CHANGE OF ACCOUNTING PERIOD

Form **990**

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

OMB No 1545-0047 2020

Dec	artment of t	the Treasury			ecurity number					Open to Public		
inter	nal Revenu	e Service			Form990 for in					Inspection		
<u>A.</u>	For the		lar year, or tax year be	eginning J	UL 1, 20	∠U an	d ending	DEC 31				
В	Check if applicable.	C Name o	f organization					D Empl	oyer identific	ation number		
_	Address	DIVE						İ				
	ichange Name	FIVE	TALENTS US.	A				\dashv $ _{\star}$	104001	•		
3	change		usiness as					54-1940918				
Ž,			and street (or P.O. box	if mail is not del	ivered to street ad	dress)	Room/su		hone number			
	Final return/ termin-		OX 331					(7	03) 242	2-6016		
-	ated Amende		own, state or province,	• •	ZIP or foreign p	ostal code		G Gross II		566,637:		
<u>_</u> _	return Applica-	ATEM	NA,VA 221					H(a) is th	nis a group ret	tum (==		
Š	bon bending	F Name a	nd address of principa	officer:DAL	E STANTO	N-HOYL	E	fors	subordinates?			
_		SAME	AS C ABOVE	 	2		177			luded? Yes No		
					◀ * (insert no.) L	4947(a)(1	1) 01 5		•	ist. See instructions		
			FIVETALENTS	7		011 - 5			up exemption			
		rganization: L Summary		Trust As	sociation	Other >	V L Y€	ar of formation	1: 1999 M	State of legal domicile: VA		
					 	WOD	77 MO T	DADICA	משעם מחו	EVE		
1	~	nelly descri	oe the organization's m	ission or most	significant activ	ities: WUR	K TO I	ERADICA	TE EXT	CEME		
Activities & Governan	F =			.*								
Ver	2 C		if the orga						1 - 1	sets.		
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≘	6 T		of individuals employe of volunteers (estimate					VI .	ا م ا	30		
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	011	et officialed	DUSINESS TAXABLE INCO	ine nom rom	3301, Part 1, III	E []	······	Prior \		Current Year		
_	8 C	ontributions	and grants (Part VIII, li	ine 1h)			ŀ		1,633.	559,330.		
Revenue	1		ice revenue (Part VIII, li						0.1	0:		
Ž	1	•	come (Part VIII, column					1	0,042.	7,307.		
æ	م مدا		. (5) . 4 . (1)				······ \		0.	0.		
	12 T	otal revenue	· add lines 8 through 1	1 (must equal	equal Part VIII column (A) Ine 12				1,675:	566;637.		
	13 G	rants and si	milar amounts paid (Pa	rt IX. column	AT line Salat		191		0,060.	224,447		
						003			0.1	0.		
S	15 S	alaries, othe	to or for members (Par er compensation, emplo fundraising fees (Part I)	ovee benefits (Rart X. column	Allines 5-10) Joseph	34	4,556.	169,163.		
Expenses	16a P	rofessional	fundraising fees (Part I)	(, column (A),	inervie) NOV				517.	0.		
ē.	ЬТ	otal fundrais	ing expenses (Part IX.)	column (D), lin	₽ 2607 ▶		752	-				
ũ	17 0	ther expens	es (Part IX, column (A),	lines 11a-11d	.11 24e) O	سيللة		14	8,216.	39,796.		
	18 T	otal expensi	es. Add lines 13-17 (mu	st equal Part I	X. column (A): fir	ie 25)	·····		3,349.	433,406.		
			expenses Subtract lin						8,326:	133,231:		
Sec								Beginning of C		End of Year		
Sass	20 T	otal assets (Part X, line 16)				Ī		3,694.	552,686.		
\$500	21 T		s (Part X, line 26)		***************************************		·····		4,510:	7,158.		
Net Assets or Fund Balances	22 N	et assets or	fund balances. Subtra	ct line 21 from	line 20	······	· · · · · · · · · · · · · · · · · · ·		9,,184.	545,528.		
Pa	art II *	Signatur	e Block				-: ····································					
Und	er penalti	es of perjury,	I declare that I have exam	ined this return,	including accomp	anying schedu	les and stat	ements, and to	the best of my	knowledge and belief, it is		
			. Declaration of preparer (-		
		Œ	le 260-1	Hork-		***	_		Ap	oril 26, 2021		
Sig	n 📙	Signatur	t of officer		-		-	D	ate			
Her	e		STANTON-HO	YLE, EX	ECUTIVE	DIRECTO	OR					
		Type or	print name and title									
			parer's name		Preparer's signal	ntd_		Date	Check	PYIN		
Paid		ENNIFE	ER S. HAN		1 Jan	w/en	[Win	04/16/	21 sett employed	P00633304		
	_	irm's name	▶.HAN GROUP					Fi	irm's EIN 🛌			
Use	Only	irm's addres	s 1020 19TH			ITE 80	0					
_	1.		WASHINGTO					P	hone no. (20	2)293-7000		
Ma	the IR	discuss th	is return with the prepa	rer shown abo	ve? See instruc	tions				X.YesNo-		
0320	01 12-23-	20 LHA	For Paperwork Reduc	tion Act Notic	e, see the sepa	rate instruc	tions.			Form 990 (2020)		

SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2020)

Part IV | Checklist of Required Schedules

			res	LNO_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ '		.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		İ	Х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8	-	<u> </u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	_ `		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	44.1		v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		$\frac{x}{x}$
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's separate of consolidated limit classical relations to the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		- 1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000.		.	
_	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		.,	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	Ì	v
7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	Į	Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
:1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ļ	ļ	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	222	<u> </u>
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	rt IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>			
	Schedule J	23	1	x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		l	l
_	Schedule K. If "No," go to line 25a	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	┢
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	-	<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1	İ	1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		<u> </u>	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	[1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	-		
-	"Yes," complete Schedule L, Part IV	28a	l	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
64	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		^
JŁ	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
_	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
_	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Cha-	Note: All Form 990 filers are required to complete Schedule O	38	_X_	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	\sqcap	162	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	2 I I		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	to otatements regarding other more image and reaction phanes (comments)			
•	5 to the colour of continuous and do 5 to WO Town Male (Was and Town Outlands)	ri -	Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 7		١,]
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	$\overline{\mathbf{x}}$	J
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	25	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	\ <u> </u>		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<u> -</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1		
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	4		
_	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "You " did the payor payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		├^-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		├
¢	to file Form 8282?	, 7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	Ť		 -
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		*	
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	<u> </u>		.
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders			}
	Gross income from other sources (Do not net amounts due or paid to other sources against		,	1
D	amounts due or received from them)		4	i
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-	4.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	, ,	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	:	ΥP	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	$oldsymbol{\perp}$		لـــا
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<u>X</u> ,
40	If "Yes," see instructions and file Form 4720, Schedule N	_		l
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O	<u> </u>	000	اــــا

FIVE TALENTS USA 54-1940918 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 • 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, IL, MA, MD, NC, OH, PA, SC, TN, VA, WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website Upon request ☐ Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

PO BOX 331,

FIVE TALENTS - (703)242-6016

VIENNA,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

See instructions for the order in which to list the persons above.

hours per week (list any hours for related organizations) The second of the first man of t	Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations (w-2/1099-MISC) Average hours per week (list any hours for related organizations (w-2/1099-MISC) Average hours per week (list any hours for related organizations (w-2/1099-MISC) Average hours per week (list any hours for related organizations (w-2/1099-MISC) Average hours per week (list any hours for related organizations (w-2/1099-MISC) Average hours per week (list any hours for related organizations (w-2/1099-MISC) Average hours per week (list any hours for related organizations (w-2/1099-MISC) Average hours per week (list any hours for related organizations (w-2/1099-MISC) Average hours per week (list any hours for related organizations (w-2/1099-MISC) Average hours per week (list any hours per week (list any hours for related organizations (w-2/1099-MISC) Average hours per week (list any hou	Estimated amount of other mpensation
week	Week (Ist any hours for related organizations below line) From the organizations (W-2/1099-MISC) From the organizations (W-2/1099-MISC) From the organizations (W-2/1099-MISC) From related organizations (W-2/1099-MISC) From the organization (W-2/1099-MISC) From the organizations (W-2/1099-MISC) From the organizations (W-2/1099-MISC) From the organizations (W-2/1099-MISC) From the organizations (W-2/1099-MISC) From the organizations (W-2/1099-MISC) From the organizations (W-2/1099-MISC) From the organization (W-2/1099-MISC) From the organ	other
(ist any hours for related organizations) 1	(IIST ANY hours for related organizations below line) 1	
(1) DALE STANTON-HOYLE	(1) DALE STANTON-HOYLE	from the rganization nd related ganizations
X	X	
CHAIR	(2) KIM PACALA (3) CORKY EDDINS (3) CORKY EDDINS (4) STEVE TEES (4) STEVE TEES (5) JIM OAKES ACTING SECRETARY (6) KATHLEEN CROW DIRECTOR (7) DEB CONVER (8) BILL EGGBEER (9) DONNA IVEY (6) CORKY EDDINS (1,00) (2,0) (3,0) (4,00) (4,00) (4,00) (4,00) (4,00) (5,0) (6,0) (7,0) (8,	12 555
CHAIR	X X X X X X X X X X	12,333
(3) CORKY EDDINS	(3) CORKY EDDINS	0
VICE CHAIR	VICE CHAIR	
(4) STEVE TEES	(4) STEVE TEES 2.00 TREASURER X X 0. 0. (5) JIM OAKES 4.00 X X 0. 0. ACTING SECRETARY X X X 0. 0. (6) KATHLEEN CROW 1.00 0. 0. 0. DIRECTOR X X 0. 0. (7) DEB CONVER 1.00 0. 0. 0. DIRECTOR X 0. 0. 0. (8) BILL EGGBEER 1.00 0. 0. 0. (9) DONNA IVEY 1.00 0. 0. 0.	0
(5) JIM OAKES	(5) JIM OAKES	
ACTING SECRETARY (6) KATHLEEN CROW DIRECTOR (7) DEB CONVER DIRECTOR (8) BILL EGGBEER DIRECTOR (9) DONNA IVEY DIRECTOR (10) JIM LEWIS DIRECTOR (11) FRANCINE MAESTRI DIRECTOR (12) ART MEDICI DIRECTOR (13) DANA WICHTERMAN DIRECTOR (14) DR. APRIL YOUNG DIRECTOR (10. O. O. O. O. O. O. O. O. O. O. O. O. O.	ACTING SECRETARY (6) KATHLEEN CROW DIRECTOR (7) DEB CONVER DIRECTOR (8) BILL EGGBEER DIRECTOR (9) DONNA IVEY X X D. O. O. 0.	0
(6) KATHLEEN CROW	(6) KATHLEEN CROW	
Director	X X 0. 0. (7) DEB CONVER	0
1.00	(7) DEB CONVER DIRECTOR (8) BILL EGGBEER DIRECTOR (9) DONNA IVEY 1.00 1.00 0. 0. 0. 0. 0. 0.	
Director X	DIRECTOR	0
(8) BILL EGGBEER	(8) BILL EGGBEER	•
DIRECTOR	DIRECTOR	0
(9) DONNA IVEY DIRECTOR (10) JIM LEWIS (10) JIM LEWIS DIRECTOR (11) FRANCINE MAESTRI DIRECTOR (12) ART MEDICI DIRECTOR (13) DANA WICHTERMAN DIRECTOR (14) DR. APRIL YOUNG 1.00 X 0. 0. 0. 0. 0. 0. 0. 0.	(9) DONNA IVEY 1.00	۸
DIRECTOR X	·	0
1.00 DIRECTOR		0
DIRECTOR X		
(11) FRANCINE MAESTRI DIRECTOR X 0. 0. 0. (12) ART MEDICI DIRECTOR X 0. 0. 0. (13) DANA WICHTERMAN DIRECTOR X 0. 0. 0. 0.		0
DIRECTOR X 0. 0.		
(12) ART MEDICI		0
(13) DANA WICHTERMAN DIRECTOR X 0. 0. (14) DR. APRIL YOUNG 1.00		
DIRECTOR X 0. 0. (14) DR. APRIL YOUNG 1.00	DIRECTOR X 0. 0.	0
(14) DR. APRIL YOUNG 1.00	(13) DANA WICHTERMAN 1.00	
		0
DIRECTOR X 0. 0.		
	DIRECTOR X 0. 0.	0
 		

032007 12-23-20

Form 990 (2020)

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average Position (do not check more than one						one	Reportable	Reportable	,	E۶	stimated	t
		nours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	n n	ar	nount o	f
		week	 	cer ar	aad	irecto	or/trus	ree)	from	from related			other	
	•	(list any	ecto				İ		the .	organization			pensati	
		hours for related	o d	8			ated		organization	(W-2/1099-MI	SC)		om the	
		organizations	nstee	trust		, ,	Suadt	ļ	(W-2/1099-MISC)		l	_	anızatıc d relate	
		below	nal tr	ponal		gloy	ico a	_					anizatio	
		line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				U.g.	ar iizatioi	113
			┢	=	۴	×	Ξ 6	٣						
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						\vdash					-	 -		
						l								
1b	Subtotal							<u> </u>	80,000.		0.	1	2,55	5.
c	Total from continuation sheets to Part V	I, Section A						>	0.		0.			0.
d								<u> </u>	80,000.		0.	1	2,55	<u>5.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wh	o re	eceived more than \$100	,000 of reportab	le			_
	compensation from the organization													0
_											r		Yes	No
3	Did the organization list any former officer,		ee, k	еу е	emp	loye	e, or	hig	phest compensated emp	loyee on	ŀ	-	-	X
4	line 1a? If "Yes," complete Schedule J for s		ام مہ						hay aannamaatian fyami		ŀ	3		_
4	For any individual listed on line 1a, is the su									tne organization	ŀ	4		X
_	and related organizations greater than \$150									d	ŀ	4	-	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				_		elat	ed organization or indivi	dual for services	Į.			X
Sec	tion B. Independent Contractors	piete Scrieduit	9 0 1	or st	icn j	bers	ion					5		<u> </u>
1	Complete this table for your five highest co	mpensated inc	depe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	npensa	ation f	rom	
	the organization. Report compensation for	•	•											
	(A)	. 4.1							(B)		_	(C		
	Name and business	address	NC	NE				+	Description of s	ervices		omper	nsation	
												,		
	· · · · · · · · · · · · · · · · · · ·							\forall						
								4						
				_				\dashv				· ·		
2	Total number of independent contractors (i	ncluding but n	ot lır	nite	d to	tho	se lis	ted	l above) who received m	ore than		T		
	\$100,000 of compensation from the organic	zation 🕨				()							
											ļ	Form \$	990 (20)20)

Page 9

Га	IL VI			or note to one lim	on in this Dort VIII			
		Check if Schedule O	contains a response	or note to any iir	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						iunction revenue	business revenue	sections 512 - 514
ıts Its	1 8	Federated campaigns	1a	-				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b			:	,	
		Fundraising events	1c				۱ .	
		Related organizations	1d		1		[
		Government grants (contr	ributions) 1e				j ,	
	f	All other contributions, gifts,	grants, and					
		similar amounts not included	l above 1f	559,330 .			ļ	
P D	٩	Noncash contributions included in	n lines 1a-1f 1g \$	66,267.				
<u> </u>	ŀ	Total. Add lines 1a-1f			559,330.			
				Business Code				
စ္	2 8	ı						
ervi Ie	t)	· · · · · · · · · · · · · · · · · · ·					
n St ent	(;						
ran ?ev	•	i						
Program Service Revenue	€	·						
٥.	f	All other program service	revenue	<u> </u>				-
	_	Total. Add lines 2a-2f				<u> </u>		
	3	Investment income (include	ding dividends, intere	est, and	7 207			7 207
		other similar amounts)			7,307.			7,307.
	4	Income from investment of	of tax-exempt bond p	proceeds				
	5	Royalties	(i) Real	(ii) Personal	·			
		Overe vent		(1) 1 (-1307076)	g # ## + - # ## ## ## ## ## ## ## ## ## ## ## ##	٥	,	ri . "
i		Gross rents	Ga Gb					
		Less rental expenses Rental income or (loss)	Gċ		(a.s.)			, , ,
		Net rental income or (loss)						
1		Inches amount from sales of	(i) Securities	(ii) Ollier				
		assets other than inventory	7a	· · · · · · · · · · · · · · · · · · ·	•			
	b	Less, cost or other basis						
g.		and sales expenses	7b)			,.
Revenue		: Cain or (loss)	7c					
Re	c	Net gain or (loss)						
her	8 a	Gross income from fundralsh	ng events (not				0 '	
of I		including \$	of]			"
		contributions reported on	line 1c). See				<u>.</u>	"
		Part IV, line 18	8a				r	, ,
	L	Less, direct expenses	6b					
	c	, ,	· ·		· · · · · · · · · · · · · · · · · · ·			
	9 a	Gross income from gamine			_		<u> </u>	
		Part IV, line 19	9a		9		ì	1
		Less. direct expenses	9ь	L			•	
ĺ		Net income or (loss) from						
	10 a	Gross sales of inventory, l				٥		
		and allowances	10a					
1		Less. cost of goods sold	10b					
		: Net income or (loss) from :	sales of inventory	Business Code				<u> </u>
Sna	44 -			business Code			1	
nec	11 a			 				
Miscellaneous Revenue	b					 -		
RE	,	All other revenue					 -	
Σ	-	Total. Add lines 11a-11d		•			,	
	12	Total revenue. See instructio	ons .	•	566,637.	0.	0.	7,307.

Part IX | Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		i						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations		,								
	and domestic governments. See Part IV, line 21				1						
2	Grants and other assistance to domestic										
	ındıvıduals. See Part IV, line 22				<u> </u>						
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign				1						
	individuals See Part IV, lines 15 and 16	224,447.	224,447.		3						
4	Benefits paid to or for members				<u> </u>						
5	Compensation of current officers, directors,										
	trustees, and key employees	52,554.	28,905.	5,255.	18,394.						
6	Compensation not included above to disqualified				1						
	persons (as defined under section 4958(f)(1)) and				ļ						
	persons described in section 4958(c)(3)(B)	100 500									
7	Other salaries and wages	102,538.	51,787.	18,955.	31,796.						
8	Pension plan accruals and contributions (include	2 202	1 -01	-36							
	section 401(k) and 403(b) employer contributions)	2,993.	1,521.	536.	936.						
9	Other employee benefits	11 070	F 760	1 775	<u> </u>						
10	Payroll taxes	11,078.	5,760.	1,735.	3,583.						
11	Fees for services (nonemployees))							
a	Management	225.		225.							
þ	Legal	9,420.		9,420.							
_	Accounting	3,420.	-	9,420.							
d	Lobbying Professional fundraising services. See Part IV, line 17										
e											
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				<u> </u>						
g	column (A) amount, list line 11g expenses on Sch 0.)	1,317.		1,317.							
10	Advertising and promotion		 								
12 13	Office expenses	12,716.	4,998.	1,973.	5,745.						
14	Information technology		-//								
15	Royalties				· ·						
16	Occupancy	5,000.	2,600.	783.	1,617.						
17	Travel										
18	Payments of travel or entertainment expenses										
.0	for any federal, state, or local public officials				!						
19	Conferences, conventions, and meetings	2,306.	690.	1,296.	320.						
20	Interest				<u>.</u>						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance	4,001.	2,081.	626.	1,294.						
24	Other expenses. Itemize expenses not covered										
-	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
	amount, list line 24e expenses on Schedule 0.)	الاع¥ميم تر			<u> </u>						
а	PRINTING	4,811.	272.	472.	4,067.						
b					<u> </u>						
c					<u>l</u>						
d											
e	All other expenses										
25_	Total functional expenses. Add lines 1 through 24e	433,406.	323,061.	42,593.	67,752.						
26	Joint costs Complete this line only if the organization										
	reported in column (B) joint costs from a combined				į.						
	educational campaign and fundraising solicitation.				!						
	Check here ff following SOP 98-2 (ASC 958-720)				1						
032010	12-23-20				Form 990 (2020)						

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	43,995.	1	159,385
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	227,362.	3	219,288
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			i i
	l	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	Į .	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
Assels Assels	8	Inventories for sale or use		8	
Ž.	9	Prepaid expenses and deferred charges	2,199.	9	13,900
	10a				1
	ĺ	basis Complète Part VI of Schedule D 10a 7,894.	•	-04-4	anoto - anoto
	Ь	Less. accumulated depreciation 10b 7,428.	550.	10c	466
	11	Investments - publicly traded securities	139,588.	11	159,647
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	,
	16	Total assets. Add lines 1 through 15 (must equal line 33)	413,694.	16	552,686
	17	Accounts payable and accrued expenses	7,510.	17	7,158
	18	Grants payable		18	,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
n	22	Loans and other payables to any current or former officer, director,			
2	_	trustee, key employee, creator or founder, substantial contributor, or 35%	-		
Liabillies		controlled entity or family member of any of these persons		22	!
į	23	Secured mortgages and notes payable to unrelated third parties		23	i
	24	Unsecured notes and loans payable to unrelated third parties	7,000.	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	14,510.	26	7,158
		Organizations that follow FASB ASC 958, check here			
Net Assets of Fully Dalances		and complete lines 27, 28, 32, and 33.			'
	27	Net assets without donor restrictions	159,850.	27	308,373
	28	Net assets with donor restrictions	239,334.	28	237,155
3		Organizations that do not follow FASB ASC 958, check here			
3		and complete lines 29 through 33.	v		
5	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
1	32	Total net assets or fund balances	399,184.	32	545,528
_	33	Total liabilities and net assets/fund balances	413,694.	33	552,686
	33	Total habilities and het assets/fully balarices	110,0010	33	Form 990 (202

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Form 990 (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

2020

Open to Public Inspection

Name of the organization

FIVE TALENTS USA

Employer identification number

_			FIVE TALENTS					_	5	4-1940918				
Рa	rt I	Reason for Pu	ublic Charity Stat	US. (All organization	ns must co	mplete th	nis part) S	ee instruction	s					
The 1 2 3 4	organ	A church, convention A school described of A hospital or a coop	e foundation because in of churches, or asso in section 170(b)(1)(A) erative hospital service organization operated	ciation of churches)(ii). (Attach Schedu e organization descr	described le E (Form ibed in sec	in sectio 990 or 99 c tion 170	in 170(b)(1 90-EZ).) 9 (b)(1)(A)(ii	1)(A)(i). ii).	(iii). Enter	the hospital's name,				
5		section 170(b)(1)(A	rated for the benefit of (iv). (Complete Part II	.)		·			nıt descril	bed in				
6 7		section 170(b)(1)(A)(vi). (Complete Part II.)												
9		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university												
10		activities related to it income and unrelate		ubject to certain exc	eptions; a	nd (2) no	more than	n 33 1/3% of r	ts support	nd gross receipts from from gross investment after June 30, 1975				
11 12		An organization orga An organization orga more publicly suppo	anized and operated examined and operated exited organizations desired that describes the type	xclusively for the bescribed in section 50	nefit of, to 09(a)(1) or	perform t section 5	the function 509(a)(2)	ons of, or to ca See section 5	09(a)(3). (•				
а		Type I. A supporting the supported organization. You	ng organization operat anization(s) the power must complete Part I	ed, supervised, or c to regularly appoint V, Sections A and I	ontrolled b or elect a l	y its supp majority o	ported orgot the direct	ganization(s), t ctors or truste	ypically by es of the s	supporting				
Þ		control or manage	ing organization super ment of the supporting ou must complete Par	g organization veste	d in the sai			_		=				
С		= -	Ily integrated. A supp nızatıon(s) (see ınstruc						y integrat	ed with,				
d	<u> </u>	that is not function	tionally integrated. A nally integrated. The or natructions). You must	ganization generally	must satis	sfy a distr	ibution re	quirement and	-	• •				
e		Check this box if the	he organization receive ated, or Type III non-fu	ed a written determi	nation from	the IRS	that it is a		II, Type III					
f	Ente	r the number of supp	orted organizations											
g) Name of supported	rmation about the sup (ii) EIN	ported organization((iii) Type of orga (described on lii	nization	(iv) Is the organ	nization listed ng document?	(v) Amount of	-	(vi) Amount of other				
		organization		above (see instr		Yes	No	support (see ins	structions)	support (see instructions)				
-														
	<u> </u>													
	_					_								

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>		;			
_	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Gifts, grants, contributions, and	(4) 2010	(2) 2011	(0) 2010	(0) 2010	(0) 2020	i (i) rotai			
•	membership fees received (Do not						;			
	include any "unusual grants ")	716,163.	868,355.	989,267.	1071633.	559,330.	4204748.			
2	Tax revenues levied for the organ-						-			
	ization's benefit and either paid to									
	or expended on its behalf						1			
3	The value of services or facilities						1			
	furnished by a governmental unit to						i			
	the organization without charge						i			
4	Total. Add lines 1 through 3	716,163.	868,355.	989,267.	1071633.	559,330.	4204748.			
5	The portion of total contributions	, , ,				1				
	by each person (other than a					,				
	governmental unit or publicly ,									
	supported organization) included					,				
	on line 1 that exceeds 2% of the			٥			•			
	amount shown on line 11,					:				
	column (f)	patanahafa-2 men	er e agr V	streets a file as		**	634,829.			
6	Public support. Subtract line 5 from line 4		, a		ž = 4 H	ar you man. I	3569919.			
Se	ction B. Total Support									
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4	716,163.	868,355.	989,267.	1071633.	(e) 2020 559,330.	4204748.			
8	Gross income from interest,						1			
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	4,508.	7,617.	9,148.	10,042.	7,307.	38,622.			
9	Net income from unrelated business						1			
	activities, whether or not the						1			
	business is regularly carried on						<u> </u>			
10	Other income. Do not include gain									
	or loss from the sale of capital						;			
	assets (Explain in Part VI.)		247.				<u>247.</u>			
11	Total support. Add lines 7 through 10						4243617.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for the	-	st, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)				
	organization, check this box and stop						<u>`</u>			
	ction C. Computation of Publ						04 10			
	Public support percentage for 2020 (I	• • • • • • • • • • • • • • • • • • • •	•	column (f))		14	84.12 %			
	Public support percentage from 2019	·	·	- lu 40 41	14 00 1/00/	15	85.80 %			
102	33 1/3% support test - 2020. If the c	•		•	14 IS 33 1/3% Or M	nore, cneck this bo	x and ►X			
L	stop here. The organization qualifies		-		line 15 is 00 1/00/	au manua = b = = 1 : 41 :				
	33 1/3% support test - 2019. If the c				mie io is 33 1/3%	or more, check th	is dox			
170	and stop here. The organization quali	, ,	• • •		12 160 or 16b d	and line 14 is 100/	, P			
1/2	10% -facts-and-circumstances test									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
L	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
i.		-					1070 UI			
	more, and if the organization meets the organization meets the facts-and-circumstance.				•					
12			-							
10	Private foundation. If the organization	n did not check a l	JOA OIT HILE TO, TO	a, 100, 178, 01 17E		dule A (Form 990				
					Scrie	ane w (E01111 990	U 330-EZ ZUZU			

Schedule A (Form 990 or 990-EZ) 2020 FIVE TALENTS USA 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

Se	ction A. Public Support	elow, please com	piete Part II.)						
_	endar year (or fiscal year beginning in)	(a) 2016	(h) 0017	(6) 2010	(4) 2012	(-) 0000	1/ 10 = 11		
	Gifts, grants, contributions, and	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
•	membership fees received (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,					 	 		
~	merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the organization's tax-exempt purpose						į i		
2	Gross receipts from activities that	-			 				
J	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-				 / 	†· · · · · · · · · · · · · · · · · · ·	 		
•	ization'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					i			
6	Total. Add lines 1 through 5		1			<u> </u>			
	Amounts included on lines 1, 2, and					-			
	3 received from disqualified persons		1	/					
b	Amounts included on lines 2 and 3 received						1		
	from other than 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.)	<u> </u>	/						
	tion B. Total Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 6		/						
10a	Gross income from interest, dividends, payments received on	/	/						
	securities loans, rents, royalties,								
	and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975					ļ			
	Add lines 10a and 10b Net income from unrelated business						ļ		
''	activities not included in line 10b,			İ] .		
	whether or not the business is	7					ĺ		
12	regularly carried on Other income Do not include gain				-		 		
'-	or loss from the sale of capital								
12	assets (Explain in Part VI)		<u></u>	<u> </u>	_	 			
	Total support. (Add lines 9, 10c, 11 and 12)			fa		501(-)(0)			
1-7	First 5 years. If the Form 990 is for the check this box and stop here	le organization s il	rst, secona, unra,	iourin, or iiith tax	year as a section	ou (c)(3) organizat	ion, ▶□		
Sec	tion C. Computation of Publi	ic Support Pe	rcentage						
	Public support percentage for 2020 (I			column (fl)		15	%		
	Public support percentage from 2019			00141111 (1))		16	<u>%</u>		
	tion D. Computation of Inves								
	Investment income percentage for 20			ne 13. column (fl)		17	%		
	Investment income percentage from 2			, (,,		18	%		
	9a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
	more than 33 1/3%, check this box ar						▶□		
b	33 1/3% support tests - 2019. If the				• •		and		
	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organization					-	ightharpoons		

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Schedule A (Form 990 or 990-EZ) 2020

Vac Na

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	Α.	All	Supi	ortina	Orga	nizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or 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.
- 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.
 - **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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Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			-
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	, '		1 1
	11c below, the governing body of a supported organization?	11a	_	-
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		li li	+
•	detail in Part VI.	11c	-	·
Sec	tion B. Type I Supporting Organizations	1 10		
	31	- 	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	mi.	163	1.0
•	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			1.1
	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.	!_		╢╼┷┛
2	Did the organization operate for the benefit of any supported organization other than the supported	1	+ -	+
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	•	1 -	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1 1		ç,
	supervised, or controlled the supporting organization.		-	اا
Sec	tion C. Type II Supporting Organizations	2	1	Ь
	tion of type it supporting organizations	<u>;</u>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	+ NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	'	1 1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	-	لحتا
Sec	tion D. All Type III Supporting Organizations			Ь
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Πİ	1.00	 100
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	•		ا ،
	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	- 	ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>	1 7	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	: :	١,,	
	the organization maintained a close and continuous working relationship with the supported organization(s).	 -	` 	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	T	٠.,	· ·
•	significant voice in the organization's investment policies and in directing the use of the organization's	١.		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's].	١,	ļ.
	supported organizations played in this regard	3	-	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	.		
а	The organization satisfied the Activities Test. Complete line 2 below.	1		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ons)	
2	Activities Test. Answer lines 2a and 2b below.	İ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1	1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	١ .	1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	•	٠,	
	how the organization was responsive to those supported organizations, and how the organization determined		-	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,		9	\Box
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	3		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	'	1	
	these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		` p	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ı.		r. •
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	Nov. 20, 1970 (explain in	Part VI) See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E	1
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		I
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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	· -	1
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			. 0
	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		i
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		İ
e	Discount claimed for blockage or other factors			1
	(explain in detail in Part VI):	1 [•	Topog win a
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	•	1
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		•
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		•	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ted Type III supporting org	anızatıon (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(contini}	ued)		1	
Secti	ion D - Distributions	Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported			ļ	1	
	organizations, in excess of income from activity				ļ		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	3			
4	Amounts paid to acquire exempt-use assets			4		Í	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		1	
6	Other distributions (describe in Part VI). See instructions.			6		1	
7	Total annual distributions. Add lines 1 through 6.			7		1	
8	Distributions to attentive supported organizations to which to	he organization is responsivi	e			I	
	(provide details in Part VI) See instructions			8		<u>.</u>	
9	Distributable amount for 2020 from Section C, line 6			9		l	
10	Line 8 amount divided by line 9 amount	·		10		1	
Secti	(i) (ii) Underdistribution E - Distribution Allocations (see instructions) Excess Distributions Pre-2020			าร		(iii) ributable nt for 2020	
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-				;		
	able cause required - explain in Part VI) See instructions						
3	Excess distributions carryover, if any, to 2020	٠					
а	From 2015					A.	
b	From 2016	٧	٥			y.	
С	From 2017	м			7		
d	From 2018	1					
е	From 2019		P 4 MALENA	.; .	- + > ;		
f	Total of lines 3a through 3e				İ		
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)		-			_	
j	Remainder Subtract lines 3g, 3h, and 3i from line 3f.		ч		a .		
4	Distributions for 2020 from Section D,	ings or i					
	line 7: \$						
а	Applied to underdistributions of prior years				_		
b	Applied to 2020 distributable amount						
С	Remainder Subtract lines 4a and 4b from line 4		,				
5	Remaining underdistributions for years prior to 2020, if						
	any Subtract lines 3g and 4a from line 2 For result greater	L.			,		
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020 Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI See instructions						
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c				,		
8	Breakdown of line 7		n		•		
	Excess from 2016						
	Excess from 2017				,		
	Excess from 2018				š		
	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public #Inspection ***

Name of the organization

FIVE TALENTS USA

Employer identification number 54-1940918

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
	ımpermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that ap <u>ply).</u>	•
	Preservation of land for public use (for example, recrea	ition or education) 🖳 Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included ın (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	inization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		└── Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	tion easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statements t	nat describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections o	f Art Historical Treasures or Other	Similar Accete
I a	Complete if the organization answered "Yes" on Form		Olimai Assets.
	If the organization elected, as permitted under FASB ASC 95		planes sheet works
ıa	of art, historical treasures, or other similar assets held for pul		
	•		arice of public
_	service, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 95		as shoot works of
b	art, historical treasures, or other similar assets held for public	•	
		exhibition, education, or research in furtherality	ce of public service,
	provide the following amounts relating to these items.		.
	(i) Revenue included on Form 990, Part VIII, line 1		\$
•	(ii) Assets included in Form 990, Part X	acuras or other amilar coasts for financial care	provide.
2	If the organization received or held works of art, historical tre	-	, provide
_	the following amounts required to be reported under FASB A	ago 956 relating to triese items.	► ¢
a	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.			
4) December	Complete if the organization answered "Yes"			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	-of-year market value
	al derivatives			
	held equity interests			
(3) Other			+	
(A) (B)	· · · · · · · · · · · · · · · · · · ·			·
(C)				
(D)				
(E)	,			
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			<u> </u>
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				· · · · · · · · · · · · · · · · · · ·
(2)				<u> </u>
(3)			-	
(4)				
(5) (6)				
(7)				
(8)				
(9)			<u> </u>	
	b) must equal Form 990, Part X, col. (B) line 13) 🕨			ı
Part IX	Other Assets.			<u> </u>
	Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	(a) I	Description		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)	····			
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	15)	•	
Part X	Other Liabilities.	•		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
(1)_Fed	deral income taxes			
(2)				
(3)	<u> </u>			
(4)				
(5)				
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)	ımn (b) must equal Form 990, Part X, col (B) line	25.)		
	for uncertain tax positions. In Part XIII, provide		o the organization's financial statements the	nat reports the
-	ation's liability for uncertain tax positions under		_	· —

032053 12-01-20

Schedule D (Form 990) 2020

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARDS

CODIFICATION TOPIC 740-10, INCOME TAXES. THESE PROVISIONS PROVIDE

CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD

OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT IS THE

ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO

UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSES.

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

2020

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990.

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

Open to Public Inspection

Name of the organization

FIVE TALENTS USA

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

Yes X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (a) Region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to ındependent describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region SOUTH AMERICA -TECHNICAL ASSISTANCE, PROGRAM SERVICES TRAINING, AND OVERSIGHT BOLIVIA 1 3,363. SUB-SAHARAN AFRICA -BURUNDI, KENYA, TECHNICAL ASSISTENCE, SOUTH SUDAN 1 PROGRAM SERVICES TRAINING, AND OVERSIGHT 1,466. SOUTH AMERICA -GRANTS BOLIVIA 1 25,200. SUB-SAHARAN AFRICA -BURUNDI, KENYA, SOUTH SUDAN 1 GRANTS 178,650. EAST ASIA - MYANMAR. **PHILIPPINES** 3 GRANTS 13,325. ٥ 222,004. 3 a Subtotal **b** Total from continuation 0. sheets to Part I c Totals (add lines 3a

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020

and 3b)

222,004.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 9 recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

1	T					(m) A
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance
			LITERACY, FINANCIAL		<u> </u>	
•			SAVINGS GROUPS &			
		SOUTH AMERICA -	ENTERTAINMENT,			
		BOLIVIA	TECHNICAL ASSISTANCE,	3,363.	WIRE TRANSFER	0
		SUB-SAHARAN	LITERACY, FINANCIAL			
			SAVINGS GROUPS &		1	
		KENYA, SOUTH	ENTERTAINMENT,		l l	
		SUDAN	TECHNICAL ASSISTANCE	1,466.	WIRE TRANSFER	o
			LITERACY, FINANCIAL	,		
			SAVINGS GROUPS &		1	
		SOUTH AMERICA -	ENTERTAINMENT,			
	ı	BOLIVIA	TECHNICAL ASSISTANCE	25,200.	WIRE TRANSFER	C
·		SUB-SAHARAN	LITERACY, FINANCIAL		1	<u> </u>
,			SAVINGS GROUPS &			
-	1	1	ENTERTAINMENT,			
	1	SUDAN	TECHNICAL ASSISTANCE,	178,650.	WIRE TRANSFER	C
· · · · · · · · · · · · · · · · · · ·			LITERACY, FINANCIAL	,		
1			SAVINGS GROUPS &	1		
		MYANMAR,	ENTERTAINMENT,		i	
1		PHILIPPINES	TECHNICAL ASSISTANCE	13,325.	WIRE TRANSFER	(
· · · · · · · · · · · · · · · · · · ·				,	i	• • • • • • • • • • • • • • • • • • • •
•						
					,	
	,				i	
					1	
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ı						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

32

032072 12-03-20

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line Part III can be duplicated if additional space is needed (c) Number of (d) Amount of (e) Manner of (f) Amount of (b) Region (a) Type of grant or assistance noncash assistance recipients cash grant cash disbursement no

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	, Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes 🎛 No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes X No

Schedule F (Form 990) 2020

Page 5

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions

PART I, LINE 3:

FIVE TALENTS REQUIRES A SIGNED MEMORANDUM OF UNDERSTANDING FROM ORGANIZATIONS IT GRANTS TO DETAILING THE PURPOSE OF ANY FUNDING RECEIVED. FIVE TALENTS REQUIRES QUARTERLY REPORTING FROM ALL ORGANIZATIONS WHO RECEIVE FUNDING AND FIVE TALENTS REQUIRES REGULAR AUDITS BY AN INDEPENDENT AGENCY. FIVE TALENTS USES OUTSIDE CONSULTANTS TO PROVIDE TECHNICAL ASSISTANCE AND PROGRAM OVERSIGHT TO RECIPIENT ORGANIZATIONS.

PART II, COLUMN (D):

REGION: SOUTH AMERICA - BOLIVIA

(D) PURPOSE OF GRANT: LITERACY, FINANCIAL SAVINGS GROUPS &

THE ORGANIZATIONS ARE VISITED BY FIVE TALENTS STAFF MEMBERS.

ENTERTAINMENT, TECHNICAL ASSISTANCE, TRAINING & OVERSIGHT

REGION: SUB-SAHARAN AFRICA - BURUNDI, KENYA, SOUTH SUDAN

(D) PURPOSE OF GRANT: LITERACY, FINANCIAL SAVINGS GROUPS &

ENTERTAINMENT, TECHNICAL ASSISTANCE, TRAINING & OVERSIGHT

REGION: SOUTH AMERICA - BOLIVIA

(D) PURPOSE OF GRANT: LITERACY, FINANCIAL SAVINGS GROUPS &

TECHNICAL ASSISTANCE, TRAINING & OVERSIGHT ENTERTAINMENT,

REGION: SUB-SAHARAN AFRICA - BURUNDI, KENYA, SOUTH SUDAN

(D) PURPOSE OF GRANT: LITERACY, FINANCIAL SAVINGS GROUPS &

ENTERTAINMENT, TECHNICAL ASSISTANCE, TRAINING & OVERSIGHT

REGION: EAST ASIA - MYANMAR, PHILIPPINES

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization FIVE TALENTS USA **Employer identification number** 54-1940918

Pai	irt i Types of Property				_	
		(a)	(b) Number of	(c)	(d)	
	•	Check if applicable	contributions or	Noncash contribution amounts reported on	Method of det noncash contribut	
		аррисави	items contributed	Form 990, Part VIII, line 1g	TIONOLISTI CONTINUA	
1	Art - Works of art			<u> </u>		
2	Art - Historical treasures					í
3	Art - Fractional interests					1
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					1
7	Boats and planes					<u> </u>
8	Intellectual property					
9	Securities - Publicly traded	Х	9	66,267.	FAIR MARKET	VALUE
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					1
13	Qualified conservation contribution -					1
	Historic structures					
14	Qualified conservation contribution - Other					· · · · · · · · · · · · · · · · · · ·
15	Real estate - Residential					
16	Real estate - Commercial					<u> </u>
17	Real estate - Other					
18	Collectibles					
19	Food inventory					!
20	Drugs and medical supplies			•		!
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ()					
26	Other ()					<u>. </u>
27	Other ()			<u> </u>		<u>'</u>
28	Other (
29	Number of Forms 8283 received by the organiz	-	· -			
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29		-
nn -	D					Yes No
ova	During the year, did the organization receive by					
	must hold for at least three years from the date		i contribution, and	which isn't required to be u	-	30a X
L	exempt purposes for the entire holding period?	ſ			-	30a X
	o If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X					31 X
31 322	Does the organization have a gift acceptance properties of the par				LIUIIS	31 X
<i>-</i> 24	contributions?	oi icialeu Oi	garnzations to SON	or, process, or sell noncash	1,	32a X
h	If "Yes," describe in Part II.				F	32d A
	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is abo	cked	
~	describe in Part II	0.011111 (0) 101	a type of property	nor willon column (a) is the	uncu,	
ЦΛ	For Panerwork Reduction Act Notice see	the Instruct	tions for Form 000	·	Cabadula Mi	(Form 000) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 Open to Public Inspection

Name of the organization

FIVE TALENTS USA

Employer identification number 54-1940918

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
1) EQUIPPING COMMUNITY LEADERS TO CARE FOR THE POOR AND LESS FORTUNATE;
2) EMPOWERING POOR FAMILIES WITH KNOWLEDGE AND SKILLS TO READ, WRITE,
SAVE, AND INVEST; (3) DEVELOPING COMMUNITY SAVINGS GROUPS TO HELP
FAMILIES LAUNCH AND GROW SMALL BUSINESSES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BUSINESS DEVELOPMENT THROUGH TRAINING, MENTORSHIP, AND COMMUNITY
SAVINGS AND LOANS. PARTICIPANTS JOIN SMALL SAVINGS GROUPS AND RECEIVE
TRAINING IN BUDGETING, SAVING, BUSINESS PLANNING, NUTRITION, AND
DISCIPLESHIP. THEY LEARN HOW TO INVEST IN AND GROW SMALL BUSINESSES.
CURRENTLY, ABOUT 250 FAMILIES ARE MEMBERS, AND 75% DESCRIBE THE BIGGEST
CHANGES IN THEIR LIVES AS HAVING SAVINGS AND BEING BRAVE ENOUGH TO
IMPROVE THEIR LIVES.
ASIA
INDONESIA - FOR WELL OVER A DECADE, FIVE TALENTS HAS PARTNERED WITH THE
GERHATI FOUNDATION TO SERVE OVER 14,000 ENTREPRENEURS IN THE URBAN
SLUMS OF JAKARTA. PROGRAM PARTICIPANTS HAVE GAINED ACCESS TO
MICRO-BUSINESS LOANS, PARTICIPATE IN A SAVINGS PROGRAM, AND RECEIVE
TRAINING IN BUDGETING AND OTHER BUSINESS SKILLS.
MYANMAR - FIVE TALENTS HAS WORKED IN MYANMAR FOR ALMOST A DECADE WITH
THE LOCAL ANGLICAN CHURCH'S MOTHERS' UNION TO CATALYZE MICROENTERPRISE
DEVELOPMENT. FIVE TALENTS' PROGRAMS HAVE FOCUSED ON THE CREATION OF
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Name of the organization Employer identification number FIVE TALENTS USA 54-1940918 SAVINGS AND LOAN GROUPS IN RURAL AND UNDEVELOPED REGIONS OF IRRAWADDY DELTA, YANGON, MANDALAY, HPA-AN IN KAYIN STATE, AND MYITKYINA IN KACHIN STATE. SAVINGS GROUP MEMBERS ESTABLISH OR DEVELOP THEIR OWN BUSINESSES AND OFTEN WORK TOGETHER TO FORM COOPERATIVES. MEMBERS DEVELOPED A VARIETY OF AGRICULTURAL BUSINESSES, INCLUDING THE PRODUCTION OF RICE, COFFEE, CHILI, TEA, MUSHROOMS, BEANS, BETEL PALM PRODUCTS, TURMERIC POWDER, SOAPS, LOTIONS, AND NATURAL BEAUTY PRODUCTS. **AFRICA** BURUNDI - BURUNDI IS THE WORLD'S MOST RURAL COUNTRY, WITH 90% OF THE POPULATION ENGAGED IN FARMING. IT IS ALSO ONE OF THE WORLD'S POOREST COUNTRIES WITH 70% SUBSISTING ON LESS THAN ONE DOLLAR PER DAY. ONLY 5.2% OF WOMEN HAVE HAD ACCESS TO A HIGH SCHOOL EDUCATION. FIVE TALENTS PARTNERS WITH THE MOTHERS' UNION OF THE ANGLICAN CHURCH IN BURUNDI TO OFFER TRAINING IN LITERACY AND NUMERACY, BUSINESS SKILLS, AND THE FORMATION OF COMMUNITY SAVINGS GROUPS. TO DATE, OVER 58,000 PEOPLE, MOSTLY WOMEN, HAVE JOINED COMMUNITY SAVINGS AND LOAN ASSOCIATIONS. MEMBERS HAVE ACCESS TO MENTORSHIP, BASIC FINANCIAL SERVICES, AND EMERGENCY FUNDS. EIGHTY PERCENT OF THESE GROUPS ARE NOW SELF-MANAGING. DEMOCRATIC REPUBLIC OF CONGO - IN 2018 FIVE TALENTS BEGAN A MINISTRY IN THE DIOCESE OF ARU, IN THE NORTHEASTERN CORNER OF DR CONGO. OVER THE PAST YEAR, FIVE TALENTS HAS WORKED TO MOBILIZE CHURCH AND COMMUNITY LEADERS, TO TRAIN AND MENTOR STAFF AND COMMUNITY WORKERS, AND TO LAUNCH NEW LITERACY GROUPS IN 60 DIFFERENT COMMUNITIES.

KENYA - FIVE TALENTS BEGAN WORKING IN KENYA WELL OVER A DECADE AGO AND

Name of the organization **Employer identification number** FIVE TALENTS USA 54-1940918 HAS SERVED COMMUNITIES IN REGIONS ACROSS KENYA. PARTICIPANTS IN THESE PROGRAMS LEARN KEY SKILLS IN FINANCIAL MANAGEMENT AND BUSINESS DEVELOPMENT. THEY ALSO ENGAGE IN COMMUNITY-OWNED AND MANAGED SAVINGS GROUPS, MEETING TOGETHER ON A WEEKLY BASIS. MOST MEMBERS START AS SUBSISTENCE LEVEL FARMERS, BUT MANY END UP DEVELOPING THEIR OWN SMALL BUSINESSES. DURING THE PAST YEAR, SAVINGS GROUPS SERVED OVER 7,000 MEMBERS. SOUTH SUDAN - FIVE TALENTS HAS WORKED SUCCESSFULLY IN SOUTH SUDAN AND SUDAN FOR OVER A DECADE AND IS ONE OF THE FEW ORGANIZATIONS THAT HAS WORKED TO DEVELOP A SUSTAINABLE MODEL FOR MICROFINANCE THERE. DURING THE PAST YEAR, FIVE TALENTS LAUNCHED A NEW PROGRAM IN TEREKEKA. WE SERVED OVER 7,000 MEMBERS ACROSS THE COUNTRY WITH TRAINING AND ACCESS TO FINANCIAL SERVICES. TANZANIA - FIVE TALENTS HAS WORKED IN TANZANIA FOR OVER A DECADE, WITH A VARIETY OF LOCAL PARTNERS TO PROVIDE FINANCIAL INCLUSION SERVICES TO THE RURAL POOR. OUR PROGRAMS PROVIDE WOMEN WITH ACCESS TO COMMUNITY SAVINGS AND MICRO-LOANS FOR LOCAL DEVELOPMENT. DURING THE PAST YEAR, THE PROGRAMS SERVED OVER 6,000 MEMBERS IN VICOBA AND MOROGORO. TANZANIA. UGANDA - FIVE TALENTS SUPPORTS LITERACY, BUSINESS TRAINING, AND COMMUNITY SAVINGS PROGRAMS IN KARAMOJA, UGANDA. DURING THE PAST YEAR, OVER 2,200 MEMBERS PARTICIPATED IN FIVE TALENTS PROGRAMS IN KARAMOJA. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE GOVERNING BODY, EXECUTIVE DIRECTOR AND

Schedule O (Form 990 or 990-EZ) 2020

FTUSA 1

FIVE TALENTS USA	54-1940918
AUDIT AND FINANCE COMMITTEE PRIOR TO FILING.	•
	•
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REQUIRES THAT OFFICERS MUST DISCLOSE THE	EXISTENCE OF A
FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLO	SE ALL MATERIAL
FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH	GOVERNING BOARD
DELEGATED POWERS CONSIDERING A PROPOSED TRANSACTION OR AR	RANGEMENT AFTER
DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FAC	TS. AND AFTER ANY
DISCUSSION WITH THE INTERESTED PERSON, THEY SHALL LEAVE T	HE GOVERNING BOARD
OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLIC	T OF INTEREST IS
DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE	MEMBERS SHALL
DECIDE IF A CONFLICT OF INTEREST EXISTS.	
	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION B, LINE 15:	*
MEMBERS OF THE BOARD OF DIRECTORS REVIEW AND APPROVE COMP	ENSATION.
·	·
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	UEST DURING THE
TAX YEAR.	1
	:
FORM 990, PART XII, LINE 2C	
FIVE TALENTS DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS	OR SELECTION
PROCESS DURING THE TAX YEAR.	
	:
	1