t Logai	n, Treasurer				+	
			10	O		0	,
ott	Cook	Vice President			<del>                                     </del>	+	
			5	O		0	,
	Walte	, Secretary				+	
		,	5	O		0	,
						<del>" </del>	
					-	+	<del>-</del>
				<del>-</del>	<del>                                     </del>	+	<del></del>
	- <b>-</b>						
_	_				<del>                                     </del>	+	
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						1	

Pari	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			. 🗀
	, , , , , , , , , , , , , , , , , , , ,		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		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		,
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		~
b c	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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V
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 b 38a		37b 38a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ь 39	The second of th			
a b 40a	Initiation fees and capital contributions included on line 9			
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		<u> </u>
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		<u> </u>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ►  Located at ►  Telephone no. ►  ZIP + 4 ►	·		
b	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)?  If "Yes," enter the name of the foreign country	42b	Yes	No V
	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	1	
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	· .	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	T.	7
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	du soğ	✓ ✓
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓ ✓
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<mark>ン</mark>

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Page	-

								Yes	No
46	Did the organization engage,	directly or ii	ndirectly, in political c	ampaign activities o	n behalf of d	or in opposi	tion 📗		
	to candidates for public office	e? If "Yes,"	complete Schedule C	, Part I		<u> </u>	. 4	6	~
Part '	VI Section 501(c)(3) Org	ganization	s Only			,		-	
	All section 501(c)(3) o	rganızatior	is must answer que	stions 47-49b and	152, and co	omplete th	e tables	s for lin	es
	50 and 51.								
	Check if the organization	on used Sc	hedule O to respond	to any question in	this Part VI	<u> </u>	<u> </u>		<u>,                                    </u>
							<del></del>	Yes	No
47	Did the organization engage			• •		during the	tax		
	year? If "Yes," complete Sche						. 4	7	<b>'</b>
48	Is the organization a school as							8	<b>'</b>
49a	Did the organization make an				ızatıon? .		. 49	)a	~
b	If "Yes," was the related orga						. 49		1
50	Complete this table for the or	ganızatıon's	five highest compen	sated employees (ot	her than offi	cers, direct	ors, trus	tees, an	ıd key
	employees) who each receive	ed more than	1 \$100,000 of comper	nsation from the orga	anization. If t	there is non	e, enter	"None."	•
			(b) Average	(c) Reportable		n benefits,			
	(a) Name and title of each employ	ee	hours per week	compensation	benefit plane	s to employee , and deferred		ated amou compensate	
			devoted to position	(Forms W-2/1099-MISC		ensation	0	omponou	
-									
								-	
f	Total number of other employ	ees paid ov	er \$100.000	. >					
51	Complete this table for the c	•		ensated independent	t contractor	s who each	receive	d more	than
	\$100,000 of compensation from	om the orga	nization. If there is no	ne, enter "None."					
	(a) Name and business address of	each indepen	dent contractor	(h) Tupo of por		(-)			
	(a) Name and business address of	each independ	Jen Contractor	(b) Type of ser	vice	(6)	) Compens	ation	
		•••••							
							·		
		·						<del></del>	
	•		•••••						
d	Total number of other indeper	ndent contra	actors each receiving	over \$100,000	<b>•</b>	l			
52	Did the organization comple		•	•	nizatione n	nuet attack			
	completed Schedule A			chon son(c)(s) orga	inizations i		►	es 🗆 N	No.
Under pe	enalties of perjury, I declare that I have	examined this i	return including accompany	ung schedules and statem	ents and to the	best of my kr			
true, con	rect, and complete Declaration of prep	arer (other than	officer) is based on all info	rmation of which preparer	has any knowle	edge	iowiedye a	na bellet,	It is
					· · · · · · · · ·	dayl	<u> </u>		
Sign	Signature of officer	tor~			Dat	· 2/28	<del>&amp;2 -</del>		
Here	_   • • • • • • • • • • • • • • • • • •	er \				y 4	•		
	Type or print name and title		<del></del> .	<del></del>			<del></del> -		
<u></u>	Print/Type preparer's name		Preparer's signature	T	ate	T	. PTIN		
Paid						Check L	ıf		
Prepa	l <b>–</b> •		<u> </u>		Τ_	<u> </u>	yeu		
Use C			<del></del>			n's EIN ▶			
May th	Firm's address ▶ ne IRS discuss this return with t	the preparer	shown above? See "	netructions	Pho	ne no.	- [] V-		<u></u>
iviay III	ie ir to diacuaa triia returri With I	me hiehaiei	SHOWIT ADOVE! SEE II	istructions	<u> </u>	1	► 🗹 Ye	:s:∟∐N	No

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

Employer identification number

Open to Public Inspection

Rive	rside Athletic Booster Club, Inc.					47-23	3/4568				
Pa	Reason for Public Cha	rity Status. (Al	l organizations mus	t compl	ete this	part.) See instructi	ons.				
The	organization is not a private founda	ation because it i	is: (For lines 1 through	n 12, che	ck only o	ne box.)					
1	A church, convention of churc	hes, or associati	ion of churches descr	ibed in s	ection 17	70(b)(1)(A)(i).	~a				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3	A hospital or a cooperative ho										
4	A medical research organization						(iii). Enter the				
	hospital's name, city, and state	e <sup>.</sup>	•	."							
5	An organization operated for		college or university	owned o	or operati	ed by a governmen	tal unit described	in			
	section 170(b)(1)(A)(iv). (Com										
6	A federal, state, or local govern										
7	An organization that normally			port fron	n a gover	mmental unit or fron	n the general pub	liC			
	described in section 170(b)(1)										
8	A community trust described in	n section 170(b)	)(1)(A)(vi). (Complete	Part II.)							
9	An agricultural research organ							;			
	or university or a non-land-gra university.	nt college of agr	riculture (see instruction	ons). Ente	er the nar	ne, city, and state o	f the college or				
10	An organization that normally in the control of	eceives (1) more	than 331/3% of its su	ipport fro	m contril	outions, membership	fees, and gross				
	receipts from activities related support from gross investmen	to its exempt fu	nctions, subject to ce	rtain exc	eptions;	and (2) no more than	1 331/3% of its				
	acquired by the organization a	fter June 30, 197	75. See <b>section 509</b>	bie incon 3 <b>/2)</b> . (Co	ne (less s molete P:	ection 5 i i tax) from art III )	businesses				
11	An organization organized and				-	•					
12	☐ An organization organized and	-	•			, , , , ,	rn, out the nurnes	05			
	of one or more publicly suppo										
	Check the box in lines 12a thro										
-					_	•		_			
а	the supported organization							}			
	supporting organization. Ye					ine directors or trust	lees of the				
	_ `` ` `		-								
b	71										
	control or management of				e persons	that control or man	age the supported	រ			
	organization(s). You must	•	•								
C	Type III functionally integ its supported organization(						ally integrated with	١,			
d			· ·				artad arganization	(م)			
	that is not functionally integ										
	requirement (see instruction	-		•		•	id all attentiveness	5			
_	<u> </u>	•	-		-						
е	Check this box if the organ functionally integrated, or 1						e II, Type III				
f	Enter the number of supported of	-	monany integrated sup	oporting .	organizat	Ю11.		$\neg$			
g		•	orted organization(s)				•	Ш			
	·		(iii) Type of organization	T	organization	(v) Amount of monetary	(vi) Amount of				
	(v) realise of supported organization	(17 2.11	(described on lines 1–10	listed in you	ur governing	support (see	other support (see				
			above (see instructions))	docu	ment?	instructions)	instructions)				
				Yes	No						
(A)				ł							
			<u> </u>					_			
(B)											
			·- · · · · · · · · · · · · · · · · · ·								
(C)											
<b>(D)</b>				l				_			
(D)	1	<b>.</b>			1						
							· ··· · · · · · · · · · · · · · · · ·	_			
(E)											
<del>-</del>					l			_			

Co. 4	(Complete only if you checked to Part III. If the organization fails to	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
	on A. Public Support	(a) 001C	(L) 0017	1 (-) 0010	(4) 0010	(=) 0000	(0 T-+-)
	idar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	(e) 2020	(f) Total
1	membership fees received. (Do not						
	include any "unusual grants.")	NA.				٠,	
2	Tax revenues levied for the	144					
~	organization's benefit and either paid to						
	or expended on its behalf			i.			
•	The value of services or facilities						
3	furnished by a governmental unit to the			l .			
	organization without charge	r		,			
4	Total. Add lines 1 through 3						
-	•	1. 电影影 (1.0 EU ) 电影	APPENDED AND THE	Paragraph Active	EXCENTIVE TRESPLEZAÇÃ	STATE OF STREET	
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on	<b>新疆岛。</b> 公司					
	line 1 that exceeds 2% of the amount		<b>设施工程</b> 化硫基				
	shown on line 11, column (f)	<b>经验证证</b>					
6	Public support. Subtract line 5 from line 4		Part and and a			THE TALK THE PARTY OF	<del></del>
	on B. Total Support	or an amount of the same of the same	Basel State State William 1 State 1 State	- AMERICA AND ROLL OF ROLL	and the second control of the second	Care service services	
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from					•	
r	similar sources						
9	Net income from unrelated business-		<i>/.</i> '	'			
	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		質視が、指定を			例以此時代論說	District Annie	
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	organization's	s first, second	, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he	re					<u> ▶ □</u>
	on C. Computation of Public Suppor				<del></del>		
	Public support percentage for 2020 (line					14	<u>%</u>
15	Public support percentage from 2019 Sch					15	%
16a	331/3% support test 2020. If the organization gua	ization did not	check the box	on line 13, ar	ia iine 14 is 33	1/3% or more,	check this
b	box and stop here. The organization qua 331/3% support test — 2019. If the organi						
J	this box and <b>stop here</b> . The organization	qualifies as a p	oublicly suppor	rted organizati	a, and line 15 i	s 33'/3% or mo	ore, cneck
17a	10%-facts-and-circumstances test-20						_
,	10% or more, and if the organization m	eets the facts-	and-circumsta	ances test, che	eck this box ar	nd stop here.	Explain in
	Part VI how the organization meets the	facts-and-circu	ımstances tes	t. The organiz	ation qualifies	as a publicly	supported
							▶ □
b	10%-facts-and-circumstances test-20	<b>019.</b> If the orga	inization did n	ot check a box	c on line 13 10	6a. 16b. or 17a	a. and line
	15 is 10% or more, and if the organizatio	n meets the fa	cts-and-circun	nstances test.	check this box	and stop her	e. Explain
	Part VI how the organization meets the	e facts-and-circ	cumstances te	st. The organiz	zation qualifies	as a publicly	supported
/	organization						
18/	Private foundation. If the organization of	did not check	a box on line	13, 16a, 16b,	17a, or 17b,	check this box	k and see
<u> </u>	instructions						
-	,		1	·		edule A (Form 990	

## 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.)

<u>Secti</u>	on A. Public Support						
Calen	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.")	44415	37450	14695	88930	29509	214999
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	49187	59240	49244	57120	8527	223309
3	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					i	
	or expended on its behalf	•					
5	The value of services or facilities						
	furnished by a governmental unit to the			]			
	organization without charge	ŀ					
6	Total. Add lines 1 through 5	93602	96690	63939	146148	38036	438308
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						·
_	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		İ				
С	Add lines 7a and 7b	93602	96690	63939	146148	38036	438308
8	Public support. (Subtract line 7c from				,		1/
	line 6.)		`		` .		r
Secti	on B. Total Support	`L	<u>:</u> _				·
Calen	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	93602	96690	63939	146148	38036	438308
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				İ		
	acquired after June 30, 1975						
С	Add lines 10a and 10b			- 1			
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on					ļ	
12	Other income. Do not include gain or						<del></del>
	loss from the sale of capital assets			:	İ	Í	
	(Explain in Part Vi.)						
13	Total support. (Add lines 9, 10c, 11,	-					
	and 12.)	93602	96690	63939	146148	38036	438308
14	First 5 years. If the Form 990 is for the						501(c)(3)
	organization, check this box and stop her	_					· · · · · <b>&gt;</b>
Section	on C. Computation of Public Support						<u> </u>
15	Public support percentage for 2020 (line 8			3. column (fl)		15	100 %
16	Public support percentage from 2019 Sch					16	100 %
Section	on D. Computation of Investment Inc				<del></del>	,	
17	Investment income percentage for 2020 (li			y line 13. colur	nn (f))	17	%
18	Investment income percentage from 2019					18	<del></del>
19a	331/3% support tests-2020. If the organiz					11	
-	17 is not more than 331/3%, check this box a	and stop here.	The organizatio	n qualifies as a	publicly suppo	rted organizatio	n . ▶ 🗹
b	331/3% support tests - 2019. If the organiza						
	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization did						_

#### 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.)

Section A.	ΑII	Supporting	Organizations
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1	Are all of the organization's supported organizations listed by name in the organization's governing										
r	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.										
_	District the second and the second and second advantage and the second and the se										

- 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.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 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.
  - **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.)

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Part	Supporting Organizations (continued)		<b>V</b>	- NI -
11 a	Has the organization accepted a gift or contribution from any of the following persons?  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	Yes 公司	No
b c	A family member of a person described in line 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11b 11c	7. 4. 7. 4.	
Sect	ion B. Type I Supporting Organizations			
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 <b>Part VI</b> 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		Yes	No
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
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	Yes	No The second
Secti	on D. All Type III Supporting Organizations	.1		
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?		Yes	No
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		
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	N. S.	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	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.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.			•
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 <b>Part VI identify those supported organizations and explain</b> 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	Haragara Haragara	
∲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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in <b>Part VI</b> .	3a	Markhar	
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 Witherole played by the organization in this regard			

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jan	izations	
1.	Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (explain	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	ıızat	ions must complete Sectio	ns A through E.
Section 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		
Section 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):			
а	Average monthly value of securities	1a		•
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		ı
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		
Section 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	は、は強いには称うな確認ない。	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	SERVICE SECTION OF THE SERVICE OF TH	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> 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		ntegrated Type III supporting	ng organization
	(see instructions).	•	5 7, - ···	J - J

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organ	izations (continue	u)	<u> </u>
Section D—Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		•
	organizations, in excess of income from activity	<u> </u>		2	,
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	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	1
7	Total annual distributions. Add lines 1 through 6.	h the organization is re-		7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.				
				.9	
9	Distributable amount for 2020 from Section C, line 6			10	, ,
10	Line 8 amount divided by line 9 amount		- (ii)	10	(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			384	
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		"外心器性"更多	13.5	是多种的心理的变形
. a	From 2015				in thin is a "Manifold" a diduction broad in
b	From 2016	dre me worker	YER BLOGGER WAS	臟	THE WAY TO BE A RELIGIOUS
С	From 2017			12	
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e	TENEDERS OF A CALLS STREET			
<u> </u>	Applied to underdistributions of prior years		Luca Baile and a contract of the contract	ident Tia	能性網球性發酵生劑
<u>h</u>	Applied to 2020 distributable amount			Arry Mg	CONTRACTOR TO THE SECOND SECOND
·i	Carryover from 2015 not applied (see instructions)		Continue the continue of the c	经金	
	Remainder: Subtract lines 3g, 3h, and 3i from line 3f.		The conferred and an analysis of the contract	L.CO	COLUMN CO
4	Distributions for 2020 from Section D, line 7: \$				
	Applied to underdistributions of prior years	を表現している。	Fare to the comment of the same		
<u>a</u> b	Applied to underdistributions of prior years  Applied to 2020 distributable amount	THE PARTY OF THE P		趣法	·
C	Remainder. Subtract lines 4a and 4b from line 4.	THE AND POST OF THE POST OF TH	NAME OF THE PERSON	1, 27	PRINCESSES OF THE PRINCESSES
5	Remaining underdistributions for years prior to 2020, if		COLUMN LEGISTA LA CELSE ENVIRENT S S	# KLARE	TALLY OF THE CONTRACT OF THE C
<b>J</b>	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			<i>`</i>	
6	Remaining underdistributions for 2020: Subtract lines 3h		- 1944 WHYPS	3.5	terhinan . E musin al provint the a long that Africa the pick
·	and 4b from line 1. For result greater than zero, explain in		ATTENDED OF THE		•
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j			LIZ.	
	and 4c.				
8	Breakdown of line 7:	BACK HOTEL CHES			经产业的对比;中国的
а	Excess from 2016	<b>建筑的制度主动器</b>	品的新品品的		BULL OF BUILDING
b	Excess from 2017			17.0% 14.0%	
С	Excess from 2018	用些代码性型的对例	的管理的种类是在		PARAGONIA ARETY
<u>d</u>	Excess from 2019				
_е	Excess from 2020			雅	

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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