€ Form 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No 1545-0047

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

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

Open to Public Inspection

inte	mai Reve	enue Service	do to www is government for instance and the latest instance.						
A	For the	2020 calend	ar year, or tax year beginning JANUARY 1 , 2020, and ending DE	CEMBI					
В	Check if a	applicable	Employer identification number						
	Address	change	AMIGOS (Asociación para el Mejoramiento de Instituciones Guiadas y Orientadas	66-068441					
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite E Tele	Telephone number					
_	Initial retu		Cristobal Colón St - #67 Altos 67 Altos	7	87-689-0013 `				
=	Amended	ım/terminated	City or town state or province country and ZIP or foreign postal code	oup Ex	emption				
=		on pending	Arecibo Puerto Rico 00612 00 Nu	mber	▶ ?				
_		iting Method	☐ Cash Accrual Other (specify) FUNDS	▶ 🛭	if the organization is not				
	Vebsite	-			tach Schedule B				
JΤ	ax-exe	mpt status (che	· · · · · · · · · · · · · · · · · · ·		90-EZ or 990-PF)				
_		f organization	✓ Corporation ☐ Trust ☐ Association ☐ Other		.				
			7b to line 9 to determine gross receipts If gross receipts are \$200 000 or more or if total assets						
			5500 000 or more file Form 990 instead of Form 990-EZ	▶ ,	\$				
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	iction	s for Part I) 7				
			the organization used Schedule O to respond to any question in this Part I	.00.,	□				
17.	1		ons gifts grants and similar amounts received	Τ1	116 803				
?	2		ervice revenue including government fees and contracts	2					
.?	3	=	up dues and assessments	3					
3	4	Investment	•	4	 				
	5a	· · · · · ·	unt from sale of assets other than inventory 5a	+					
	Ь		or other basis and sales expenses 5b	1	i				
	c		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c					
	6		d fundraising events	30					
	a	_	ome from gaming (attach Schedule G if greater than	. ,					
ē	"	\$15,000)	6a	7 1					
en	ь	•	me from fundraising events (not including \$ of contributions	٠, ا					
Revenue			alsing events reported on line 1) (attach Schedule G if the	\\ \p\\ \					
<u>—</u>			h gross income and contributions exceeds \$15,000) 6b 22 205	. -					
	c		t expenses from gaming and fundraising events 6c 7 878	-∤					
	d		1 1						
		line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	6d	14 327				
	7a	•	s of inventory, less returns and allowances 7a	- Ou	14 327				
	ь		of goods sold 7b	 					
	c		t or (loss) from sales of inventory (subtract line 7b from line 7a)	7c					
	8		nue (describe in Schedule O)	8	25 000				
	9		nue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	156 130				
	10		similar amounts paid (list in Schedule O)	10	45 438				
	11			11	0				
S	12	Salaries, ot	id to or for members her compensation, and employee benefits MAY 24 2021	12	34,370				
Expenses	13	Professiona	of face and other payments to independent contracts	13	1,209				
bei	14		r, rent, utilities, and maintenance	14	6 035				
EX	15		blications, postage, and shipping	15	4 828				
	16		nses (describe in Schedule O)	16	4 500				
	17	•	nses Add lines 10 through 16	17	96 380				
·/	18		deficit) for the year (subtract line 17 from line 9)	18	59 750				
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with	;					
d SS			figure reported on prior year's return)	19	26 929				
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	20	0				
	21		or fund balances at end of year Combine lines 18 through 20	21	86 679				

?

?:	Par	t II	Balance Sheets (see the instructions to	or Part II)				
			Check if the organization used Schedule	O to respond to an	ny question in this	Part II	_	(B) End of year
					-	(A) Beginning of year		(B) End of year
	22	Cas	n savings, and investments		_	25 429		
	23	Lan	d and buildings					
	24	Oth	er assets (describe in Schedule O)			1 500	+-	+
	25		al assets			26 929	+	
	26	Tot	il liabilities (describe in Schedule O)		_		 _ `	+
	27	Net	assets or fund balances (line 27 of column	(B) must agree with	h line 21)	26 929	27	86 679
?	Par		Statement of Program Service Accom	plishments (see th	ne instructions for f	Part III)		Evnoncos
			Check if the organization used Schedule	O to respond to a	ny question in this	Part III	l IR	Expenses equired for section
	What	t is the	organization's primary exempt purpose?				٠,)1(c)(3) and 501(c)(4)
	as m	neasur	e organization's program service accompli ed by expenses In a clear and concise m	nanner describe the	f its three largest p e services provided	rogram services, I the number of		ganizations optional for hers)
.?:	perso 28		nefited, and other relevant information for ea es and housing rent for aprox 65 participants	ach program title			-	
P.A.	20		as and nodesing term for aprox of participants					
	_		· · · · · · · · · · · · · · · · ·		, ,,	···· ······ ····		57.004
	3;	(Gran		includes foreign gra	ants, cneck here	▶ 🗵	28	3a 57,334
	29	Food	medicines for homeless people aprox 25 part	icipants				
						<u></u>		
		(Gran	s \$) If this amount	includes foreign gra	ants, check here	▶ ∐_	29	9a 6023
	30							
			,					
		(Gran		includes foreign gra	ants, check here	▶ ⊔	30	0a 0
	31		program services (describe in Schedule O)					
		(Gran		includes foreign gra	ants, check here	<u> </u>	31	
	_		program service expenses (add lines 28a				3	
	Par	. IV	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				nsu	uctions for Part IV)
			(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits contributions to employ	/ee (e) Estimated amount of
				devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans and deferred compensation	n	other compensation
	Mr J	uan A		30)	0	0
				25			+	
	Mrs	Betty /	.lbaladejo Maldonado Ex Dir	35	c		0	0
			· · · · · · · · · · · · · · · · · · ·	4.0			十	
	Mr F	 rancıs	o Llovet Finance	12	d		0	0
							T	_
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ļ	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
•		instructions for that the original and a support to any question in the	<u> </u>	Yes	No
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes" provide a detailed description of each activity in Schedule O	33		~
?'	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2 6a, and 7a, among others)?	35a		,
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		~
	С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes" complete Schedule C, Part III	35c		v
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a 27a	4		*
	b	Did the organization file Form 1120-POL for this year?	37b	L.,	1
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were	نـــــــنــ		ڙ <u>بان</u>
		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(a)(7) expension and Enter	4	,	, ý
	39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 39a 39a		, ,	gar".
	a b	Gross receipts, included on line 9, for public use of club facilities 39b		٠, س	م پنگیا د ا
	40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1 7	,	₩.E.
		section 4911 ▶ , section 4912 ▶ , section 4955 ▶			3
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		,	2 a ",
		excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		-,	-A [*] ,
		on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			* ye.
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	,		- 1
	е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes," complete Form 8886-T	40e	<u></u> -	1
	41	List the states with which a copy of this return is filed ▶			
	42a	The organization's books are in care of ▶ Telephone no ▶			
		Located at ► ZIP + 4 ►		,	
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
		If "Yes," enter the name of the foreign country ▶]	.,1	و ' ئۇ ئ
		See the instructions for exceptions and filing requirements for FinCEN Form 114 Report of Foreign Bank and Financial Accounts (FBAR)		۱ 	k 1
	С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		<u> </u>
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► []
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
	b	Did the organization operate one or more hospital facilities during the year? If "Yes" Form 990 must be completed instead of Form 990-EZ	44b		
	С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	· .	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			*** 194 **
		Form 990-EZ See instructions	45b		1

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Form **990-EZ** (2020)

?

								No
	Did the organization engage, directly or i			behalf of c	r in oppos	tion 🗽		
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I				46	1
Part \	/I Section 501(c)(3) Organization	s Only				•		
-	All section 501(c)(3) organization		stions 47-49b and	52, and co	omplete th	e table	s for lin	ies
	50 and 51	•		•	•			
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				
	Oncorn the organization dood of	nodalo o to respond	to any quodion in t				Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501/h) electio	n in effect	during the	tav [103	140
	year? If 'Yes," complete Schedule C, Pai		section sortin election	ni ili Gilect	during the		47	
			AO 16 60 A - 12	0-1				/
	Is the organization a school as described					-	48	V
	Did the organization make any transfers t			zation		⊢	l9a	V
	If "Yes" was the related organization a s	•					9b	
	Complete this table for the organization's							
	employees) who each received more than	n \$100,000 of comper	nsation from the orgai	nization If t	here is nor	e enter	r "None '	17
		(b) Average	(c) Reportable	1	benefits	435.		
	(a) Name and title of each employee	hours per week	compensation		to employee and deferred		mated amo compensa	
		devoted to position	(Forms W-2/1099-MISC)		nsation			
				1				
				1				
				<u> </u>				
N/A		İ						
		-						
	·							
				 				
	-	<u></u>		<u> </u>				
	Total number of other employees paid ov		P					
	Complete this table for the organization			contractor	s who each	n receiv	red more	than
	\$100 000 of compensation from the orga	nization if there is no	ne, enter None					
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	rice	(c) Compen	sation	
				-				
			<u> </u>					
N/A								
d	Total number of other independent contra	actors each receiving	over \$100,000	>				
52	Did the organization complete Schedu	ale A? Note All se	ction 501(c)(3) organ	nızatıons n	nust attacl	n a		
	completed Schedule A					► 🗹 Y	/es 🔲 ˈ	No
Under pe	nalties of perjury. I declare that I have examined this	return including accompan	ving schedules and stateme	ents and to the	best of my k	nowledge	and belief	ıt ıs
	ect and complete Declaration of preparer (other than					3-		
		N/A K	. 1					
Sign	Signature of officer	(1) (W) ,	191111	Dat	e \	(
Here	Juan A Rojas Castellon Presiden	ut K/ while I re	ia Listella		05/0	4\ U		
	Type or print name and title	1 1000 01 100	1 010/ 00		- 0.3 /-	/\ `		
_	Print/Type preparer s name	Preparer s signature	Da	te	T	РП	N	
Paid					Check self-emplo	l If		
Prepa	I =	1		Τ_		,		
Use C					n s EIN ▶		-	
May the	Firm's address ► e IRS discuss this return with the prepare	r shown above? See i	nstructions	I Pho	one no	▶ □ Y	/es □ I	No
						•	_~=_ '	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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▶ Attach to Form 990 or Form 990-EZ

Department of the Treasury Internal Revenue Service ▶ Go to www irs gov/Form990 for instructions and the latest information Employer identification number Name of the organization

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_	OS INC (ASOCIACION para el Mejora					00-00	
Pai	t I Reason for Public Cha	rity Status (Al	l organizations mus	t compl	ete this j	oart) See instructi	ons
The o	organization is not a private found		,	-	•	•	
1	A church, convention of church						
2	A school described in section) (
3	A hospital or a cooperative ho	•	_				/
4	A medical research organization hospital's name, city, and state	•	onjunction with a hos	pital desc	cribed in s	section 170(b)(1)(A)	(III) Enter the
5	An organization operated for section 170(b)(1)(A)(iv) (Com		college or university	owned o	or operate	ed by a government	al unit described in
6	A federal, state, or local gover	nment or govern	imental unit described	in secti	on 170(b))(1)(A)(v)	
7	An organization that normally described in section 170(b)(1		·	port fron	n a gover	nmental unit or fron	n the general public
8	☐ A community trust described	n section 170(b	(1)(A)(vi) (Complete	Part II)			
9	An agricultural research organ or university or a non-land-gra university						
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fu it income and un	inctions, subject to ce related business taxa	ertain exc ble incon	eptions, a ne (less s	and (2) no more than ection 511 tax) from	33¹/3% of its
11	☐ An organization organized and		· · · · · · · · · · · · · · · · · · ·		-	•	
12	☐ An organization organized and	-	-	-			rry out the purposes
	of one or more publicly support		· ·				
	Check the box in lines 12a thro	ough 12d that de	scribes the type of sup	oporting o	organızatı	on and complete line	es 12e 12f and 12g
а	☐ Type I A supporting organization supporting organization Y	n(s) the power to	regularly appoint or e	elect a ma	jority of t		
b	☐ Type II A supporting orga	-				supported organizati	on(s) by having
	control or management of organization(s) You must	the supporting of	organization vested in	the same			
С	Type III functionally integ its supported organization						ally integrated with,
d	☐ Type III non-functionally	integrated A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s)
	that is not functionally inte requirement (see instruction						d an attentiveness
е	Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from tl	ne IRS th	at it is a Type I, Type ion	e II, Type III
f	Enter the number of supported						
g	Provide the following information	n about the supp	orted organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)		-	-			_	
(D)						,	
(E)							
Total				5	1 6		

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)

Section A Public Support

Sect	ion A Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	45 049	69,900	49 099	77 362		358 213
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	45 049	69 900	49 099	77 362	116 803	358 213
4	Total Add lines 1 through 3						·
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	\$ 1 5 4 5 4 5 4 5 4 5 5 6 5 6 5 6 5 6 5 6 5					0
6	Public support Subtract line 5 from line 4	r -	· "+ "," " »	, an * 31 .	۱ ۱ ۱ ۵	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	358,213
Secti	on B Total Support					······································	
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	45 049	69 900	49 099	77 362	116 803	358 213
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	20,000	25,000	45,000
9	Net income from unrelated business activities whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	57,890	24,731	42 577	60 719	22,205	208,120
11	Total support Add lines 7 through 10	7	₹4 ".	- f	<i>p</i> .	in to all to	611 333
12	Gross receipts from related activities, etc	(see instruction	ons)			12	611 333
13	First 5 years If the Form 990 is for the	organization's	s first, second	, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C Computation of Public Suppor	t Percentage	е				
14	Public support percentage for 2020 (line 6			1, column (f))		14	59 %
15	Public support percentage from 2019 Sch					15	53 %
16a	331/3% support test—2020 If the organi				id line 14 is 33	31/3% or more, o	
L	box and stop here The organization qua	-		•		001.07	. ▶ ☑
b	331/3% support test—2019 If the organithis box and stop here. The organization					is 331/3% or mo	
47-	· -	•	- ,,	ū			
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meets the organization	eets the facts-	and-circumsta	ances test, che	eck this box a	nd stop here	Explain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more and if the organization in Part VI how the organization meets the organization	n meets the fa	cts-and-circun	nstances test	check this box	x and <mark>stop her</mark>	e Explain
18	Private foundation If the organization of instructions	did not check	a box on line	13, 16a, 16b	17a, or 17b,	check this box	

Part	III Support Schedule for Organiz	ations Desci	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked t	he box on line	e 10 of Part I	or if the orga	ınızatıon failed	d to qualify un	der Part II
	If the organization fails to qualify	under the te	sts listed bel	ow, please c	omplete Part	II)	
Sect	on A Public Support					/	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020'	(f) Total
1	Gifts grants, contributions, and membership fees					/	
_	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	İ				/	
	furnished in any activity that is related to the				/		
	organization's fax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the	•					
	organization's benefit and either paid to			/	1		
	or expended on its behalf			/			
5	The value of services or facilities			/	İ		
	furnished by a governmental unit to the			/			
	organization without charge				ļ		
6	Total Add lines 1 through 5			/			
7a	Amounts included on lines 1, 2, and 3	Ì	/				
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified					i	
	persons that exceed the greater of \$5 000		/		1		
	or 1% of the amount on line 13 for the year		/				
C	Add lines 7a and 7b	840 " "	1 10% 01 2	-40 & 6 C 21 A	4 ")	475 24.4	
8	Public support (Subtract line 7c from	3	che l'angle	Hall by many	LE LIKE IT WE		
01-	line 6)	1 2 1 1 7 1/2	大いなかべん	C. C. Walter	化人 李 多种 人工	The state of the s	
	on B Total Support dar year (or fiscal year beginning in)	/-> 001C	(L) 0047	(-) 0040	(-1) 0040	4-3-0000	
9	Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
10a	Gross income from interest dividends,	 /					
IVa	payments received on securities loans, rents,	/					
	royalties, and income from similar sources	/					
b	Unrelated business taxable income (less/						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975			•			
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b whether						
	or not the business is regularly, carned on				İ		
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11,						
	and 12)						
14	First 5 years If the Form 990 is for the		s first, second	, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he						▶ □
Section	on C Computation of Public Suppor		 				
15	Public support percentage for 2020 (line 8			13, column (f))		15	%
16	Public support percentage from 2019 Sci					16	%
	on D Computation of Investment In						
17	Investment income percentage for 2020 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2019				11 45	18	%
19a	331/3% support tests—2020 If the organ						
h	17 is not more than 331/3% check this box						
b	331/3% support tests—2019 If the organize line 18 is not more than 331/3%, check this line 18 is not more than 331/3%.						
20/	Private foundation If the organization di					-	_

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)

A	•			A	anizations
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oc cuon	_	~II ~I	IDDOLULIA	~ ~	iainzauviis

CCI	on A An Supporting Organizations			
-			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1	11	
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)	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	3a	**	William .
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	2/8	12 10 10 10 10 10 10 10 10 10 10 10 10 10
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below	4a		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	[]	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	San All Control of the Control of th	STATE OF THE PARTY
b	Type i or Type II only Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		الق تــــــــــــــــــــــــــــــــــــ
С	Substitutions only Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI	8 3 cs	. 1	The state of the s
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		245
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)	<u>1</u> .		*
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes," provide detail in Part VI	9a	, , &	Go to
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	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below	10a		~ * * * * * * * * * * * * * * * * * * *
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C Form 4720 to determine whether the organization had excess business holdings)	10b		" "

Don't	W. Supporting Output Annual (continued)			490,0
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1 , std.	į.	100 mg
а	A person who directly or indirectly controls either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		3
b	A family member of a person described in line 11a above?	11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI	11c		3, 4,
Sect	ion B Type I Supporting Organizations	1110	l.	<u> </u>
	- type techning engineering		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 70 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2	- A	A STATE OF THE STA
Sect	ion C Type II Supporting Organizations		,	,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sect	ion D All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	n	To the state of th
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		To the second
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3	Age 1	***************************************
	on E Type III Functionally Integrated Supporting Organizations			
1 a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. Activities Test. Answer lines 2a and 2b below.			tions)
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1/	-	460
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	in the state of th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	- 	
3 a	Parent of Supported Organizations <i>Answer lines 3a and 3b below</i> Did the organization have the power to regularly appoint or elect a majority of the officers directors or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI</i>	3a		96%
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b	u.f.	3 8

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	The state of the s		5 6 2 m - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
a	Average monthly value of securities	1a	 	
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)	金があっ		The second second
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3	<u></u>	
4	Cash deemed held for exempt use Enter 0 015 of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	The state of the s	
2	Enter 0 85 of line 1	2	The William Co. White Miles	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	TEME ISALINE LABOR AT ME	
4	Enter greater of line 2 or line 3	4	一点 一点 一点 一点 一点 一点 一点 一点 一点 一点 一点 一点 一点 一	
5	Income tax imposed in prior year	5	我是是你你就就像 你不是	
6	Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	The state of the s	
7	Check here if the current year is the organization's first as a non-function (see instructions)	ally	integrated Type III supporti	ng organization

Pari	V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued	<u>, </u>	
Sect	ion D-Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers ex	empt purposes of supp	ported		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	poses of supported or	ganizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	-provide details in Pa	rt VI)	5	
6	Other distributions (describe in Part VI) See instructions			6	
7	Total annual distributions Add lines 1 through 6			7	
8	Distributions to attentive supported organizations to which	ch the organization is re	esponsive		
	(provide details in Part VI) See instructions			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(II) Underdistributions Pre-2020	(III) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6	I I I for many " " " "	the form to state for ,	1.,	
2	Underdistributions if any for years prior to 2020	F han that I		P. T. THE	
_	(reasonable cause required—explain in Part VI) See	V. Table		The state of the s	
	instructions	S. T. Marie Co.	4		
3	Excess distributions carryover, if any, to 2020	+ 1 1 1 2 2 3		Land to the state of the state	
а	From 2015	7 met 2 m	, , , , , , , , , , , , , , , , , ,	The state of the s	
b	From 2016	The same of the same		AT AME IN HOR WATER BUTTE	
	From 2017	2 10 20 (1)	* 1.00 / May	h in the	
d	From 2018	3. 17 18	£ 5	17 3 6	
е	From 2019	27 6 9 164 "	The following the constant		
f	Total of lines 3a through 3e	7. 4 9 92	7) - 9 . W		
g	Applied to underdistributions of prior years	, ", ,,		1 5 , NO.	
h	Applied to 2020 distributable amount	1 1 2 - 2 2 2 2 2	U1 1 - 1 mg		
$\overline{}$	Carryover from 2015 not applied (see instructions)		The state of the s	2 Man 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Remainder Subtract lines 3g, 3h, and 3i from line 3f		~ / · F. ~	2	
4	Distributions for 2020 from	& during a	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	
	Section D, line 7 \$	Trans The State Signal - 12 Contract	1 9 . a. Jan 19 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .		
а	Applied to underdistributions of prior years	1 " 1 100 grading " 100"			
b	Applied to 2020 distributable amount	\$ 1 = 4 2 1	1 7 7		
С	Remainder Subtract lines 4a and 4b from line 4		CERCON TO THE	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
5	Remaining underdistributions for years prior to 2020, if	, 4 Jan 5	•	"E ₁ 1" 3	
	any Subtract lines 3g and 4a from line 2 For result	1, 7, 5,	-	3, 3, 3	
	greater than zero explain in Part VI See instructions	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	د برد:	in the state	
6	Remaining underdistributions for 2020 Subtract lines 3h	1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	and 4b from line 1 For result greater than zero, explain in	an " ara"	4	·	
	Part VI See instructions	441	*	1	
7	Excess distributions carryover to 2021 Add lines 3j		2 30° 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	and 4c		7 7	, se , se	
8	Breakdown of line 7	1	\	The state of the s	
<u>a</u>	Excess from 2016	10 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
b	Excess from 2017	* * * * * * * * * * * * * * * * * * * *	1	1 1/61 p 1	
	Excess from 2018	1 . b	1 2 1 2 1	K 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
<u>d</u> _	Excess from 2019	The state of the s	A Property of the state of the		
е	Excess from 2020	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in the second of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Part VI

Supplemental Information Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

fashion show (pass	sarella) *Du	e toi the COVID) 19 pandemi	a the passare	lla activiti was c	ancelled Golf tourn
Income (receipts)	2016	2017	2018	2019	2020	Total
Contributions	\$45,049	\$68,900	\$49,099	\$77,362	\$116,803	\$358 213
Fund Raising	57,891	24,731	42,577	60,717	22,205	208 120
Municipal Loan/ Ot	her			20 000	25,000	45 000
Total	102 940	93,631	91 676	158,079	164 008	610,333
Expenses				 		
Cost of fund raising	g 20 960	22 065	15 904	23 736	7 878	90 543
Donations to public	52,232	61,269	43,018	85,852	63,357	305,728
Operational					· - · · · · · · · · · · · · · · · · · ·	
Salaries	26 021	25 348	30 638	33,446	22,404	137,/857
General Office	4 503	5,615	8,405	6,903	6,119	31,545
Loan repayments	<u></u>			11,500	4,500	16,000
Total Expenses	103 716	114 297	97,965	161 437	104 258	581 673
Change	\$ -716	\$-20 666	\$-6 289	\$-3 358	\$59 750	\$28 660
						
· · · · · · ·				·		
		<u> </u>				