efile	e GF	RAPHIC	print	Submission	Date - 20	021-11-11				DL	N: 93	3493315052171
		00	R	eturn of C	Drgan	izatio	n Exem	ot Fro	om Inco	me Tax	0	MB No. 1545-0047
Form	9:	90		r section 501(c), 5	-		-					2020
			Unde				bers on this for				<sup>3</sup> , 4	2020
		nt of the		► Go to www	w.irs.gov/l	Form990 fo	r instructions	and the	latest inform	ation.	0	Open to Public
	nal Re	evenue										Inspection
<b>A</b> ervia	ง์r th	e 2020 d		r year, or tax year	r beginniı	ng 01-01-20	20 , and end	ling 12-3	31-2020	-		
_		applicable:		e of organization ER FOR APPLIED RATIO	DNALITY					D Employer i	dentifi	cation number
		change nange								45-310022	6	
🗆 Init	ial re	turn	Doing	business as								
		n/terminated	Numb	er and street (or P.O. b	box if mail is	not delivered	to street address)	Room/su	uite	E Telephone nu	ımber	
Ap	olicati		2036	BANCROFT WAY						(510) 937-(	0526	
Geno	ing			r town, state or provin ELEY, CA 94704	nce, country,	and ZIP or for	eign postal code					
										<b>G</b> Gross recei	ots \$ 2,	349,409
				me and address of p HY TELLEEN-LAWT		fficer:			H(a) Is thi	s a group return	for	
			2036	BANCROFT WAY						rdinates? Il subordinates		🗆 Yes 🗹 No
Tay	-ever	npt status:		ELEY, CA 94704					inclu			□ Yes □No
-		-	501		) ٵ (insert	t no.) 🗌 49	947(a)(1) or	527		o," attach a list.		
JW	ebsit	te:▶ wv	vw.ration	ality.org					<b>H(C)</b> Grou	p exemption nu	nber 🖡	*
<b>K</b> Forn	o of o	rganization	v 🔽 Cor	poration 🗆 Trust 🗌	Associatio	on Other l	•		L Year of form	ation: 2011 M	State o	f legal domicile: CA
	1010	rgamzation	i. 📥 cor									
Pa	rt I		mary									
				e organization's mi URE REVIEWS IN PS				) RELATEI	D FIELDS, DEV	ELOP TOOLS BAS	SED OI	N THESE REVIEWS
e		THAT HEL	P INDIVII	DUALS AND GROUP	PS IN A PRA	ACTICAL WAY	WITH CLEAR TH	HINKING A	AND DECISION-			
Governance			ALS AND	GROUPS THAT SHO		SE IN USING		ANTHROP	IC ENDS.			
Ë												
20	_	Charle th	nic hav 🕨	if the organizat	tion discor	tiousd its or	orations or dist	acad of r	mara than 25%	of its not assot	-	
3 8				g members of the g				• •	nore than 25%	or its net asset	3	3
es	4	Number	of indep	endent voting mem	nbers of th	e governing	body (Part VI, li	ne 1b) .			4	2
Activities &	5	Total nur	mber of i	ndividuals employe	ed in calen	dar year 202	0 (Part V, line 2	a)			5	15
Act	6	Total nur	mber of v	volunteers (estimate	e if necess	ary)				•	6	2
	7a			usiness revenue fro							7a	0
	b	Net unre	elated bu	siness taxable inco	ome from F	orm 990-T, li	ne 39		· · ·		7b	0
		Contribu	tions on	d granta (Dart )/III	line 1h)				Pr	ior Year		Current Year 1,619,181
Revenue	8 9			d grants (Part VIII, I revenue (Part VIII, I				•		1,396,587 162,738		483,937
9V6		5			5,					2,441		14,985
æ			ment income (Part VIII, column (A), lines 3, 4, and 7d )							4,987		205,373
	12	Total rev	venue—a	dd lines 8 through 1	11 (must e	qual Part VII	l, column (A), li	ne 12)		1,566,753		2,323,476
	13	Grants a	nd simila	ar amounts paid (Pa	art IX, colu	ımn (A), lines	s1-3)			59,838		219,000
	14	Benefits	paid to c	or for members (Pai	rt IX, colur	mn (A), line 4	1)			0		0
8	15	Salaries,	, other co	ompensation, emplo	oyee benet	fits (Part IX,	column (A), line	s 5–10)		926,575		1,014,483
SUS(	<b>16</b> a	Professi	onal func	draising fees (Part I	IX, column	(A), line 11e	:)			0		0
Exp enses	b	Total fund	Iraising exp	penses ( <b>Part IX</b> , colur	mn (D), line	25) ▶0						
<u>u</u>			•	Part IX, column (A)				•		1,185,021		733,629
				dd lines 13-17 (mu						2,171,434		1,967,112
. 00	19	Revenue	e less exp	enses. Subtract lin	ie 18 from	line 12 .		•••	Beginning	-604,681 of Current Year		356,364 End of Year
Net Assets or Fund Balances									beginning	, or current fear		
sse Bala	20	Total ass	sets (Part	X, line 16)				•		3,063,201		3,355,803
et A Ind I	21	Total liab	oilities (Pa	art X, line 26)						1,006,580		942,818
žĒ	22	Net asse	ets or fun	d balances. Subtrac	ct line 21 f	rom line 20		•		2,056,621		2,412,985
	rt II . nen		nature	Block declare that I have	Avamines	this roturn	including accor	nanving	schedules and	statemente an	d to th	hest of my
knowl	edge	e and beli		rue, correct, and co								
any k	nowl	edge.										
										21-11-11		
Sign		Signat	ture of offi	cer					Da	te		
Here	•			OLL DIRECTOR OF OPE me and title	RATIONS							
		1	•			Proporte -!-	atura		Data	DTW		
n-'	ما		гинц/туре	preparer's name		Preparer's signa	ature				544850	
Pai Pro		ror	Firm's nam	ne 🕨 EASY OFFICE D	DBA JITASA					f-employed m's EIN 🕨 26-2176	6601	
	-	rer		ress 🕨 1750 W FRONT		ITE 200						
036		111 <b>y</b>	innis add	1632 - 1120 W FRUNT	JINLEI 30	200			Ph	one no. (208) 287-	4///	

_	BOISE, ID 83702			
May the IRS discus	s this return with the preparer shown above? (see instructions)			🗹 Yes 🗌 No
For Paperwork R	eduction Act Notice, see the separate instructions.	Cat.	No. 11282Y	Form <b>990</b> (2020)

Form	990 (2020)				Page <b>2</b>
Pa	t III Statement of Prog	ram Service Accomplis	shments		
	Check if Schedule O con	tains a response or note to a	any line in this Part III .		🗆
1	Briefly describe the organization				
INDI\		TICAL WAY WITH CLEAR THIN	NKING AND DECISION-MAK	DS, DEVELOP TOOLS BASED ON THE KING, AND TEACH THESE TOOLS TO	
2	Did the organization undertake	any significant program ser	vices during the year whic	ch were not listed on	
	the prior Form 990 or 990-EZ?				🗌 Yes 🗹 No
_	If "Yes," describe these new ser				
3	Did the organization cease cond	Jucting, or make significant	changes in how it conduct	ts, any program	
	services?				🗌 Yes 🛛 No
	If "Yes," describe these changes				
4		organizations are required		rgest program services, as measur rants and allocations to others, the	
4a	(Code: ) (Exp	enses \$ 449,672	including grants of \$	0 ) (Revenue \$	39,492)
				DECISION-MAKING. WE SEEK TO HOLD TF FICE THE ART OF HUMAN RATIONALITY.	RUE BELIEFS AND TO BE
4b	(Code: ) (Exp	enses \$ 603,803	including grants of \$	0 ) (Revenue \$	482,553)
	MENTAL TECHNIQUES DESIGNED TO	HELP IMPROVE CLARITY OF THIN PROGRAMS DESIGNED TO TEACH	IKING AND DECISION-MAKING, H PARTICIPANTS THESE TECHN	ENCE, AND RELATED FIELDS IN ORDER T AND INCREASE INTERNAL ALIGNMENT T IQUES IN A PRACTICAL WAY. THE WORKSI R ON THE TECHNIQUES.	OWARDS GOALS. OUR
4c	(Code: ) (Exp	enses \$ 253,142	including grants of \$	0 ) (Revenue \$	1,384)
	WORKSHOPS. OUR TRAINING PRIMAR MENTORS OR INSTRUCTORS FOR OU	RILY CONSISTS OF WEEKEND WO IR WORKSHOPS. TRAINING SOME THE PRIMARY RESEARCH AND TF	RKSHOPS FOR ALUMNI VOLUN TIMES ALSO INCLUDES CFAR S AIING PROJECT OF 2019 WAS	ALL-SCALE TRIALS, FOLLOWED BY TESTIN TEERS TO ATTEND SO THEY CAN DEVELC STAFF MEMBERS ATTENDING CONFERENC OUR INSTRUCTOR TRAINING PROGRAM V	P THE SKILL SET TO BE ES AND OTHER EVENTS
	(Code: ) (Exp	enses \$ 219,000	including grants of \$	219,000 ) (Revenue \$	0)
	ALL OTHER PROGRAMS				
4d	Other program services (Descri				
	(Expenses \$ 21	9,000 including grants of	\$ 219,000	) (Revenue \$	0)
4e	Total program service exper	<b>1,525,6</b> 1,525,6	517		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> <i>complete Schedule G, Part III</i>	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

Page **3** 

Par	IV Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		No				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	<ul> <li>a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I</li></ul>							
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No				
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L</i> ,Part III	27		No				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No				
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes					
Pa	V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
-			Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . <b>1b</b> 0							
-	Ind the example some hy with backup with halding rules for reportable normants to yonders and reportable some inst							

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Page **4** 

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?			
	not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation in Schedule O</i> .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	,		_
50	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	<
36	ction A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 3		163	
14	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	- 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			······································
17	List the states with which a copy of this Form 990 is required to be filed			
	СА			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			

Own website Another's website Vpon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 19

State the name, address, and telephone number of the person who possesses the organization's books and records: EASY OFFICE DBA JITASA 1750 W FRONT STREET SUITE 200 BOISE, ID 83702 (208) 287-4777 20

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

L Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-1415C)	(W-2/1099-MISC)	organizations
(1) JACKSON CARROLL DIRECTOR OF OPERATIONS				х				71,152	0	14,919
(2) ANNA SALAMON PRESIDENT		х		x				53,932	0	16,610
(3) TIMOTHY TELLEEN-LAWTON EXECUTIVE DIRECTOR				х				51,379	0	8,180
(4) JESSE LIPTRAP TREASURER		х		х				0	0	0
(5) MICHAEL BLUME SECRETARY		х		х				0	0	0
-										
										Form <b>990</b> (2020)

# Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and title	(B) Average hours per week (list any hours for	than c is b	one b	ox, u n ofi	t che inles ficer	eck mo ss pers and a ee)	on	Rep comp fro organiz	(D) (E) portable pensation rom the nization (W-			(F Estim amount comper from	ated of other isation the
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	(1099-MISC) 2/1099-MIS		2)	organizat rela organiz	ted
												_		
												-		
												_		
	Sub-Total		 n.A		•							_		
	Total (add lines 1b and 1c)	-		· .		-	•		1	L76,463		0		39,709
2	Total number of individuals (including reportable compensation from the org		to those	liste	d ab	ove)	) who r	ecei	ved mor	e than \$10	0,000 of			
													Yes	No
3	Did the organization list any former of				y em	ploy	yee, or	high	hest com	pensated e	employee on			
_	line 1a? If "Yes," complete Schedule J			• •		•	•	•	• •		•••	3		No
4	For any individual listed on line 1a, is to organization and related organizations individual										the	4		No
5	Did any person listed on line 1a receiv			• ion fr	• 0m =	• • • • •	 unrelat	• ted o	• •	ion or indiv	• vidual for			
2	services rendered to the organization?										• • •	5		No
	ection B. Independent Contract											-		
1	Complete this table for your five higher the organization. Report compensation											mpens	sation fror	n
	Name a	(A) and business addre	ess							Desc	(B) ription of services			<b>C)</b> nsation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form 990 (2020)
Part VIII
Statement of Revenue

Page **9** 

		Check if Scheo	dule	O contain	s a respo	nse or note to any	ine in this Part VIII			🛛
							<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	Endorstad compain	<u></u>		T • - T	0		revenue		512 - 514
s s		Federated campai			1a					
an	k	Membership dues	·	•	1b	0				
Grants	c	: Fundraising events	5.	•	1c	0				
s' A	c	Related organizati	ons		1d	0				
Gif	e	Government grants (	contr	ibutions)	1e	177,707				
is,	f	All other contribution	s. aif	ts. grants.						
r S	•	and similar amounts above	not ir	ncluded	1f	1,441,474				
tributions, Gift Other Similar	c	Noncash contribution	s inc	luded in						
i i		lines 1a - 1f:\$			1g	0				
Contributions, and Other Sim	ł	<b>Total.</b> Add lines 1a	a-1f				1,619,181			
0 0						Business Code	1,013,101			
	2	a WORKSHOP REVENUE	=				483,937	483,937	0	0
Ð	2	a	-			900099				
ñ						-				
eve		b								
8		_								
ų K		c				-				
Set		d								
Program Service Revenue						-				
uĝo		e								
Ĕ						-	0	0	0	0
	1	<b>f</b> All other program	serv	ice revenu	Je.					
	g	<b>Total.</b> Add lines 2	2a-2	f	. ►	483,937				
	3	Investment income	(inc	luding div	idends, ir		14,985	5 0	0	14,985
		similar amounts) .								
		Income from invest			kempt bo	nd proceeds				
	5	Royalties		•••	•••	· · · Þ	· · · · · · · · · · · · · · · · · · ·		0	0
				(i) F	Real	(ii) Personal	-			
	6	<b>a</b> Gross rents	6a							
	b	Less: rental					1			
		expenses	6b							
	с		6.0							
		or (loss) d Net rental income	6c		Ľ					
				(i) Sec		(ii) Other				
		- Cross amount		(1) Sec	unities		-			
		a Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or								
		other basis and sales expenses	7b							
	с	Gain or (loss)	7c		C	0 0	9			
		d Net gain or (loss)			· ·	•				
e	8	a Gross income from fu (not including \$	indra	ising events 0 c						
nu		contributions reporte			-					
eve	1	See Part IV, line 18	·		8a					
Other Revenue	1	<b>b</b> Less: direct expen	ses		8b					
lei	1	<b>c</b> Net income or (los	s) fr	rom fundra	aising eve	ents 🕨				
ō	L		_	1						
	ыa	Gross income from See Part IV, line 19			es. 9a					
		<b>b</b> Less: direct expen					-			
		c Net income or (los				ec				
			3) II	orn garnin		es 🕨	Ī			
	10	<b>a</b> Gross sales of inve	ento	ry, less						
		returns and allowa	nce	S	10a	65,424				
	1	<b>b</b> Less: cost of good	s sol	ld	10b	25,933				
		<b>c</b> Net income or (los	s) fr	rom sales o	of invento	ory 🕨	39,493	1 39,491	. 0	0
		Miscellaneo				Business Code				
	1	1a <sub>EXPENSE</sub> REIMBU	RSE	MENTS	_	900099	115,914	115,914	0	0
	1	<b>b</b> PROGRAM DEVELO	OPM	ENT		900099	45,000	45,000	0	0
	1									
	1	c RENTAL INCOME				900099	4,000	9 4,000	0	0
	1	- RENTAL INCOME					.,,,,,	.,		ĺ
	1									
		d All other revenue				ja.	968	3 968	0	0
	1	e Total. Add lines 1	1a-1	In .	• •	· · •	165,882	2		
	1	2 Total revenue. Se	ee ir	nstructions	5	🕨	2,323,476	5 689,310	0	14,985
	4									-

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must con	mplete all columns. A	All other organization	s must complete colun	nn (A).
Check if Schedule O contains a response or note to any		-		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	219,000	219,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0	I		
5 Compensation of current officers, directors, trustees, and key employees	214,409	154,803	59,606	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	673,050	485,942	187,108	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	66,078	47,708	18,370	
<b>10</b> Payroll taxes	60,946	44,003	16,943	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	29,788		29,788	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	81,350	76,626	4,724	
12 Advertising and promotion		20.270		
<b>13</b> Office expenses	54,516	38,370	16,146	
14 Information technology	41,470	34,256	7,214	
15 Royalties	220.252	100 (10	20 742	
<b>16</b> Occupancy	229,353	190,610	38,743	
<b>17</b> Travel	1,393	1,156	237	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings	57,468	16,985	40,483	
	53,375	52,355	1,020	
21 Payments to affiliates	25.212	05.010		
22 Depreciation, depletion, and amortization .	25,313 26,422	25,313	21.112	
23 Insurance	26,422	5,309	21,113	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a WORKSHOP EXPENSES	100,726	100,726	0	
<b>b</b> RESEARCH & TRAINING EXPENSES	32,455	32,455	0	
c				
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,967,112	1,525,617	441,495	
<ul> <li>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</li> </ul>				
Check here F if following SOP 98-2 (ASC 958-720).				

# Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part IX .		•	<u> U</u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			499,332	1	536,920
	2	Savings and temporary cash investments		[	899,780	2	1,039,765
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	115,914
	5	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor,	or 35% controlled entity		5	
	6	Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se	ïed pe	rsons (as defined under		6	
s	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	20,021
SS	9	Prepaid expenses and deferred charges			2,336	9	6,743
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,734,000			
	b	Less: accumulated depreciation	10b	97,563	1,661,750	10c	1,636,437
	11	Investments—publicly traded securities			3	11	3
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line		-		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		-		15	
	16	Total assets. Add lines 1 through 15 (must equ		-	3,063,201	16	3,355,803
	17	Accounts payable and accrued expenses			22,561	17	20,727
	18	Grants payable	-	18			
	19	Deferred revenue	58,245	19			
	20	Tax-exempt bond liabilities				20	
6	21	Escrow or custodial account liability. Complete P	art IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons				22	
3	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	925,774	23	912,091
	24	Unsecured notes and loans payable to unrelated	third	parties		24	10,000
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	0	25	0
	26	Total liabilities. Add lines 17 through 25 .			1,006,580	26	942,818
nces		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	neck h	ere 🕨 🗹 and			
ala	27	Net assets without donor restrictions	•		1,524,020	27	1,561,954
B	28	Net assets with donor restrictions			532,601	28	851,031
r Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.					
or or	29	Capital stock or trust principal, or current funds		29			
Assets	30	Paid-in or capital surplus, or land, building or equ		30			
Ass	31	Retained earnings, endowment, accumulated inc		31			
Net /	32	Total net assets or fund balances	•	[	2,056,621	32	2,412,985
ž	33	Total liabilities and net assets/fund balances .	•		3,063,201	33	3,355,803

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Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,323,476
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,967,112
3	Revenue less expenses. Subtract line 2 from line 1	3			356,364
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) $\ .$	4			2,056,621
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			2,412,985
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	na			
	Separate basis Consolidated basis Doth consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate be consolidated basis, or both:	asis,			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schede	ule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	le	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit	3b		
				_	00 (2020)

efi	le GR	APHIC prin	t Subn	nission Date	- 2021-11-11			DLN:	93493315052171
					rganization is a sect 4947(a)(1) nonexe Attach to Form	tion 501(c)(3) mpt charitable	organization or e trust.		OMB No. 1545-0047
Depa Trea		t of the		Go to <u>www.irs</u>	<u>.gov/Form990</u> for in	structions and	d the latest info	rmation.	Open to Public Inspection
Nhaen	ieæd fRiter	<b>Meonganizati</b> APPLIED RATIC						Employer identific	ation number
9610	Heer on							45-3100226	
-	art I organiz				us (All organization tit is: (For lines 1 throu			see instructions.	
1			P		sociation of churches	<b>J</b> ,	, ,	A)(i).	
2					L)(A)(ii). (Attach Sche				
3					vice organization desc			ii).	
4		•	esearch orga	•	ed in conjunction with				nter the hospital's
5				d for the benefi plete Part II.)	t of a college or univer	rsity owned or c	operated by a gov	ernmental unit desci	ibed in <b>section</b>
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>secti</b>	ion 170(b)(1)(A)	(v).	
7	✓			mally receives /i). (Complete	a substantial part of it: Part II.)	s support from a	a governmental u	nit or from the gener	al public described in
8		A communi	ty trust descr	ibed in <b>sectio</b>	<b>170(b)(1)(A)(vi)</b> . (C	Complete Part II.	.)		
9		non-land gi	ant college o	f agriculture. S	escribed in <b>170(b)(1)(</b> ee instructions. Enter t	he name, city,	and state of the c	ollege or university:	
10		activities re income and	lated to its e unrelated bu	xempt function	s—subject to certain e income (less section 5	xceptions, and	(2) no more than	331/3% of its support	nd gross receipts from from gross investment after June 30, 1975.
11		An organiza	tion organize	ed and operated	d exclusively to test for	r public safety.	See section 509	(a)(4).	
12		more public	ly supported	organizations	d exclusively for the be described in <b>section 5</b> e type of supporting o	609(a)(1) or se	ction 509(a)(2).	See section 509(a	ne purposes of one or )(3). Check the box in
а		organizatio	n(s) the powe		ated, supervised, or co ppoint or elect a majo				
b		manageme	nt of the sup						ving control or anization(s). <b>You must</b>
с					upporting organization must complete Part			d functionally integra	ated with, its supported
d		Type III no functionally	n-functiona integrated.	Ily integrated	A supporting organiz n generally must satis t IV, Sections A and	ation operated fy a distribution	in connection wit requirement and		
е				-				e I, Type II, Type III fu	unctionally integrated,
f	Enter				upporting organization				
g	Lince		••		the supported organiz			· · · · · · · · <u> </u>	
(i) 1	Name c	of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota		work Boduc	tion Act Not	ica saa tha k	nstructions for	Cat. No. 1128	255	Schedule A (Earm	990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

membership fees received. (Do not include any Visusal grant.       1.724.513       1.727.573       3.718.665       1.396.587       1.619.181       10.251.669         2 Tax revenues levied for the organization is benefit and either paid to or expended on its behaft.             3 Tax revenues levied for the organization without charge.              4 Total. Add lines 1 through 3       1.724.513       1.792.753       3.718.665       1.396.587       1.619.181       10.251.669         5 The portion of total contributions by each preson (other than a governmental unit or publicly supported organization) included on line 11 column (f)       1.724.513       1.792.753       3.718.665       1.396.587       1.619.181       10.251.669         6etton B, Total Support         9.169.543       9.169.543       9.169.543         7 Amounts from line 4.        1.724.513       1.792.753       3.718.665       1.296.587       1.619.181       10.251.669         9 Met income from interest dividends, payments received on securities loans, rents, royalties and income from similar sources.       1.224       5.386       643       2.441       14.985       23.579         10 Other income. Do not include gain or loss from the sale of capital assets (Ktyphain PartVI, ).       1.224       5.386       643	S	ection A. Public Support								
membership fees received. (Do not include any Wunsual grant.)       1,724,513       1.792,753       3,718,665       1,396,587       1.619,181       10,253,689         To revenues levied for the organization's benefit and ther paid organization's benefit and ther paid organization's benefit and ther paid organization without charge.       1,724,513       1,792,753       3,718,665       1,396,587       1.619,181       10,251,699         To tai, Add inse 1 through 3 organization without charge.       1,724,513       1,792,753       3,718,665       1,396,587       1.619,181       10,251,699         To tai, Add inse 1 through 3 organization without charge.       1,724,513       1,792,753       3,718,665       1,396,587       1.619,181       10,251,699         Section B. Total Support       1,724,513       1,792,753       3,718,665       1,396,587       1.619,181       10,92,115         Ine 1 that accessde 2% of the amount shown on line 1, column (h).       1       1       10,92,115       10,92,115       10,92,115       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,116       10,92,	(or	fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	)	(f) Total	
2 To x revenues levied for the organization's benefit and either paid to or expended on its behaft.	_	membership fees received. (Do not	1,724,513	1,792,753	3,718,665	1,396,587	:	1,619,181	10,251,699	
3       The value of services or facilities furnished by a governmental unit to the organization without charge. <ul> <li>Intel. Add lines 1 through 3</li> <li>The portion of total contributions by each person (there than a publicly support. Subtract line 5 from line 1.1, column (f).</li> <li>Public support. Subtract line 5 from line 4.</li> <li>Gross income from interest, dividends, payments received on securities losins, rents, royables and the subtract line 5 from line 4.</li> <li>Gross income from interest, dividends, payments received on securities losins, rents, royables and morelated business is regularly carried on.</li> <li>Intel that exceeds 28. of the organization s first, second, third, fourth, or fifth tax year as a section SOU(cl(2) organization, check this box and stop here.</li> <li>For any ordine of public Support for 2020 (line 6, column (f) divided by line 11, column (f)).</li> <li>Ital support and stop here.</li> <li>Ital support for 2020 (line 6, column (f) divided by line 11, column (f)).</li> <li>Ital support and stop here.</li> <li>Ital support supp</li></ul>	2	Tax revenues levied for the organization's benefit and either paid								
4 Total. Add lines 1 through 3       1.724.513       1.792.753       3.718.665       1.396.587       1.619.181       10.251.699         9 Net network 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 5 shown on line 11, column (f).       9.199.584       9.199.584         9 Net income from interest.       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         10 A mounts from line 4.       1.724.513       1.792.753       3.718.665       1.396.597       1.619.181       10.251.699         9 Net income from line exceed 2% of the amount form similar sources.       1.724.513       1.792.753       3.718.665       1.396.597       1.619.181       10.251.699         9 Net income from interest.       1.724.513       1.792.753       3.718.665       1.396.597       1.619.181       10.251.699         10 cores income from interest.       1.724.513       1.792.753       3.718.665       1.396.597       1.619.181       10.275.278         10 Other income. Do not include 0.       1.24       5.386       643       2.441       14.965       23.579         10 Other income. Do not include 0.       1.0       1.22       1.410.775       1.410.775       1.414       1.4295       1.414       1.4295	3	The value of services or facilities furnished by a governmental unit to								
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (f).       1.052.115         9 public support. Subtract line 5 from line 4.       9.199.584         Section B. Total Support       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         Calendar year of constraints in the rest, dividends, payments received on securities loans, rents, royalites and publicly supported constraints, support. Add lines to the sale of capital assets (Explain in Part VI).       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         124       5.386       643       2.441       14.985       23.579         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).       124       5.386       643       2.441       14.985       23.579         110 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).       10       10.275.278       10.275.278         12       5.386       643       2.441       14.985       23.579         12       1.410.775       10.275.278       10.275.278       10.275.278         13       First 5 years. If the form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization did n			1 724 512	1 702 752	2 710 665	1 200 507		1 610 101	10.251.000	
governmental unit or publicly       1.052.115         supported organization) included on line 11, column (f).       1.052.115         6       Public support. Subtract line 5 from line 4.       9.199.584         Section B. Total Support       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         Calendar year (or fiscal year beginning in) ►       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7       Amounts from line 4.       1.724.513       1.792.753       3.718.665       1.396.587       1.619.181       10.225.699         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.       124       5.386       643       2.441       14,985       23.579         9       Net income from unrelated business activities, whether on the business is regularly carried on.       124       5.386       643       2.441       14,985       23.579         12       Total support. Add lines 7 through 10       0.0275.278       10       10.275.278         13       First System in Part VI.       1       10.275.278       10       10.275.278         14       Public support percentage for 2020 (iff e, column (f) divided by line 11, column (f)).       14	5	The portion of total contributions by	1,724,513	1,792,753	3,718,005	1,390,587		1,019,181	10,251,699	
6       Public support. Subtract line 5 from line 4.       9,199,584         Section B. Total Support         Calendar year         (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         Of fiscal year beginning in) ▶         7       Amounts from line 4.       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7       Amounts from line 4.       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7       Amounts from line 4.       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7       Amounts from line 4.       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         8       Gross income from interest, dividends, payments received on securities loans, rests, royaties and to pay the context in the securities of capital assets (Explain in Part VI).       12       1,24       5,386       643       2,441       14,985       23,579         10       Other income from include gain or toss from the sale of capital assets (Explain in Part VI).       12       1,410,775       10,275,278         10       Total support. Add lines 7 through 10 <th></th> <th>supported organization) included on line 1 that exceeds 2% of the amount</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>1,052,115</th>		supported organization) included on line 1 that exceeds 2% of the amount							1,052,115	
Calendar year       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4.       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources.       1.724,513       1.792,753       3.718,665       1.396,587       1.619,181       10.251,699         9 Net income from similar sources.       124       5.386       643       2.441       14.985       23,579         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).       10       10.275,278       10       10.275,278         11 Total support. Add lines 7 through 10       10.275,278       12       1.410,775         12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       12       1.410,775         13 First 5 years. If the Form 990 is for the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here       14       89,531 %         14 2006-40000000000000000000000000000000000	6	<b>Public support.</b> Subtract line 5 from line 4.							9,199,584	
(or fiscal year beginning in)       (b) 2017       (b) 2019       (c) 2019       (c) 2019       (c	S	ection B. Total Support								
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on.       124       5,386       643       2,441       14,985       23,579         10       Net income from unrelated business activities, whether or not the business is regularly carried on.       124       5,386       643       2,441       14,985       23,579         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).       11       10       10.275,278         12       Gross receipts from related activities, etc. (see instructions)       12       1,410,775         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14       89,531 %         14       Public support test—2020. If the organization did not check the box on line 13, and line 14 is 33 µ3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       12       1         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, c			(a) 2016	(b) 2017	(c) 2018	( <b>d</b> ) 2019	( <b>e)</b> 2020	)	(f) Total	
dividends, payments received on securities loans, rens, royalties and income from similar sources.       124       5,386       643       2,441       14,985       23,579         9       Net income from unrelated business activities, whether on othe business is regularly carried on.       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       <			1,724,513	1,792,753	3,718,665	1,396,587		1,619,181	10,251,699	
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         12       Gross receipts from related activities, etc. (see instructions) .         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years as section 501(c)(3) organization, check this box and stop here .         14       Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))       14       89.531 % 15         15       Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))       15       89.437 % 15         16a       33 ua% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 ua% or more, check this box and stop here. The organization qualifies as a publicly supported organization       16         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, l6a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization.       16         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, l6a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. Check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. Check this box and stop here. Exp	8	dividends, payments received on securities loans, rents, royalties and	124	5,386	643	2,441		14,985	23,579	
or loss from the sale of capital assets (Explain in Part VI,). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions). 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)). 14 89.531 % 15 Public support percentage for 2019 Schedule A, Part II, line 14. 16a 33 µ3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 µ3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. 19 J0%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, 0r 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. 16 J0% organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 16 J0% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. 17a 10% for and-circumstances the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . 18 Private foundation. If the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and step here. Explain in Part VI how the organization meets the "facts-and-c	9	Net income from unrelated business activities, whether or not the								
11       Total support. Add lines 7 through 10       10,275,278         12       1,410,775         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       12       1,410,775         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14       89,531 %         14       Public support percentage for 2019 Schedule A, Part II, line 14       14       89,531 %         15       Public support percentage for 2019 Schedule A, Part II, line 14       13       89,437 %         16a       33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       16         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       17         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       16         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and	10	Other income. Do not include gain or loss from the sale of capital								
12       Gross receipts from related activities, etc. (see instructions)       12       1,410,775         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       Image: Computation of Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))       Image: Computation of Public Support Percentage         16       33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Computation of Public Support Percentage         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Compute Computing Compute Companization Compute Compute Companization Compute Compute	11	Total support. Add lines 7 through							10,275,278	
this box and stop here       Image: Construction of Public Support Percentage         14       Section C. Computation of Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))       Image: Construction Constructince Construction Construction Construction Constructio	12		etc. (see instructio	uns)			12		1,410,775	
Section C. Computation of Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)).       14       89.531 %         15       Public support percentage for 2019 Schedule A, Part II, line 14       15       89.437 %         16a       33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box       16         and stop here. The organization qualifies as a publicly supported organization       16       33 1/3% or more, check this box         b       33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this       14       89.437 %         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13 or 16a, and line 15, is 0.4, or 16b, and line 14       14       14       15         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14       14       14       15         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14       14       14       14       14       15       16         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14       14       16       16       16       17       16 </th <th>13</th> <th>First 5 years. If the Form 990 is for the</th> <th>he organization's f</th> <th>irst, second, third,</th> <th>fourth, or fifth tax</th> <th>year as a section</th> <th>501(c)(3)</th> <th>) organiz</th> <th>ation, check</th>	13	First 5 years. If the Form 990 is for the	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	) organiz	ation, check	
Section C. Computation of Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)).       14       89.531 %         15       Public support percentage for 2019 Schedule A, Part II, line 14       15       89.437 %         16a       33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box       16         and stop here. The organization qualifies as a publicly supported organization       16       33 1/3% or more, check this box         b       33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this       14       89.437 %         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13 or 16a, and line 15, is 0.4, or 16b, and line 14       14       14       15         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14       14       14       15         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14       14       14       14       14       15       16         17a       10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14       14       16       16       16       17       16 </th <th></th> <th>this box and <b>stop here</b></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th><math>\blacktriangleright</math></th> <th></th>		this box and <b>stop here</b>						$\blacktriangleright$		
<ul> <li>15 Public support percentage for 2019 Schedule A, Part II, line 14</li></ul>	S									
<ul> <li>16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .</li> <li>b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .</li> <li>b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .</li> <li>17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization field not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization field not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifi</li></ul>	14	Public support percentage for 2020 (lin	ne 6, column (f) di	vided by line 11, c	olumn (f))		14		89.531 %	
<ul> <li>and stop here. The organization qualifies as a publicly supported organization</li></ul>										
<ul> <li>b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li></ul>	16a	33 1/3% support test-2020. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, checl	k this bo	K	
<ul> <li>17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>c 18</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.</li> </ul>	b								· F 🗕	
<ul> <li>b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.</li> </ul>	17a	.7a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain								
<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	b	<b>10%-facts-and-circumstances tes</b> 15 is 10% or more, and if the organiz	t—2019. If the orgation meets the "f	ganization did not acts-and-circumsta	check a box on lin ances" test, check	e 13, 16a, 16b, or this box and <b>stop</b>	17a, and <b>here.</b>	line	. ►	
	18								► 🗆	
Schedme & Leoru AAA CARACTER STATES SCHEdme & Leoru AAA CARACTER STATES SCHEDME & COMMANDER SCHEDWER SCHEDWER S		instructions	<u></u>	<u></u>	<u></u>				. ► 🗌 or 990-EZ) 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. If the organization fails to qualify under the tests listed below, please complete Part II.)

36	ection A. Public Support						
	endar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
(or	fiscal year beginning in) 🕨	( <b>u</b> ) 2010	(6) 2017	(0) 2010	( <b>u</b> ) 2015	(C) 2020	(1) 10001
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grants.") . Gross receipts from admissions,						
2	merchandise 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						
6	the organization without charge <b>Total.</b> Add lines 1 through 5						
6	Amounts included on lines 1, 2, and 3						
/a	received from disgualified persons						
h	Amounts included on lines 2 and 3						
U	received from other than disgualified						
	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.						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support						-
Cale	endar year	( ) 2016	(1) 0017	( ) 2010	( 1) 2010	( ) 2020	(0 T )
	fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	( <b>d</b> ) 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.						
c	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						
	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 th	ne organization's f	irst, second, third	, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organi	zation,
	check this box and <b>stop here</b>						. 🕨 🗆
Se	ction C. Computation of Public						
15	Public support percentage for 2020 (lin			column (f))		15	
16	Public support percentage from 2019 S					16	
Se	ction D. Computation of Invest						
17	Investment income percentage for 202	20 (line 10c, colun	nn (f) divided by l	ine 13, column (f)	)	17	
18	Investment income percentage from 2	019 Schedule A	Part III. line 17			18	
	<b>33</b> 1/3% support tests—2020. If the or						lis not more
	han 33 1/3%, check this box and <b>stop h</b>						
b	33 1/3% support tests—2019. If the	organization did n	ot check a box on	line 14 or line 19	a, and line 16 is m	nore than 33 1/3%	and line 18 is not
	more than 33 1/3%, check this box and	stop here. The o	rganization gualif	ies as a publicly s	upported organiza	tion 🕨 🗌	
20		-					
20	Private foundation. If the organization	on ala not check a	box on line 14, 1	9a, or 19b, check			. ▶ □ or 990-EZ) 2020
					Schodi		nr 440. F71 2020

## Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described	1		
	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 <b>Part VI</b> when and how the organization made the determination.			
		3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	Зc		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <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		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to			
Fa	the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	4c		
5a	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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	6		
,	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	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 <b>Part VI</b> .	_		
Ŀ		9a		
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 <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	-		
		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)							
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the						
	governing body of a supported organization?	11a					
b	A family member of a person described in 11a above?	11b					
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c					
Se	ection B. Type I Supporting Organizations						
			Yes	No			

- Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported 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.

# Section C. Type II Supporting Organizations

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).

## Section 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 field 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		
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).			
	mantanea 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 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		

## Section 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 instructions):
  - a 🕥 The organization satisfied the Activities Test. Complete line 2 below.

  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 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 **b** Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. 3 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of 3a the supported organizations? If "Yes" or "No" provide details in Part VI. **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its
  - 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.

1

2

1

Yes

Yes

No

No

Schedule A (Form 990 or 990-EZ) 2020

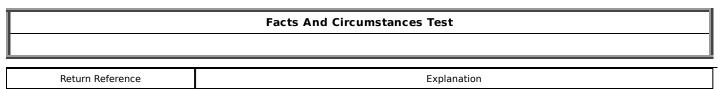
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization			
!	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
<b>2</b> F	Recoveries of prior-year distributions	2		
3 (	Other gross income (see instructions)	3		
4 /	Add lines 1 through 3	4		
<b>5</b> [	Depreciation and depletion	5		
i	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		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a /	Average monthly value of securities	1a		
b /	Average monthly cash balances	1b		
c l	Fair market value of other non-exempt-use assets	1c		
d 7	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3 3	Subtract line 2 from line 1d	3		
	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		
<b>7</b> F	Recoveries of prior-year distributions	7		
8 1	Minimum Asset Amount (add line 7 to line 6)	8		
!	Section C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
<b>2</b> E	Enter 85% of line 1	2		
<b>3</b> I	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
<b>4</b> E	Enter greater of line 2 or line 3	4		
<b>5</b>	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> 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-functionally-int	tearated	d Type III supporting org	anization (see instruct

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions		5		Current Year			
1 Amounts paid to supported organizations to accomplish	exempt purposes		1				
2 Amounts paid to perform activity that directly furthers e	• • •	organizations in					
excess of income from activity			2				
3 Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3				
<b>4</b> Amounts paid to acquire exempt-use assets			4				
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in <b>Part VI</b> )		5				
6 Other distributions (describe in <b>Part VI</b> ). See instruction	IS		6				
7 Total annual distributions. Add lines 1 through 6.			7				
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respons	sive ( <i>provide</i>	8				
9 Distributable amount for 2020 from Section C, line 6			9				
<b>10</b> Line 8 amount divided by Line 9 amount			10				
Section E - Distribution Allocations	(i)	(ii) Undordistributi		(iii) Distributable			
(see instructions)	Excess Distributions	Underdistributio Pre-2020	ons	Distributable Amount for 2020			
1 Distributable amount for 2020 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.							
<b>3</b> Excess distributions carryover, if any, to 2020:							
<b>a</b> From 2015							
<b>b</b> From 2016							
<b>c</b> From 2017							
<b>d</b> From 2018							
<b>e</b> From 2019							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2020 distributable amount							
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>							
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4 Distributions for 2020 from Section D, line 7: \$							
a Applied to underdistributions of prior years							
<b>b</b> Applied to 2020 distributable amount		-					
c Remainder. Subtract lines 4a and 4b from line 4.							
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2.							
If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.							
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.							
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.							
8 Breakdown of line 7:							
a Excess from 2016							
<b>b</b> Excess from 2017							
<b>c</b> Excess from 2018							
d Excess from 2019							
<b>e</b> Excess from 2020							
		Sche	dule A	(Form 990 or 990-EZ) (2020)			

#### Schedule A (Form 990 or 990-EZ) 2020

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).



#### Schedule A (Form 990 or 990-EZ) 2020

-	e GRAPHIC prin	nt Submission Date - 2021-11-11	DLN: 93493315052171
		Supplemental Financial Statements	OMB No. 1545-0047
(For	m 990)	► Complete if the organization answered "Yes," on Form 990,	2020
Dena	rtment of the	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 ▶ Attach to Form 990.	2b. Open to Public
Treas	ury	► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information	
Interr Servi	nal Revenue ce		
Nar CEN	ne of the organiza Fer for applied rat	ation I JIONALITY	Employer identification number
Pa	rt I Organiz	ہ ا zations Maintaining Donor Advised Funds or Other Similar Funds or	45-3100226
Pa		e if the organization answered "Yes" on Form 990, Part IV, line 6.	Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
		nd of year	
		of contributions to (during year)	
		of grants from (during year)	
4 5		at end of year	ad funds are the
6	organization's pro Did the organizati charitable purpos	operty, subject to the organization's exclusive legal control?	Used only for
	•		🗌 Yes 🗌 No
Pai		vation Easements. e if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	•	nservation easements held by the organization (check all that apply).	
			storically important land area
			tified historic structure
	Preservation	n of open space	
2		a through 2d if the organization held a qualified conservation contribution in the form	of a conservation
		last day of the tax year.	Held at the End of the Year
а			2a
b	•		2b
c			2c
d		rvation easements included in (c) acquired after 7/25/06, and not on a historic <b>2</b> the National Register	2d
3	Number of conset tax year $\blacktriangleright$	ervation easements modified, transferred, released, extinguished, or terminated by the	organization during the
4	Number of states	s where property subject to conservation easement is located $\blacktriangleright$	
5		ration have a written policy regarding the periodic monitoring, inspection, handling of whe conservation easements it holds?	violations, and 🗌 Yes 🗌 No
6	Staff and voluntee	eer hours devoted to monitoring, inspecting, handling of violations, and enforcing conso	ervation easements during the year
7	Amount of expenses	nses incurred in monitoring, inspecting, handling of violations, and enforcing conservat	ion easements during the year
8	and section 170(h	ervation easement reported on line 2(d) above satisfy the requirements of section 170( h)(4)(B)(ii)?	🗌 Yes 🗌 No
9	balance sheet, an the organization's	ibe how the organization reports conservation easements in its revenue and expense s nd include, if applicable, the text of the footnote to the organization's financial stateme s accounting for conservation easements.	ents that describes
Par		rations Maintaining Collections of Art, Historical Treasures, or Other re if the organization answered "Yes" on Form 990, Part IV, line 8.	r Similar Assets.
1a	If the organization historical treasure	n elected, as permitted under FASB ASC 958, not to report in its revenue statement an res, or other similar assets held for public exhibition, education, or research in furthera	
b	If the organization historical treasure	of the footnote to its financial statements that describes these items. In elected, as permitted under FASB ASC 958, to report in its revenue statement and ba res, or other similar assets held for public exhibition, education, or research in furthera ts relating to these items:	
(i	-	ed on Form 990, Part VIII, line 1	▶ \$
		in Form 990, Part X	
2	If the organization	n received or held works of art, historical treasures, or other similar assets for financia ts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included	d on Form 990, Part VIII, line 1	. ▶\$
b	Assets included in	n Form 990, Part X	. ▶\$

Schedule	D (Form	n 990) 2020	
Schedule		1 3 3 0 / 2 0 2 0	

Pai	rt III Organizations Maintaining Co	llections of A	rt, Histo	rical 1	reasures,	or Oth	er Similar As	sets (continued)
3	Using the organization's acquisition, accessio items (check all that apply):	n, and other reco	ords, check	any of t	he following	that are	a significant use	of its collection
а	Public exhibition		d		Loan or excl	hange pro	ograms	
b	Scholarly research		e		Other			
c	Preservation for future generations							
4	Provide a description of the organization's col Part XIII.	lections and expl	lain how th	ey furth	er the organ	ization's	exempt purpose	in
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to							Yes 🗌 No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ line 21.		Form 990	, Part l'	V, line 9, or	reporte	ed an amount c	on Form 990, Part X,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the	following t	able:			Amo	ount
с	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, li	ne 21, for e	escrow	or custodial a	account li	ability? (	Yes No
b							_	
_	rt V Endowment Funds.		explanatio					
	Complete if the organization answ	vered "Yes" on	Form 990	, Part l'	V, line 10.			
_		(a) Current year	r <b>(b)</b>	Prior yea	r (c) Two	years bacl	(d) Three years	back (e) Four years back
	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ent year end bala	ince (line 1	g, colur	nn (a)) held a	as:		
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment							
с	Term endowment 🕨							
	The percentages on lines 2a, 2b, and 2c shou	id equal 100%.						
3a	Are there endowment funds not in the posses organization by:	sion of the organ	ization tha	t are he	ld and admir	nistered f	or the	Yes No
	(i) Unrelated organizations					•		3a(i)
	(ii) Related organizations							3a(ii)
b	If "Yes" on 3a(ii), are the related organizations	•				• •		3b
4	Describe in Part XIII the intended uses of the	5	dowment f	unds.				
Pa	rt VI Land, Buildings, and Equipme		Form 000	Dort I	/ line 11a		m 000 Dart V	line 10
	Complete if the organization answ           Description of property         (a) Cost or oth (investme)	er basis (b)	Cost or othe	-			depreciation	(d) Book value
<b>1</b> a	Land	0			0			0
	Buildings	0		1,73	4,000		97,563	1,636,437
	Leasehold improvements	0			0		0	0
	Equipment	0			0		0	0
		0			0		0	0
	Other	Ŭ	art X, colur	nn (B), I	-		•	1,636,437

	Form 990) 2020							Page <b>3</b>
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Pa	art IV. line	11b.S	see Form 990. Par	t X. li	ne 12.		
	(a) Description of security or category (including name of security)	(b) Book value		(c) Metho Cost or end-of	d of va	aluation		
(1) Financial		Value			yeari	hurket	Value	
(2) Closely-h (3)Other	eld equity interests							
(B)								
(C)								
(D)								
(E)								
(E) (F)								
(G)								
(U) (H)								
(I)								
	(I) I I I I I I I I I I I I I I I I I I							
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	•						
	Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of investment	art IV, line	11c. 9	See Form 990, Pa (b) Book value			d of valua	tion
	(a) beschption of investment				Cos	st or end	d-of-year n value	narket
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
Total. (Columr	n (b) must equal Form 990, Part X, col.(B) line 13.)							
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	rt IV lino	11d c	oo Form 000 Port V	line	15		
	(a) Description	ittiv, iiite	110. 5		, inte		) Book valu	Je
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
Total. (Colui Part X	nn (b) must equal Form 990, Part X, col.(B) line 15.)				•			
Fart A	Complete if the organization answered 'Yes' on Form 990, Pa		11e oi	r 11f.See Form 99	0, Pai	rt X, lir		
1. (1) Federal i	(a) Description of liability	,					(b) Book	value
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 25.)			•				0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Pd	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per		
	<b>Return.</b> Complete if the organization answered 'Yes' on Form 990, Part	IV line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		_	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	-	
с	Recoveries of prior year grants	2c	-	
d	Other (Describe in Part XIII.)	2d	-	
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII.)	4b	-	
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		5	
Par	t XII Reconciliation of Expenses per Audited Financial Stater		Retur	'n.
_	Complete if the organization answered 'Yes' on Form 990, Part			
1	Total expenses and losses per audited financial statements $\ . \ . \ .$		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			1
		2a		
b	Prior year adjustments	2a 2b		
b c			-	
	Prior year adjustments	2b	-	
c	Prior year adjustments	2b 2c	2e	
c d	Prior year adjustments       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . <th>2b 2c 2d</th> <th>2e 3</th> <th></th>	2b 2c 2d	2e 3	
c d e	Prior year adjustments       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . <th>2b 2c 2d</th> <th>_</th> <th></th>	2b 2c 2d	_	
c d e 3	Prior year adjustments       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . <th>2b 2c 2d</th> <th>_</th> <th></th>	2b 2c 2d	_	
c d e 3 4	Prior year adjustments <td< th=""><th>2b           2c           2d          </th><th>_</th><th></th></td<>	2b           2c           2d	_	
c d e 3 4 a	Prior year adjustments       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . <th>2b       2c       2d      </th> <th>_</th> <th></th>	2b       2c       2d	_	
c d e 3 4 a b	Prior year adjustments       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . <th>2b         2c         2d        </th> <th>3</th> <th></th>	2b         2c         2d	3	

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

Return Reference	Explanation					
	The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the Organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of that position. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. There was no unrecognized tax benefits identified or recorded as liabilities for fiscal years 2020 or 2019. The Organization files Form 990 in the U.S. federal jurisdiction. The Organization is generally no longer subject to examination by the Internal Revenue Service for years before 2017.					

efile GRAPHIC print	Submission Date	- 2021-11-11					DL	N: 93493315052171		
Note: To capture the	full content of this d	ocument, please se	elect landscape mod	e (11" x 8.5") whe	en printing.		<u>.</u>			
Schedule I (Form 990) Grants and Other Assistance to Organizations,								OMB No. 1545-0047		
(Form 990)	Gov	ernments ai	nd Individual	s in the Uni	ited States			2020		
Department of the Treasury Internal Revenue Service	Treasury							Open to Public Inspection		
Name of the organization						E	mployer identific	ation number		
CENTER FOR APPLIED RATIO	DNALITY					4	5-3100226			
Part I General In	formation on Grants	and Assistance								
	n maintain records to subs used to award the grants				for the grants or assistanc	e, and		🗹 Yes 🗌 No		
2 Describe in Part IV th	e organization's procedure	es for monitoring the use	e of grant funds in the Uni	ted States.						
	Other Assistance to Dom more than \$5,000. Part II of			ents. Complete if the c	organization answered "Yes	" on Form 9	990, Part IV, line	21, for any recipient		
(a) Name and address organization or government	of <b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		escription of sh assistance	(h) Purpose of grant or assistance		
(1) MIRI 2036 Bancroft Way Berkeley, CA 94704	58-2565917	501(c)(3)	219,000					General support		
2 Enter total number o	f section 501(c)(3) and go	vernment organizations	listed in the line 1 table .				. ►	1		
3 Enter total number o	f other organizations listed	d in the line 1 table .					►	0		
For Paperwork Reduction Ac	t Notice, see the Instructio	ns for Form 990.		Cat. No. 50055	P		Scl	hedule I (Form 990) 2020		

## Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assi	istance	(b) Number of recipients	<b>(c)</b> Amount cash gran		(d) Amount noncash assist		(e) Method of valuation FMV, appraisal, othe		(f) Description of noncash assistance
(1)									
(2)				. <u></u>					
(3)									
(4)									
(5)									
(6)									
(7)									
Part IV Supplemen	ital Informatic	on. Provide the inform	mation required in P	'art I, lir	ne 2; Part III, cc	olumn (	(b); and any other add	Jitional ir	iformation.
Return Reference	Explanatio	on							
Schedule I, Part I, Line 2	The organiz	ation provides funds wi	th the understanding t	hat thos	e funds will be ur	sed to f	ulfill the mission of the re	eceiving o	-
	Schedule I (Form 990) 2020								

efile GRAPH	IC print	Submission Date - 2021-11-11		DLN: 93493315052171			
SCHEDUL (Form 990 990-EZ) Department of t	or	Attach to F		tions on <b>2020</b> on. <b>Open to Public</b>			
Name of the org Determe Brome Service	anization ED RATIONALIT	Y	Employer identification number 45-3100226				
Return Reference			Explanation				
Form 990, Part VI, Section A, Line 8b	THE ORG	ANIZATION DOES NOT HAVE THIS TY	PE OF COMMITTEE.				
Form 990, Part VI, Section B, Line 11b	THE FORM	1 990 IS REVIEWED BY MEMBERS OF	THE BOARD PRIOR TO SUBM	IISSION.			
Form 990, Part VI, Section C, Line 19	-	4 990 IS MADE AVAILABLE TO THE P AILABLE TO THE PUBLIC UPON REAS		OVERNING DOCUMENTS ARE			
For Paperwork	Reduction A	ct Notice, see the Instructions for Form 99	<b>90 or</b> Cat. No. 51056K	Schedule O (Form 990 or 990-EZ)			