## **Short Form**

## 29492092092500 OMB No. 1545-0047 **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

Department of the Treasury

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

**Open to Public** Inspection

		nue Service	Go to www.irs.gov/Form990E2 for instructions and the latest informa	illon.	<u> </u>	
			ar year, or tax year beginning , 2020, and ending	_		20
B	heck if ap	plicable	C Name of organization ?	D Emple	oyer identification n	7 ==
	Address c	hange		83-150532	2 W	
	Name cha	-	Number and street (or P O box if mail is not delivered to street address) ? Room/suite	E Telep	hone number	
=	nitial retui	m/terminated	1460 9th Street	l	541-997-3132	خسو
7	rinai returi Amended		City or town, state or province, country, and ZIP or foreign postal code	F Grou	p Exemption	6
		n pending	Florence, OR 97439 () 5	Num	ber 🕨 ?	8
G A	Account	ing Method.	☐ Cash ☐ Accrual Other (specify) ►	Check •	If the organiz	ation is not
	Vebsite	_			to attach Schedule	-
J Ta	ax-exen	npt status (che	eck only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527	-	90, 990-EZ, or 990-	_
			☑ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets		
			S500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> s	
-	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see th	e instruc	tions for Part I)	?
			the organization used Schedule O to respond to any question in this Part			
.?	1		ons, gifts, grants, and similar amounts received		1	· · <u> </u>
?	2		ervice revenue including government fees and contracts		2	
2	3	_	ip dues and assessments	` `	3	
?	4	Investment		}	4	
-	1 _					
	5a		or other basis and sales expenses			
	b		· · · · · · · · · · · · · · · · · · ·		S-	0
	6 6		ss) from sale of assets other than inventory (subtract line 5b from line 5a) id fundraising events:		5c	0
	a	Gross inc	ome from gaming (attach Schedule G if greater than			
E		\$15,000) .	6a			
Ŗevenue	b	Gross inco	me from fundraising events (not including \$ of contribution)	ons		
Ę,		from fundr	aising events reported on line 1) (attach Schedule G if the			
		sum of suc	th gross income and contributions exceeds \$15,000)   6b			
	С	Less: direc	et expenses from gaming and fundraising events 6c			
	ď	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract		
		line 6c) .		[	6d	0
	7a	Gross sale	s of inventory, less returns and allowances	İ		
	ь		of goods sold			
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8		nue (describe in Schedule O)	1 [	8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECEIVED	. ▶	9	0
<u>ר</u>	10		similar amounts paid (list in Schedule O)		10	0
)	11		aid to or for members	1 [	11	0
Expenses	12	Onlasian at	ther compensation, and employee benefits ?	31 t	12	0
<b>-</b> 86	13	Profession	al fees and other payments to independent contractors DEN, U.T.	1	13	0
īē	14	Occupancy	y, rent, utilities, and maintenance	<b>J</b> Ì Ì ∤	14	0
Įά	15		ublications, postage, and shipping		15	0
_	16		enses (describe in Schedule O)	· · ·	16	0
<u> </u>	17	•	enses. Add lines 10 through 16		17	0
	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	<del></del>	18	<u> </u>
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	e with		<del></del>
SS			ir figure reported on prior year's return)	ŀ	19	0
Net Assets	20	•	nges in net assets or fund balances (explain in Schedule O)	L	20	<del></del> 0
Š	21		or fund balances at end of year. Combine lines 18 through 20	. ⊦	21	<u>o</u>
For	<del></del>		ion Act Notice, see the separate instructions.  Cat No. 10642		<del></del>	F7 :
·U	- ahei	Neuucl	ion not itolice, see the separate instructions. — — — — — — — — — — — — — — — — — — —		Form <b>990</b>	<b>-EZ</b> (2020)

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			
		<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		~
c 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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b 38a	×	
39 a b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
b	section 4911 ► ; section 4912 ► ; section 4955 ►  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 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		<b>✓</b>
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>/</b>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Megan Spencer Telephone no. ▶ !	541-99	7-313	2
b	Located at ► 1460 9th Street / Florence, OR  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)?	974 42b	Yes	No
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country	42c		
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	• •	. I	No No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>✓</b>
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	<b>E</b> 3	<b>'</b>
c d	Did the organization receive any payments for indoor tanning services during the year?	44d		<b>✓</b>
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	age 4
Part VI Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for line 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI	No
47 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	es $\Box$
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	No
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	V V J key
(a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable compensation (Forms W-2/1099-MISC)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation	
f Total number of other employees paid over \$100,000	than
(a) Name and business address of each independent contractor (b) Type of service (c) Compensation  NONE	
d Total number of other independent contractors each receiving over \$100,000 ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	lo
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Date	is
Megan Specicer, Executive Director Type or print name and title	
Paid Preparer's name Preparer's signature  Preparer's signature  Date Check ☐ if self-employed  Firm's name  Firm's name  Firm's EIN ▶	
Use Only Firm's name Firm's name Firm's address Phone no.  May the IRS discuss this return with the preparer shown above? See instructions	0

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

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

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1401110	or are or	gainzauon:					Employer Identification	· ildiiibei
	uslaw Public Library Foundation 83-150532							
Par		Reason for Public Char						ons.
The c	organiza	ation is not a private founda	tion because it is	s: (For lines 1 through	12, ched	k only or	ne box.)	
1	☐ A c	hurch, convention of church	hes, or association	on of churches descri	ibed in <b>s</b> e	ection 17	O(b)(1)(A)(i).	(1
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		ospital or a cooperative hos		·				$\cup$ 1
4		nedical research organization						(iii). Enter the
		spital's name, city, and state	•	•				
5		organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
_		tion 170(b)(1)(A)(iv). (Com					, - g	
6	_	ederal, state, or local govern	•	mental unit described	ın sectio	n 170(b)	(1)( <b>Δ</b> )(v)	
7		organization that normally						the general public
•		scribed in section 170(b)(1)		-	port non	a gove.	innertal and or from	Tine general public
	_			•	Dort II \			
8	_	ommunity trust described ii						
9		agricultural research organi						
		university or a non-land-gra versity:	nt college of agri	iculture (see instructio	nis). Ente	i ille ilali	ne, city, and state of	the college of
10		organization that normally r	oceives /1\ more	than 337.0% of its su	nnort fro	m contrib	outions membership	fees and gross
10	rec	eints from activities related	to its exempt ful	nctions, subject to ce	rtain exce	eptions: a	and (2) no more than	331/3% of its
	sup	port from gross investment	income and unr	related business taxal	ole incom	ne (less so	ection 511 tax) from	businesses
		juired by the organization a		· · · · · · · · · · · · · · · · · · ·		•	•	
11		organization organized and	•		-			
12		organization organized and						
		one or more publicly suppo	•		-	•••	, ,, ,	
	Che	eck the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting c	organizati	on and complete line	s 12e, 12f, and 12g.
а		Type I. A supporting organ						
		the supported organization					he directors or trust	ees of the
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B	•		
b		Type II. A supporting organ						
		control or management of	the supporting o	rganization vested in	the same	persons	that control or man	age the supported
		organization(s). You must	complete Part I	V, Sections A and C.	•			
С		Type III functionally integ						ally integrated with,
		its supported organization(	s) (see instructio	ns) You must compl	lete Part	IV, Secti	ions A, D, and E.	
d		Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s)
		that is not functionally integ						
		requirement (see instructio	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е		Check this box if the organ	ization received	a written determination	on from t	he IRS th	at it is a Type I. Type	e II. Type III
		functionally integrated, or 1						, .,,,
f		the number of supported o						
g		de the following information	_	orted organization(s).				<u> </u>
	(i) Name	of supported organization	(ii) EIN	(ili) Type of organization	(iv) is the c	rganization	(v) Amount of monetary	(vi) Amount of
	•••	5	, ,	(described on lines 1–10		ir governing	support (see	other support (see
				above (see instructions))	aocu	ment?	instructions)	instructions)
					Yes	No		
(A)								
·					<u> </u>	<del> </del>		<del></del>
(B)								
				· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>	<u> </u>
(C)						1		
			<del></del>					<del>_</del>
(D)								
					<u> </u>	<del> </del>		
(E)		ı			}	}		
			7	7 to 10 to 1	,			

Part							
•	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
04	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support	(=) 0016	(b) 2017	(a) 2018	141 2010	(a) 2020	(f) Total
Calen 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2016	<b>(b)</b> 2017	(c) 2018	<sup>3</sup> (d) 2019	(e) 2020	(I) Iolai
'	membership fees received. (Do not				,		<b>*</b>
	include any "unusual grants.")	N/A	N/A	o	0	o	. 0
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	N/A	N/A	0	0	0	. 0
3	The value of services or facilities					ĺ	
	furnished by a governmental unit to the organization without charge			_			
4	Total. Add lines 1 through 3	N/A	N/A	0	0	0	0
_	•					30.5	
. 5	The portion of total contributions by each person (other than a		TAR AND				
,	governmental unit or publicly						
7	supported organization) included on						
	line 1 that exceeds 2% of the amount						¢.
_	shown on line 11, column (f)				Barry		
6 Sooti	Public support. Subtract line 5 from line 4 on B. Total Support	<b>经验证证据</b>	escapioni de la composición della composición de	Market Mar	大战。 第二、 第二、	<b>建筑工业服产等额</b>	0
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	(a) 2010 N/A	N/A	0 2010		· · · · · · · · · · · · · · · · · · ·	(i) iotai
8	Gross income from interest, dividends,			<del>, _ , , </del>			
-	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	N/A	N/A	0	0	0	<u>, , , , , , , , , , , , , , , , , , , </u>
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on	. N/A	N/A				0
10	Other income. Do not include gain or	IN/A	14/4	<del></del>			····
	loss from the sale of capital assets						
	(Explain in Part VI.)	N/A	N/A	0		0	0
11	Total support. Add lines 7 through 10		1				0
12	Gross receipts from related activities, etc					12	0
13	First 5 years. If the Form 990 is for the organization, check this box and stop he				-		
Secti	on C. Computation of Public Suppo			<del> </del>	<del> </del>	<del></del>	
14	Public support percentage for 2020 (line			11, column (fi)	<del>,</del>	14	%
15	Public support percentage from 2019 Sc					15	%
16a	331/3% support test-2020. If the organ						
	box and stop here. The organization qua	·		-			
b	331/3% support test—2019. If the organ		1		•		
47-	this box and stop here. The organization			_			
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m						
	Part VI how the organization meets the						
	organization						
b	10%-facts-and-circumstances test-2					6a, 16b, or 17	nu.
	15 is 10% or more, and if the organization	on meets the fa	acts=and=circui	nstances test,	check this bo	x and stop he	re, Explain
•	in Part VI how the organization meets the	,					· • ·
40	organization		·				<u></u>
18	Private foundation. If the organization	-	•			,	`
_	instructions				· · · · ·	<u> </u>	· · ·

Schedu	le A (Form 990 or 990-EZ) 2020						Page 3
Part							
•	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please c	omplete Part	II.)	
	on A. Public Support			·		<del></del>	
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Totál
1	Gifts, grants, contributions, and membership fees	1					
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	<del></del>		<del> </del>	<del> </del>	<del> </del>	
-	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-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 or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3	ļ					
	received from disqualified persons .			/	ļ		
b	Amounts included on lines 2 and 3		/				
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			:			
С	Add lines 7a and 7b				<u> </u>		
8	Public support. (Subtract line 7c from						
	line 6.)						L
	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
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	<del>/</del>					
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 carried on						
12	Other income. Do not include gain or				<del> </del>		<del>                                     </del>
	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 organization, check this box and stop he	_			, or fifth tax ye		, , , ,
Sect	ion C. Computation of Public Suppo						
15	Public support percentage for 2020 (line					15	%
16	Public support percentage from 2019 Sc			· · · ·	<u></u>	16	%
	ion D. Computation of Investment In						
17	Investment income percentage for 2020						<u>%</u>
18	Investment income percentage from 2019	s Scheaule A, i	raπ III, IIne 17			18	%

331/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization \$\infty\$ 331/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization \$\infty\$

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

## Part IV. Supporting Organizations

Section A. All Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All S	upporting Org	anizations		
		, ,		

- 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 "Ycs," 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.**
- 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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Part	V Supporting Organizations (continued)		
•	U	Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described in line 11a above?	11b	1
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c	
Secti	on B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations	1.4	1
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes	No
Secti	on 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	indered masses
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	
Sect	on E. Type III Functionally Integrated Supporting Organizations		<u>.                                    </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructio	ns).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	/ <b>*</b>	-4/1
с 2	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	100	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> 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.	<b>2</b> a	
<b>b</b>	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 _a	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> 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	
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 <b>Part VI</b> the role played by the organization in this regard	3b	4 68 68

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Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations			
**************************************	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
_1	Net short-term capital gain	1				
_2	Recoveries of prior-year distributions	2				
_ 3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
_ 5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1¢				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors (explain in detail in Part VI).	,				
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C—Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
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	integrated Type III suppo	rting organization		
	(see instructions).					

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continue	d)	
Secti	on D-Distributions	,			Current Year ;
1	Amounts paid to supported organizations to accomplish e		1		
<b>, 2</b>	Amounts paid to perform activity that directly furthers exe	rted			
<u> </u>	organizations, in excess of income from activity			2	
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	<del>,</del>
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.	<del></del>		6	<u> </u>
7	Total annual distributions. Add lines 1 through 6.			7	, ,
8 (	Distributions to attentive supported organizations to Which	n the organization is res	ponsive		
	(provide details in Part VI). See instructions.	<del></del>		8	
9	Distributable amount for 2020 from Section C, line 6		<del></del>	9	
10	Line 8 amount divided by line 9 amount		/ii\	10	(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distribuțions	(ii) Underdistributior Pre-2020	าร	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6	性的性質的學術的	Mark Charles		
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.	alternytik mastur	California L. California L. C. S. C.	* a.v.	
3	Excess distributions carryover, if any, to 2020				The control of the co
a	From 2015				
b_	From 2016	A CONTRACTOR OF THE PROPERTY O	Littly 100 ft 1 1 2 5 1 14 2 Ft 3 5	The late	
C	From 2017	The state of the s			
<u>d</u>	From 2018			Annuar Viviauri	Description of the control of the co
<u>e</u>	From 2019				
f	Total of lines 3a through 3e	FERRORIE RESERVANTA PROPERTY AND AND AND A	P在,据以新中发	A PARE	NATA STATE OF STATE O
<u>g</u>	Applied to underdistributions of prior years		MAN TO THE PERSON NAMED IN COLUMN	و و دران	
<u> </u>	Applied to 2020 distributable amount			(8. J)	 
<u>i</u>	Carryover from 2015 not applied (see instructions)			SECTION OF THE PARTY OF THE PAR	SELECTIVE ASSESSMENT OF THE RESIDENCE OF THE PROPERTY OF THE P
<u>_</u>	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.	GROOM AND TO THE TOTAL OF THE STATE OF THE S		italian Manual	
- 4	Distributions for 2020 from			e e i	
	Section D, line 7:	THE NATIONAL PROPERTY.	his manifestation of the state	M.C.A.	
<u>a</u>	Applied to underdistributions of prior years			94 Pc	
<u>b</u> _	Applied to 2020 distributable amount  Remainder. Subtract lines 4a and 4b from line 4.	ALTERNATION CONTRACTOR PROPERTY SECTOR		1. (1121 1. (1121	
<u>c</u>	- 11	15421642 (1562) vebbr	ALEXY CARRIES SHOW SECTION AND THE	95°47'29'	
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				ASSESSMENT OF A STANDARD OF A STANDARD OF A STANDARD OF A
0	and 4b from line 1. For result greater than zero, explain in				
Ţ.	Part VI. See instructions.				
<del>-</del> 7	Excess distributions carryover to 2021. Add lines 3j	Constitution of the Consti			
•	and 4c				
8	Breakdown of line /:			gekinidy Gunjana	
a	Excess from 2016		opiskoganja "producij" din 1829.		
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C	Excess from 2018			1000	
d	Excess from 2019				
е	Excess from 2020		mingraph continues and the state of	HO.	A graduation of the state of th

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