Short Form Return of Organization Exempt From Income Tax

2020

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

OMB No 1545-0047

Department of the Treasury

▶ 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

		riue Gervice		 -		
_			ar year, or tax year beginning July 1 , 2020, and ending		une 30	
$\overline{}$	Check if ap		C Name of organization ? Northampton Rotary Foundation Inc	D Empl	•	entification number
님	Address c	-			00233145	
片	Name cha	-	E Telephone number			
Ħ	Initial retur			135865860		
Ħ	Amended		1) 21		ıp Exer	•
Ō	Applicatio	on pending	Northampton MA 01061	Num	nber 🕨	?
G	Account	ting Method	☐ Cash ☐ Accrual Other (specify) ► H C	heck	▶ □ ₁	f the organization is not
1 1	Nebsite	e:► www	northamptonrotaryclub org re	equired	l to atta	ach Schedule B
JT	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 (F	orm 9	90, 990)-EZ, or 990-PF)
K	Form of	organization	☑ Corporation ☐ Trust ☐ Association ☐ Other			
L A	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets		
(Pa	rt II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstruc	tions	for Part I) ?
			the organization used Schedule O to respond to any question in this Part I			
?	1		ons, gifts, grants, and similar amounts received		1	1000
?	2		ervice revenue including government fees and contracts	1	2	
?	3	-	p dues and assessments		3	3248
?	4	Investment	•		4	1
	5a		unt from sale of assets other than inventory 5a			
	Ь		or other basis and sales expenses			
			ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6		d fundraising events	`		
	٦	_	ome from gaming (attach Schedule G if greater than		,	
<u>e</u>	"		· · · · · · · · · · · · · · · · · · ·	ľ	İ	
Revenue	۱ ۲		me from fundraising events (not including \$ of contributions			
Š	"		alsing events reported on line 1) (attach Schedule G if the	'		
Œ			1 45 000	12449		
				12447		
	d		t expenses from gaming and fundraising events 6c eor (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract		
	"	line 6c) .	e of floss) from gaining and fundraising events (and lines of and ob and subt	ract	ایم	12440
	7-	•	- of muchan, lane with man and allowers	· •	6d	12449
	í.		s of inventory, less returns and allowances			
	b		of goods sold		. .	
			t or (loss) from sales of inventory (subtract line 7b from line 7a)	•	7c	
	8	Other rever	nue (describe in Schedule O)	7	8	
	9	otal revei	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	16698
,	10		similar amounts paid (list in Schedule O)	OSC	10	9833
	11	.	id to or for members	1911	11	
Š	12	Salaries, of	her compensation, and employee benefits]뙶	12	
ű	13	Professiona	al fees and other payments to independent contractors		13	
Expenses	14		, rent, utilities, and maintenance OGDEN, UT.	النـــا	14	
Ш	15	-	blications, postage, and snipping	·	15	
	16	•	nses (describe in Schedule O) 🛂	· [16	4187
	17		nses. Add lines 10 through 16	>	17	14020
Ş	18		deficit) for the year (subtract line 17 from line 9)	· [18	2678
se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree v	vith	- 1	·
As		end-of-year	figure reported on prior year's return)	· [19	35396
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	. [20	
Z	21	Net assets	or fund balances at end of year Combine lines 18 through 20	<u> </u>	21	38074
E	D		on Act Nation and the congrete methodisms			- 000 F7

Cat No 106421

Form **990-EZ** (2020)



Pai		(D) III				
	Ralance Sheets (see the instructions			Doub II		
	Check if the organization used Schedu	e O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
	Out to the second second to		_		→	
22	Cash, savings, and investments			/ 303	96 22	38074
3	Land and buildings				23	
4	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O) .				26	
7	Net assets or fund balances (line 27 of colum				96 27	38074
ar	Statement of Program Service Accor				٦	Expenses
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part III [quired for section
hat	t is the organization's primary exempt purpose?				- 501	(c)(3) and 501(c)(4)
	ribe the organization's program service accomp				, ,	anizations, optional for
	neasured by expenses. In a clear and concise		e services provided	l, the number o	f otne	ers)
	ons benefited, and other relevant information for e					
8	Assist various non-profit organizations in the North	ampton community w	ith their missions thr	ough	.	1
	donations direct from Northampton Rotary				.	
				<u></u>	.	
?	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	<u> ▶ □</u>	28a	9833
9					.	1
					.	
]
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	<u> ▶ □</u>	29a	
0						
						[
						i
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	▶ □	30a	
	Other program services (describe in Schedule O)		· · · · · · ·			
	, ,	t includes foreign gra			31a	
	Total program service expenses (add lines 28a	through 31a)	into, oncon noro :	· · · · · · ·	32	9833
art						,,,,,,
	TAX LIST OF UNICERS, DIRECTORS, TRUSTEES, AND NE	v Employees (list each	one even if not come		instruc	ctions for Part IV)
				pensated—see the		
	Check if the organization used Schedul	e O to respond to a		pensated—see the		ctions for Part IV)
	Check if the organization used Schedul	e O to respond to a (b) Average	(c) Reportable ?	pensated — see the Part IV	s, oyee (e)	Estimated amount of
		e O to respond to a	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the Part IV	s, oyee (e)	🗀
	Check if the organization used Schedul	(b) Average hours per week	(c) Reportable ?	pensated — see the Part IV	s, oyee (e)	Estimated amount of
	Check if the organization used Schedul	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the Part IV	s, oyee (e)	Estimated amount of
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	Check if the organization used Schedul (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the Part IV	s, oyee (e)	Estimated amount of
	Check if the organization used Schedul (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the Part IV	s, oyee (e)	Estimated amount of
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	Check if the organization used Schedul (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the Part IV	s, oyee (e)	Estimated amount of
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	Check if the organization used Schedul (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the Part IV	s, oyee (e)	Estimated amount of
	Check if the organization used Schedul (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the Part IV	s, oyee (e)	Estimated amount of
	Check if the organization used Schedul (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the Part IV	s, oyee (e)	Estimated amount of
	Check if the organization used Schedul (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the Part IV	s, oyee (e)	Estimated amount of
	Check if the organization used Schedul (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the Part IV	s, oyee (e)	Estimated amount of
	Check if the organization used Schedul (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the Part IV	s, oyee (e)	Estimated amount of
	Check if the organization used Schedul (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the Part IV	s, oyee (e)	Estimated amount of
	Check if the organization used Schedul (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the Part IV	s, oyee (e)	Estimated amount of
	Check if the organization used Schedul (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the Part IV	s, oyee (e)	Estimated amount of



Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part v.) Check if the organization used Schedule O to respond to any question in the	3 1 ait	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 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	1121	強く強く
b 39 a b 40a	If "Yes," complete Schedule L, Part II, and enter the total amount involved		A The Contraction	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	344	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		1	
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	77.73 17.73 17.73	
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	T	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country ▶	35411	11:31	Title:
	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	· ·	Yes	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	1/1/1/2 44a	114	
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	_	inti	
c d	Did the organization receive any payments for indoor tanning services during the year?	44d	4144	ン
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		7

Page	4
raye	-

									Yes	No	
		he organization engage, directly or in indidates for public office? If "Yes," o					tion :	[] 46	1		
Part V		Section 501(c)(3) Organizations		<u> </u>							_
		All section 501(c)(3) organization		stions 47–49b and	d 52, an	d complete th	e tabl	les f	or line	es	
		50 and 51.									
		Check if the organization used Sch	nedule O to respond	I to any question in	this Par	<u>t VI </u>	<u> </u>	<u> </u>	<u> </u>		
							_		Yes	No	
		he organization engage in lobbying					tax				
-		? If "Yes," complete Schedule C, Part					.	47		~	E
		organization a school as described in					·	48			
		he organization make any transfers to	•	•			-	49a			
		es," was the related organization a se plete this table for the organization's						49b	s an	d key	
		oyees) who each received more than								u ney	
		The state of the s		T		lealth benefits.	,				
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribu	itions to employee			d amou		
			devoted to position	(Forms W-2/1099-MISC		plans, and deferred empensation	otne	er com	pensat	ion	
				 	+		_				
				}		ł					
					\top				-		
							·				
			_	<u>[</u>	Ĺ _						
								_	_		
				<u> </u>							
		number of other employees paid over				_					
		plete this table for the organization's			nt contrac	ctors who each	recei	ved	more	than	
	100,	,000 of compensation from the organ	ization. If there is no	ne, enter "None."		- ,					
	(a)	Name and business address of each independ	ent contractor	(b) Type of se	ervice	(c)	Compe	ensatio	on		
											
											
											
											
				 							
				1		{					
											
·						1					
d T	otal	number of other independent contra	ctors each receiving	over \$100.000	. ▶						
		the organization complete Schedul	-		anızatıon	s must attach					
				, , , ,				Yes		lo	
Under pena	alties	of penury, I declare that I have examined this re									
		d complete Declaration of preparer (other than							,		
	$\neg \vdash$	July Clinent									
Sign		Signature of officer				Date					
Here 🛭	2	Julee Clement, Treasurer				10-28-2021					
	-	Type or print name and title		- 		-		_			
		Print/Type preparer's name	Preparer's signature		ate	Check	, P1	ΠN	_		
Paid		, , , , , , , , , , , , , , , , , , ,				Check LLI self-employ	/ed				
Prepar		Firm's name				Firm's EIN ▶					
Use Oı	nıy	Firm's address ▶				Phone no					
May the	IRS	discuss this return with the preparer	shown above? See II	nstructions			▶ □	Yes		lo.	

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 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Northampton Rotary Foundation Inc

Employer identification number 300233145

Pa	rt Reason for Public Cha	rity Status. (A	ll organizations mus	st compl	ete this	part.) See instructi	ons.
The	organization is not a private founda	ation because it	is: (For lines 1 through	h 12, che	ck only o	ne box.)	
1	A church, convention of church	hes, or associat	ion of churches desci	nbed in s	ection 17	'0(b)(1)(A)(i).	~ 0
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	6 19
3	□ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	A medical research organization	on operated in c	onjunction with a hos	pital desc	cribed in	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and state:						
5	☐ An organization operated for	the benefit of a	college or university	owned o	or operate	ed by a governmen	tal unit described in
	section 170(b)(1)(A)(iv). (Com	plete Part II.)					
6	☐ A federal, state, or local gover	nment or goverr	mental unit described	d ın secti	on 170(b))(1)(A)(v).	
7	An organization that normally	receives a subs	stantial part of its sup	port fron	n a gover	nmental unit or fror	n the general public
	described in section 170(b)(1)	(A)(vi). (Comple	te Part II.)				
8	☐ A community trust described if	n section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ	zation describe	d in section 170(b)(1)	(A)(ix) or	erated in	conjunction with a	land-grant college
	or university or a non-land-gra	nt college of ag	riculture (see instructi	ons). Ente	er the nar	ne, city, and state o	f the college or
	university						
10	An organization that normally	receives (1) more	e than 331/3% of its su	ipport fro	m contrib	outions, membership	fees, and gross
	receipts from activities related support from gross investmen	to its exempt to t income and un	inctions, subject to ce related business taxa	ertain exc ble incon	epuons; a ne (less s	and (2) no more than ection 511 tax) from	businesses
	acquired by the organization a	fter June 30, 19	75. See section 509 (a	a)(2). (Co	mplete Pa	art III.)	
11	An organization organized and	operated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12	An organization organized and	operated exclus	sively for the benefit o	f, to perf	orm the fo	unctions of, or to ca	rry out the purposes
	of one or more publicly support						
	Check the box in lines 12a thro	ugh 12d that de	scribes the type of su	oporting o	organizati	on and complete line	es 12e, 12f, and 12g.
а	Type I. A supporting organ	ization operated	l, supervised, or conti	rolled by	its suppo	rted organization(s),	typically by giving
	the supported organization	(s) the power to	regularly appoint or e	elect a ma	ajority of t	he directors or trust	ees of the
	supporting organization. Y	ou must compl	ete Part IV, Sections	A and B			
b	☐ Type II. A supporting orga	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of	the supporting o	organization vested in	the same	epersons	that control or man	age the supported
	organization(s). You must	complete Part l	V, Sections A and C				
C	_ - · · · · · · · · · · · · · · · · · ·						ally integrated with,
	its supported organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.	
d	_ ',,'						
	that is not functionally integ						d an attentiveness
	requirement (see instructio	ns). You must c	omplete Part IV, Sec	ctions A	and D, ar	nd Part V.	
е							e II, Type III
	functionally integrated, or I		tionally integrated su	pporting	organızat	ion.	
f	Enter the number of supported of	•					· []
<u>g</u>						<u>,</u>	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
				Yes	No	ļ	
(A)							
				-	ļ.——-		
(B)				}			
				<u> </u>			
(C)							
				ļ.—— <u> </u>	<u> </u>		
(D)							
(E)					ĺ		ı

Total

Par	Support Schedule for Organization (Complete only if you checked the						
	, Part III. If the organization fails to						
Sect	ion A. Public Support	1					
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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		1				
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)						
6	Public support. Subtract line 5 from line 4	4		10/	• ;	C 648 1.41	
	on B. Total Support			/			
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4			\			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	/					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			*			
11	Total support. Add lines 7 through 10	/		All a K	1.	,工厂店的。	
12	Gross receipts from related activities, etc.				· · \ · ·	12	
13	First 5 years. If the Form 990 is for the	•			, ,		
04:	organization, check this box and stop he		<u> </u>		· · · /· ·	<u> </u>	· · P [
	on C. Computation of Public Suppor			11		44	
14 15	Public support percentage for 2020 (line 6 Public support percentage from 2019 Sch		•	i i, column (i))	/	14	<u>%</u> %
16a	331/3% support test—2020. If the organi			on line 13 an		,	
	box and stop here. The organization qual						▶ □
b	331/3% support test—2019. If the organization this box and stop here. The organization	zation did not	check a box o	n line 13 or 16		is 33 ¹ /3% or ma	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the forganization	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-circur	nstances test,	check this box	x and stop hề ṛ	e. Explain
18	Private foundation. If the organization of	lid not check	a box on line	13, 16a, 16b,	17a, or 17b,	check this box	x and see
	instructions		<u> </u>	<u></u>	<u></u>	<u> </u>	<u>\ ▶ □</u>
					Sch	edule A (Form 990	~ 000-E37 2020

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.)

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.")	5726	6472	19322	16758	13449	61727
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the		(05.	-440			2224
3	organization's tax-exempt purpose	5881	6051	7468	6664	3248	29312
J	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						
e		11607	12523	26790	23422	16697	91039
6 7a	Total. Add lines 1 through 5	11607	12323	26790	23422	10077	71037
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000]					
	or 1% of the amount on line 13 for the year	ļ					
С 8	Add lines 7a and 7b	-	<u> </u>	258,20 C-4/ 4		en some scoreter	
0	line 6.)		- 6 h				91039
Secti	on B. Total Support			•,(187 . 114	i smar against	,,,,,,
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	1	1	2	2	1	7
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		1				
	royalties, and income from similar sources .						
þ	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	1	1	2	2	1	7
11	Net income from unrelated business						
	activities not included in line 10b, whether				ļ		
	or not the business is regularly carried on						
12	Other income. Do not include gain or					ļ	
	loss from the sale of capital assets (Explain in Part VI.)			[-	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	11608	12524	26792	23424	16698	91046
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he	re		<u> </u>	<u></u>	<u></u>	▶ □
<u>Secti</u>	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8					15	99 99 %
16	Public support percentage from 2019 Sch					16	99 99 %
	on D. Computation of Investment In			u line 10. nolius	(6)	T47	000.0/
17 18	Investment income percentage for 2020 (Investment income percentage from 2019)					17	.008 %
19a	33 ¹ / ₃ % support tests—2020. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2019. If the organiz						
	line 18 is not more than 331/3%, check this I	oox and stop he	ere. The organi	zation qualifies	as a publicly su	ipported organi	zation 🕨 📋
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🔲

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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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Form 9	990 or 9	990-EZ	2020

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1	1	ļ
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		L.
b	A family member of a person described in line 11a above?	11b		ļ
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		L
<u>Sect</u>	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	-		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	. 2		
Secti	on 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		
Secti	on D. All Type III Supporting Organizations	1		
			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	J		,
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	١ .		. (
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		-
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		
Secti	on 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 year (see i	nstru	ctions	 s).
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			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	see in	struct	ions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ĺ	
	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]]	J	
	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,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		ł	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			ì
	these activities but for the organization's involvement	2b	`	•
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	,		•
	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		

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	iliza	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	 	(optional)
2	Recoveries of prior-year distributions	2		
<u>-</u>	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	on 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):	122		
a	Average monthly value of securities	1a		
þ	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors . (explain in detail in Part VI):	事		
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	on C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	1 高、色色性 出种流流的电视	
2	Enter 0.85 of line 1.	2	建在在在基本的工程的工程的工程。	
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	१ । पुर्वा विभागकारामान	
5	Income tax imposed in prior year	5	The state of the s	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		,
7	Check here if the current year is the organization's first as a non-functional (see instructions).			ng organization

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	/.
Sect	ion D—Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			1
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity	·		2
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations :	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI) !	5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
	(provide details in Part VI). See instructions.			3
9	Distributable amount for 2020 from Section C, line 6		9	9
10	Line 8 amount divided by line 9 amount		1	0
Sect	ion 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	، بلاء ۱ تا		7
2	Underdistributions, if any, for years prior to 2020	1 ,		I start the
	(reasonable cause required - explain in Part VI). See	† † † † † † † † † † † † † † † † † † †		
	instructions.	્રે		The state of the s
3	Excess distributions carryover, if any, to 2020	* * * * * * * * * * * * * * * * * * * *		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	From 2015	"f ,	1 1 5-	
<u>b</u>	From 2016		· · · · · · · · · · · · · · · · · · ·	a table to the first
C	From 2017	H.	· · · · · · · · · · · · · · · · · · ·	1 - 1, 2, 6 + 1, 2, 1
d	From 2018	77		
e	From 2019		, (
f	Total of lines 3a through 3e		1 1 1	·
g	Applied to underdistributions of prior years	- 1		I so make the back
<u>h</u>	Applied to 2020 distributable amount	, 'a		<u> </u>
i	Carryover from 2015 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		<u> </u>	
4	Distributions for 2020 from	***	,	建设建设建设 建铁
	Section D, line 7 \$		·	<u>作 班 建铁铁 </u>
а	Applied to underdistributions of prior years	1		The second second
b	Applied to 2020 distributable amount), i	_ 1 1 1	<u> </u>
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if	> <u>*</u>		1. 1. 11 (1) 1 (1)
	any. Subtract lines 3g and 4a from line 2. For result	i		· · · · · · · · · · · · · · · · · · ·
	greater than zero, explain in Part VI. See instructions.	, ,		一个一个一个
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	l,		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		š , .	
8	Breakdown of line 7:	· ké		H 4 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Excess from 2016 .	-11	è (1	The state of the
b	Excess from 2017	,		. Protest
С	Excess from 2018		, .	· 一种 红宝宝 高原科
d	Excess from 2019	£)	•-	(1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
е	Excess from 2020	r)	, , ,	11 4 4 5 10 21

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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