# **5070 990-EZ**

# 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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service ▶ 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.

<u> </u>	For the	2020 calend	ar year, or tax year beginning July 1st , 2020, at	nd ending	Ju	ne 30th	, 20	21
	Check if a		C Name of organization		D Empl	oyer ide	ntification numbe	r
$\overline{\Box}$	Address change Florida Interscholastic Athletic Administrators Association					59-3408661		
口	Name cha	-	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telep	hone nur	nber	
	Initial retu	-	· · · · · · · · · · · · · · · · · · ·	Ste 102-192		407	-782-4015	
		m/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Grot	ıp Exem	ption	
	Amended		Gainesville, Florida 32606		Nun	nber 🕨		
		on pending	✓ Cash	н	Check I	► ✓ if	the organization	ls not
	Accoun Website		fiaaa.net				ch Schedule B	
-			ack only one) —   501(c)(3) □ 501(c) ( )   (Insert no.) □ 4947(a)(1) or		•		EZ, or 990-PF).	
				<u> </u>			<u></u>	
K	Form of	forganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other _ 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or me	ore, or if total	assets		<del></del>	
L A	Add line	8 50, 60, 200 lump /D/\ are 6	5500,000 or more, file Form 990 instead of Form 990-EZ			▶ ¢		
_		uitili (D)) ale s	e, Expenses, and Changes in Net Assets or Fund Balance	e (eae the	inetnic	rtions	for Part I)	
	art I	Revenu	e, expenses, and changes in Net Assets of Fund balance	thic Dart I	moda	50.01	1011 (111)	. 🗸
	<del></del>	Check II	the organization used Schedule O to respond to any question in	uno i aiti	•••	1	• • • •	<u>· · · · · · · · · · · · · · · · · · · </u>
	1		ons, gifts, grants, and similar amounts received		• •	2		66,863
	2		pition totaling management and and and		• •	3		19,475
	3		ip dues and assessments		• •	4		1,236
	4	Investmen				16 PRE-10		1,230
	5a		ount from sale of assets other than inventory 5a		0			
	b	Less: cost	or other basis and sales expenses	- 5-1	0	-		
	C		ss) from sale of assets other than inventory (subtract line 5b from line	e 5a)		5c		
	6		d fundraising events:					
4	2		ome from gaming (attach Schedule G if greater than		_			
Revenue	1				0			
₹	b			contributio	ns			
æ		from fundr	alsing events reported on line 1) (attach Schedule G if the					
			h gross income and contributions exceeds \$15,000) 6b		. 0			
	С	Less: direc	t expenses from gaming and fundraising events <u>6c  </u>		. 0			
	d		e or (loss) from gaming and fundraising events (add lines 6a and	60 and sui	otract			
		line 6c) .				6d		0
	7a	Gross sale	s of inventory, less returns and allowances   7a		0			
	b		of goods sold		0			
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a) .			7c		0
	8		nue (describe in Schedule O)		• •	8		0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u></u>	, ▶	9		87 <u>,574</u>
	10		similar amounts paid (list in Schedule O)		• •	10		5,000
	11	Benefits pa	aid to or for members		• •	11		887
တ္တ	12	Salaries, of	ther compensation, and employee benefits		• •	12		0
Expense	13	Profession	al fees and other payments to independent contractors			13		0
8	14	Occupancy	, rent, utilities, and maintenance			14		1 <u>,583</u>
Ж	15	Printing, pt	ublications, postage, and shipping			15		2,3 <u>81</u>
	16	Other expe	nses (describe in Schedule O)			16		98,118
	17	Total expe	nses. Add lines 10 through 16		. ▶	17		07,969
10	18	Excess or i	deficit) for the year (subtract line 17 from line 9)			18		20,395
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (	(must agree	with			
155		end-of-yea	r figure reported on prior year's return)		• •	19	1	13,054
<b>3</b> /	20	Other chan	iges in net assets or fund balances (explain in Schedule O)			20	<u> </u>	8,736
ž	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 .		. ▶	21	1	01,395

1

Jay Getty, Treasurer

Ron Allen, Chaplain

Casey Thiele, District 1 Director

Tyrone McGriff, District 2 Director

Scott Drabczyk, Historian / Hall of Fame Coordinator

O

0

0

0

0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	e	
Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	٧.	
	Instructions for Part V.) Officer it the organization about 50 inches		Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
33	detailed description of each activity in Schedule O	33	1	1
	detailed description of each activity in obligation of			
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	24		1
	change on Schedule O. See instructions	34		Ψ
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>V</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	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		_
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 ▶ 37a 0	THE REAL PROPERTY.		
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were		8.04	
-	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			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
40a	section 4911 ► ; section 4912 ► ; section 4955 ►	<b>建</b>		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
Ð	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	25-25-356-5	3.00	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	-	1
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	45.60	<b>SV</b>	
С	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
ď	40c reimbursed by the organization	-54		
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			1.2
е	transaction? If "Yes," complete Form 8886-T	40e		-/
		406	!	
41	List the states with which a copy of this return is filed Florida	107 70	2-4015	
42a	The organization of poorto are in our of a series of the organization of the organizat		-9198	,
			Yes	
מ	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	162	NO
		420		<b>V</b>
	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).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c	!	✓
	If "Yes," enter the name of the foreign country ▶			
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			
		Conserved.	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1000	
	completed instead of Form 990-EZ	44a	Wil-Town.	₩ WEAL HAS
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>  </b>	<b>√</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c	statusy Latery	Freeze Land
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		<b>√</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓_
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			
	Form 990-EZ. See instructions	45b		<u> </u>

Form 99	0- <b>EZ (</b> 2	020)						ge <b>4</b>
46	Did to	ne organization engage, directly or in	complete Schedule C,	ampaign activities Part I	on behalf	of or in opposit	Yes   ion	No ✓
Part '	_	Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	s must answer que					
47 48 49a b 50	year? Is the Did ti If "Ye	the organization engage in lobbying of "Yes," complete Schedule C, Par organization a school as described in the organization make any transfers to s," was the related organization a separate this table for the organization's byees) who each received more than	t II	if "Yes," comple ritable related organ? ritable mployees (	te Schedu anization?  other than	de E	tax 47	No ✓ ✓ ✓ key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mit	contribu	lealth benefits, utions to employee plans, and deferred ompensation	(e) Estimated amoun other compensatio	
51	Com	number of other employees paid over olete this table for the organization' 000 of compensation from the organ	s five highest compe	ensated independe	ent contra	ctors who each	received more t	than
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c)	Compensation	
			······································					
52	Did t	number of other independent contra he organization complete Scheduleted Schedule A	Re A? Note: All se	ction 501(c)(3) o		. <u></u>	► ☑ Yes ☐ N	
Under pe true, corr	nalties ect, and	of perjury, I declare that I have examined the d complete. Declaration of preparer pheer dan	etern, including accompany officer) is based on all info	ring schedules and stat rmation of which prepa	ements, and rer has any k	to the best of my kr nowledge.	owledge and belief, it	is 
Sign Here		Signature of officer  Jay Getty, Treasurer -FIAAA				Date //	5/21	
Paid Prepa	ırer	Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo		
Use C		Firm's name ► Firm's address ►				Firm's ElN ➤ Phone no.		
May the	IBS	discuss this return with the preparer	shown above? See i	nstructions			Yes N	0

Form 990-EZ (2020)

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

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 20**20** Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 59-3408661 Florida Interscholastic Athletic Administrators Association - FIAAA Explanation - Part 1, Line 8 - in past years, the members of the association contributed to a portion (50%) of their rooming expense, or covered the cost of their spouse for attending board meetings. Due to Covid-19 precautions, the association covered all costs, thus \$0.00. Explanation - Part 1, Line 10 - this is the sum total of scholarship money distributed to deserving student-ahtletes. (\$5,000 / 10 @ \$500) Explanation - Part 1, Line 16 - this sum represents the total expenses for board meetings (\$11,805), travel reimbursements to board members and the Executive Director (\$3,009), NIAAA association dues (\$125), NIAAA door prizes (\$50), Sunbiz Registration (\$61) and conference refunds (\$4,130), golf tournament cost (\$2,945), and the annual conference expense (\$75,994). Explanation - Part 1, Line 20 - In 2009, the association invested \$3,500 each in two different mutual funds, dividends are reinvested, this reflect the change in market value of both mutual funds (\$8,736). Explanation - Part 2, Line 24 - these values are the starting and ending amounts for the mutual funds (\$19,886 / \$28,622). Explanation - Part 3, Line 31 - this is the sum expenses for the board of directors to operate, which includes board meetings and travel expenses (\$11,805 / \$3,009). Board members benefit from educational and professional development opportunities. Continuation - Part IV, List of Officers, Directors..... John Sgromolo, District 3 Director - (b) 1, (c) 0, (d) 0, (e) 0. Ian Blount, District 4 Director - (b) 1, (c) 0, (d) 0, (e) 0. Mark Lee, District 5 Director - (b) 1, (c) 0, (d) 0, (e) 0. Lyle Livengood, District 6 Director - (b) 1, (c) 0, (d) 0, (e) 0. Brad Montgomery, District 7 Director - (b) 1, (c) 0, (d) 0, (e) 0. Doug Patterson, District 8 Director - (b) 1, (c) 0, (d) 0, (e) 0. Matt Warner, District 9 Director - (b) 1, (c) 0, (d) 0, (e) 0. Tim Leeseberg, District 10 Director - (b) 1, (c) 0, (d) 0, (e) 0.

### 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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

1491116	01 410 1	ui garazacion					' -	
Floric	ia Inte	rscholastic Athletic Administr	ators Association	- FIAAA				08661
Pai	rt I	Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	oart.) See Instruction	ons.
The	organi	zation is not a private founda	ation becaúse it i	s: (For lines 1 through	1 12, ched	k only or	ne box.)	
1	□А	church, convention of churc	hes, or associati	on of churches descr	ibed in se	ection 17	O(b)(1)(A)(i).	
2	ПΑ	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	
3	$\Box$ A	hospital or a cooperative ho	spital service org	ganization described i	n section	170(b)(1	I)(A)(iii).	
4	□A	medical research organization	on operated in co	onjunction with a hose	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
	hc	ospital's name, city, and stat	e:					
5	ПАг	organization operated for	the benefit of a	college or university	owned c	r operate	ed by a government	al unit described in
	— S€	ection 170(b)(1)(A)(iv). (Com	plete Part II.)	-				
6		federal, state, or local gover		mental unit described	i in secti	on 170(b)	(1)(A)(v).	
7		organization that normally	receives a subs	tantial part of its sup	port from	a gover	nmental unit or fron	n the general public
•		escribed in section 170(b)(1)			•	•		
		community trust described i			Part Ii \			
8						aratad in	conjunction with a l	and-grant college
9	⊔ Ar	n agricultural research organ runiversity or a non-land-gra	ization described	in section 170(D)(1)	(A)(IX) Op one) Ente	erateu III er tha nan	ne city and state of	the college or
		runiversity or a non-iand-gra niversity:	ini conege or agr	iculture (see ilistractio	Jiloja Litte	i tite iidii	ilo, oity, alla otato oi	and doinego of
	ان - ۱ مارا	organization that normally	rocciuos /1\ more	than 3312% of its sil	innort fro	m confrit	outions membership	fees, and gross
10	ro.	aciata from activitiae related	to ite avamnt fu	nctions subject to ce	rtain eyc	antione: 2	and (2) no more than	1331/3% Of ItS
	511	innort from gross investmen	t income and un	related business taxa	ble incon	ie (less si	ection 511 tax) from	businesses
	ac	equired by the organization a	fter June 30, 197	75. See <b>section 509</b> (a	a)(2). (Co	npiete Pa	art III.)	
11	☐ Ar	n organization organized and	l operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).	
12	☐ Ar	n organization organized and	operated exclus	ively for the benefit o	f, to perfo	orm the fu	unctions of, or to cal	rry out the purposes
	of	one or more publicly suppo	orted organizatio	ns described in <b>sect</b> i	ion 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
		neck the box in lines 12a thro						
а		Type I. A supporting organ	ization operated	l, supervised, or contr	rolled by i	ts suppo	rted organization(s),	typically by giving
		the supported organization	(s) the power to	regularly appoint or e	elect a ma	jority of t	he directors or trust	ees of the
		supporting organization. Y	ou must comple	ete Part IV, Sections	A and B			
b		Type II. A supporting orga	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of	the supporting o	rganization vested in	the same	persons	that control or man	age the supported
		organization(s). You must						
С	П	Type III functionally integ	rated. A support	ting organization oper	rated in c	onnection	n with, and functions	ally integrated with,
	-	its supported organization(	s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.	
ď	П	Type III non-functionally						orted organization(s)
u	ш	that is not functionally integ	rated The organ	pporting organization nization denerally mus	st satisfy	a distribu	ition requirement an	d an attentiveness
		requirement (see instruction	ns) You must c	omplete Part IV. Sec	tions A	and D. ar	nd Part V.	
		•						all Tuna III
е	L	Check this box if the organ functionally integrated, or 7	ization received	a written determination	on ironi ii Sporting (	roenizeti	atitis a Type i, Type ion	an, type m
		-					(O) 11	
f		er the number of supported o						•
<u>g</u>		ride the following information			1	rganization	(v) Amount of monetary	(vi) Amount of
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	listed in you		support (see	other support (see
				above (see instructions))	docu	nent?	instructions)	instructions)
					Yes	No		
						110		<u></u>
(A)					ļ			
· <i>·</i>					-			· · · · · · · · · · · · · · · · · · ·
(B)								
/					<del>                                     </del>			
(C)								
(~ <i>j</i>					<u> </u>			
(D)								
(17)					<u> </u>			
(E)								

Total

00,,000			** 11 0 1	470/1-1/4	VAVC-1 4	プロバトハイ・ハイン (人)	il .
Part	II Support Schedule for Organiza	ations Desci	ribed in Secti	ions 170(b)(1	)(A)(iV) and 1	vyjajtajto ov	i) alifu under
	(Complete only if you checked the	ne box on lin	e 5, 7, or 8 of	Part For It in	e organization	i ialieu lo qui	anty dilder
	Part III. If the organization fails to	o quality und	er the tests us	sted below, p	tease comple	te rait iii.j	
Secti	on A. Public Support			1-1-0040	(4) 0010	(e) 2020	(f) Total
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(i) 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					<u> </u>	
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			ļ <u> </u>			
4	Total. Add lines 1 through 3			and the second second	Part Prince de la Contra	a succession to the succession of	<u> </u>
5	The portion of total contributions by					100	
-	each person (other than a		W Table				
	governmental unit or publicly					100	
	supported organization) included on	9 40 6 75				<b>多分类</b> (2)	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			32.5			
6	Public support. Subtract line 5 from line 4	San Carlo	E-Market Miles	<b>和</b> 量型数据数	S MARKET WA		<u> </u>
	on B. Total Support		1	1 1 2 2 2 2	17.0040	(-) 0000	(f) Total
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 20 <u>20</u>	(i) Iotai
7	Amounts from line 4					<u> </u>	<u></u>
8	Gross income from interest, dividends,						
	payments received on securities loans,	1	ł		}		
	rents, royalties, and income from					1	
	similar sources		ļ <u> </u>				<u> </u>
9	Net income from unrelated business				İ		
	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.)		A single collection was being a layer	Laborator Charles			
11	Total support. Add lines 7 through 10		70.00	7 Land 1 12 A	A SERVICE PLANT	4.5	<u> </u>
12	Gross receipts from related activities, etc	. (see instructi	ions)			12	= E01/a\/2\
13	First 5 years. If the Form 990 is for the	organization	's first, second	i, thira, fourth,	, or tinth tax ye	ear as a secuc	on 501(c)(3) ► □
	organization, check this box and stop he	re		<del></del>	<u> </u>		· · · · <u>-</u> <u>-</u>
Secti	on C. Computation of Public Support	rt Percentag	je	d d 1 (5)	· · · · · · · · ·	144	%
14	Public support percentage for 2020 (line	6, column (t), (	divided by line	11, column (i))		15	<del></del>
15	Public support percentage from 2019 Sci	nedule A, Part	ii, line 14		nd line 14 is 31		
16a	331/3% support test—2020. If the organ	ization did no	Check file no:	K Uli IIIIE 13, a Lorganization	110 1110 14 15 0	5-7370 OI IIIOIG,	
_	box and stop here. The organization qua 331,5% support test—2019. If the organi	umes as a pub	inciy supported	i Olganization en lina 12 ar 16	sa and line 15	ie 331a% or m	
b	this box and stop here. The organization	zauon did noi	. Check a box c	orted organizat	ion		<b>▶</b> □
						Co ou 16h an	d line 14 ie
17a	10%-facts-and-circumstances test—2	020. If the org	janization did f	or check a bo	ook this boy s	oa, or lob, an	Unite 14 is Evolain in
	10% or more, and if the organization m	eets the tact	s-and-circumsi	ances test, cir et. The organi	zetion qualifies	: as a publiciv	supported
	Part VI how the organization meets the	iacis-and-cift	CHIDIGHTES ICS	at the organi	Landii qualiiles	. ac a pablicly	<b>▶</b> □
	organization						· · · · L.
b	10%-facts-and-circumstances test-2	019. If the org	anization did r	not check a bo	ox on line 13, 1	roa, 100, Or 17	a, and line re Evolsia
	15 is 10% or more, and if the organization	on meets the f	acts-and-circu	mstances test	, cijeck ilis DC ization qualifia	e ae a briplich. A ario arob ite	supported
	in Part VI how the organization meets the	e racts-and-cl	roumstances to	cat. The organ	ization qualitie	s as a publicly	<b>.</b> ▶ □
	organization				17a or 17h	check this by	nx and see
18	Private foundation. If the organization	ala not cueck	ים סטא טוו ווווי	2 10, 10d, 10L	,, 0, 170,	SHOOK WIIS DO	

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 unde	r Part II.
(Complete only if you checked the pox of the foot at the order region remore to desire	
If the organization fails to qualify under the tests listed below, please complete Part II.)	
If the organization falls to quality under the tests listed below, please complete rait in.	

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.")	19950	19750	19445	19903	19475	98523
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	[					
	organization's tax-exempt purpose	98422	122796	111730	48962	66863	448773
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	0	0	0	0	. 0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	. 0	0
6	Total. Add lines 1 through 5	118372	142546	131175	68865	86338	547296
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	o	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year	l o	0	o	o	o	0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
_	line 6.)	AP THE					0
Secti	on B. Total Support	23 de un managon a porte a postano del di Antico.	And Administration Charles to the Act of the				
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	118372	142546		68865	86338	547296
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	154	202	211	275	1236	2078
ь	Unrelated business taxable income (less						
_	section 511 taxes) from businesses			i			
	acquired after June 30, 1975	اما	o	0	o	اها	0
c	Add lines 10a and 10b	154	202	211	275	1236	2078
11	Net income from unrelated business						
••	activities not included in line 10b, whether					.	
	or not the business is regularly carried on	o	0	م	o	o	0
12	Other income. Do not include gain or	- i					
12	loss from the sale of capital assets						
	(Explain in Part VI.)	6868	8130	9565	3016	ام	27579
13	Total support. (Add lines 9, 10c, 11,	0800		0000			
.0	and 12.)	125394	150878	140951	72156	87574	664527
14	First 5 years. If the Form 990 is for the	organization's	first, second				
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8	3. column (f), di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2019 Sch	nedule A. Part I	II, line 15			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2020 (	line 10c. colum	n (f), divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2019	Schedule A. F	Part III, line 17			18	%
19a	331/2% support tests-2020. If the organ	ization did not	check the box	on line 14, an	id line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organizati	on . ▶ 📙
b	331/2% support tests-2019, if the organiz	ation did not cl	neck a box on I	line 14 or line 1	9a, and line 16	is more than 3	31/a%, and
~	line 18 is not more than 331/3%, check this l	box and stop he	ere. The organi	zation qualifies	as a publicly s	upported organi	ization 🕨 🗌
20	Private foundation. If the organization di	d not check a l	oox on line 14.	19a, or 19b, o	heck this box	and see instruc	ctions 🕨 🗌

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.)

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	e Part	V.)	
Secti	on A. All Supporting Organizations			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	Yes	No
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 <b>Part VI</b> 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		
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	E 10 E 24 - 10	
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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		
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	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 <b>Part VI</b> 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 <b>Part VI</b> , 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		
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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
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		
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).	8		
9a	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		
	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	TELEPOOR AS	
	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 <b>Part VI</b> .	9c		
	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	34.3	数据	

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
		Marinetic securi	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
c	a and a substitute of a support described in line 11s or 11b shows? If "Ver" to line 11s, 11b, or 11c, provide			
Ū	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
4	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		***	
1	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)		10.05	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	(A)		1
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			3494
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			76
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	運搬		
	supervised, or controlled the supporting organization.	2	The second second	
Secti	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		4.5	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	-		0.00
	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			
		Commence	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	400		
	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	2.3		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	an humain vira.	704/700 010
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	nstruc	tions	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.	/ !-		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity			
2	Activities Test. Answer lines 2a and 2b below.	BESINE	Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		9.9	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	5		
	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	20.00	
	·	20		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,		Sec.	333
	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	2b	F67.556	EMB &
	these activities but for the organization's involvement.	20	\$5-\$60 PE	-025-31
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	198		
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	****	DOM:
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	85.2		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

, t

OCHEGG	ic X (i citi) but cit cit cit			
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	an	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	tru	st on Nov. 20, 1970 ( <i>explain</i>	IS A BROUGH L.
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		(D) (O)
Sect	ion B-Minimum Asset Amount	, <del> ,</del>	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			4 H. U.
-	instructions for short tax year or assets held for part of year):	製		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
ď	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-functional	aliy	integrated Type III supporti	ng organization
	(see instructions)			

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D-Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 9 10 10 Line 8 amount divided by line 9 amount tiin (ii) Distributable Underdistributions Section E-Distribution Allocations (see instructions) **Excess Distributions** Pre-2020 Amount for 2020 2000年1月1日 - 1000年1月1日 - 1000年1月 - 1 Distributable amount for 2020 from Section C, line 6 1 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 3 From 2015 . . From 2016 . From 2017 . . C From 2018 . . From 2019 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) は、10mmを表現を発生を表現している。 では、10mmの対象を表現している。 10mmの対象を表現している。 10mmのが表現している。 10mmのが表現している。 10mmのが表現している。 10mmのが表現している。 10mmのが表現している。 10mmのが表現している。 10mmのが表現している。 10mmのが表現している。 10mmonのが表現している。 10mmonoのを表現している。 10mmonoのを表現している。 10mmonoous を表現している。 10mmonoous を表現して、 10mmonoous を表現して、 10mmonoous を表現してい Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: Applied to underdistributions of prior years Applied to 2020 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if 5 any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See Instructions. Excess distributions carryover to 2021. Add lines 3i and 4c. Breakdown of line 7: 8 Excess from 2016 . Excess from 2017 . Excess from 2018 . Excess from 2019 . Excess from 2020

Page	8
raye	v

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.)
· · · · · · · · · · · · · · · · · · ·	
	***************************************
##	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
,,	
	,
,,,	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
00 د ن ۵ د د د د د د د د د د د د د د د د د	