Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for Instructions and the latest information,

			ar year, or tax year deginning June 1 , 2019, and ending		nay 31	, 20 20
	heck if ap		C Name of organization	D Empl	-	ntification number
	Address cl		Living Her Legacy			3-1940794
	Name char	-	Number and street (or P.O. box if mail is not delivered to street address) Room/sulte	hone nu	mber	
===	initial return	n n/terminated	2519 S. Shields St. #132 City or town, state or province, country, and ZIP or foreign postal code	970)-988-8529	
	Amended:		F Grou	ıp Exen	nption	
	Application		Fort Collins, CO 80526	Nun	nber 🕨	· 🔯
G /	Account	ing Method:	☑ Cash ☐ Accrual Other (specify) ▶	H Check I	► ☑ #	the organization is not
ı V	Vebsite	: Nww.	livingherlegacy.org			ich Schedule B
J _T	ax-exem	npt status (che	ack only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 9	90, 990	-EZ, or 990-PF).
K	orm of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal assets		
(Pa	rt II, colu	umn (B)) are (5500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	17162
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	ne instruc	ctions	for Part I)
		Check if	the organization used Schedule O to respond to any question in this Par	t!		
Ŕ	1		ons, gifts, grants, and similar amounts received		1	14424
42	2		ervice revenue including government fees and contracts		2	0
7	3		ip dues and assessments		3	0
.3.	4	Investmen	•		4	0
	5a	Gross amo	ount from sale of assets other than inventory 5a	0		······································
	b		or other basis and sales expenses	0		
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a) .		5c	0
	6		d fundraising events:			
	a	_	ome from gaming (attach Schedule G if greater than		215 g	
9			6a	Ω		
Revenue	ь	Gross inco	me from fundraising events (not including \$ of contribut	ions		
õ	-		aising events reported on line 1) (attach Schedule G if the			
14.			ch gross income and contributions exceeds \$15,000) 6b	2738		
	c		et expenses from gaming and fundraising events 6c	30		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and		42	
		line 6c)			6d	2708
	7a	Gross sale	s of inventory, less returns and allowances	n		
	b		of goods sold	n	187.2	
	1		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7¢	0
	8		nue (describe in Schedule O)		8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	17132
	10	Grants and	d similar amounts paid (list in Schedule O)		10	0
	11		aid to or for members	• • •	11	0
Ø	12		ther compensation, and employee benefits	• • •	12	
86	13		al fees and other payments to independent contractors		13	<u>0</u> 3861
Expenses	14		y, rent, utilities, and maintenance		14	3001
X	15	•	ublications, postage, and shipping		15	
_	16		enses (describe in Schedule O) 🔯		16	626 12345
	17		enses. Add lines 10 through 16		17	
	18	Excess or	(deficit) for the year (subtract line 17 from line 9)		18	16832
S)	19		s or fund balances at beginning of year (from line 27, column (A)) (must ag		10	300
SSS			ar figure reported on prior year's return)		40	007
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		19 20	826 0
ž	21					
E-			or fund balances at end of year. Combine lines 18 through 20	<u> </u>	21	1126

Page	1
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W 990-⊏7		he instructions f	or Part II) O to respond to an	auestion in this P	art II	. ,	🗆
art II	Balance Sheets (see t				661 4 94 4 4 4 4		
	Check if the organization	n used Schedule	O to tespond to an	14	A) Beginning of year		(B) End of year
		_		<u></u>		22	1126
2 Ca	ash, savings, and investment	is				23	(
3 La	and and buildings	(1 (5)				24	(
	ther assets (describe in Sche				826	25	1120
5 To	otal assets	at an about a ON		· · · · ·		26	
6 To	otal liabilities (describe in Se	chedule U)	(7)	lino 21\		27	112
	et assets or fund balances	(line 27 of column	(B) must agree with	inetrictions for Pa		1	
art III	Statement of Program	Service Accom	Ota record to on	y augetion in this P	art III	1	Expenses
	Check if the organization	in used Schedule	See Schodule O	y question in this i			equired for section
hat is t	the organization's primary ex	empt purpose r	See Schedule O	II. Harris Inventor	- continos		1(c)(3) and 501(c)(4) ranizations; optional fo
escribe	the organization's program	service accompli	shments for each of	services provided.	the number of	oth	ners.)
meas	e the organization's program sured by expenses. In a cle benefited, and other relevant	ar and concise ii	ach program title.	36111003 Provided			
rsons	benefited, and other relevant	I HILOHITARION TO G	acts program that				
8 Col	ntruction of Historic Arts Proje	3CT					

		and if this amount	includes foreign gra	nts, check here	> 🗇	28	a 609
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9 Re	cognition of Honored Women	·~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
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(Gr	rants \$) If this amoun	t includes foreign gra	ints, check here .	<u> </u>	31	Ja .
31 Ot	her program services (descri	ibe in Schedule O)			* * * * * <u>-</u>		la
31 Ot	her program services (descri	ibe in Schedule O)) If this amoun	t includes foreign gra	ints, check here		31	1a 2
31 Oti (Gi 32 To	her program services (descri	ibe in Schedule O)) If this amoun	t includes foreign gra	ints, check here		31	1a 2
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	instructions for Doub I/A Obselv if the approximation used Calcabile O. to approximate any provider to the	. n	11		
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No	-
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		103	140	-
	detailed description of each activity in Schedule O	33		V	5
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			_	* P
A# -	change on Schedule O. See instructions	34			_
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V	
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		V	_
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		V	_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	-
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0				
	Did the organization file Form 1120-POL for this year?	37b		~	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		V	
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved				-
39	Section 501(c)(7) organizations. Enter:			•	
a	Initiation fees and capital contributions included on line 9				١.
b	Gross receipts, included on line 9, for public use of club facilities		er i	·	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0) 	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V	ě
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	7/2	(4.5°		_ =
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	20 200 (加)3			
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		,		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e			
41	List the states with which a copy of this return is filed ▶ Colorado	1	<u></u>	-	-
42a	The organization's books are in care of ▶ Judith Barth Telephone no. ▶	970-21	7-419	 }	-
	Located at ► 1557 Landon Ct., Windsor, CO ZIP + 4 ►	80550	-4960		
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸	-
	If "Yes," enter the name of the foreign country ▶			:	
	See the Instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		و مراحد ا		
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		V	-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	- []	
44a	Did the averagization maintain any dense advised finds during the court to the same and		Yes	No	-
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		i	_
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	e e	e e e V	5
d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c	elije og til	<u>/</u>	- - - -
45	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				-
4:22		45a	L	V	ng.
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			in egyin. Yannasin K	¥-

orm 99	90-EZ (2019)		 				ige 4
16	Did the organization engage, directly or in to candidates for public office? If "Yes," of	ndirectly, in political c complete Schedule C	ampaign activities on Part I	behalf of or in opposit	ion 46	Yes	No
Part '		s Only s must answer que	stions 47-49b and	52, and complete the		or line	es
	Citota is the digarates and de	TOGGLO O TO TOOP OF TO	to unit quotion in the	noreste e :	<u> </u>	Yes	No
17	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect during the	tax 47		~
18	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete \$	Schedule E	. 48		V
19a	Did the organization make any transfers to	-		ation?	. 49a		V
b	If "Yes," was the related organization a se				. 49b		
50	Complete this table for the organization's employees) who each received more than						з кеу
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com	d amou	
one		-					
							
·							
							
	U.L125UL.10.U.L0.L0.L0.L0.L0.L0.L0.L0.L0.L0.L0.L0.L0.						
f	Total number of other employees paid ov	er \$100.000	. None	11			
51	Complete this table for the organization \$100,000 of compensation from the organization	s five highest compe	ensated independent	contractors who each	received	more	than
	(a) Name and business address of each independ	lent contractor	(b) Type of serv	ice (c)	Compensati	on .	
one	PP0148708884457084870808707070707070707070707070707070	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					

d 52	Total number of other independent control Did the organization complete Schedu completed Schedule A				one la .► ✓ Yes		io
	penalties of perjury, I declare that I have examined this prect, and complete. Declaration of preparer (other than						
-, -,	A Thirty of the state of the st		The second of th			· · · · · · · · · · · · · · · · · · ·	
_		· · · · · · · · · · · · · · · · · · ·		<u></u>			

Sign Signature of officer Date Here Patti Smith, Executive Director Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Check if self-employed Paid Preparer Firm's EfN ▶ Firm's name **Use Only** Firm's address > May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization 83-1940794 Living Her Legacy Line 16 - Other Expenses **Exhibit Construction \$6090** Office Expense \$313 Marketing \$1937 Fund Raising Expense \$2550 Honoree Recognition \$785 Business/IRS Filing \$670 Total Other Expenses \$12345 Part III - Primary Purpose The Living Her Legacy organization presents to the community and guests a public art/education exhibit sharing the local impact of historic and contemporary women. The vision is to recognize women's accomplishments and to inspire girl's futures. The mission is to inspire women and girls to discover themselves through the many talents, contributions, and achievements of women, both past and present, in the Fort Collins community: "Recognizing women's accomplishments to inspire girls and women to create their own legacies."

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

T

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number 83-1940794

Living	g Her	Legacy					83-194	
Par		Reason for Public Char						ns.
The c		zation is not a private founda						
1		church, convention of church	•					
2		school described in section						
3	□A	hospital or a cooperative hos	pital service org	anization described in	section	170(b)(1)(A)(iii).	4845 MA
4		medical research organizatio		njunction with a hosp	iital desci	ribed in s	ection 170(b)(1)(A)(III). Enter the
_		ospital's name, city, and state n organization operated for t		sollogo or university	owned o	r operate	d by a covernment	al unit described in
5		ection 170(b)(1)(A)(iv). (Comp		College of university	OWNED O	Operate	d by a government	ar diffit docorridos in
6	\square A	federal, state, or local govern	ment or govern	mental unit described	in sectio	n 170(b)	(1)(A)(v).	
7		n organization that normally escribed in section 170(b)(1)			oort from	a govern	nmental unit or from	the general public
8		community trust described in						
9		n agricultural research organi	zation described	in section 170(b)(1)((A)(ix) op	erated in	conjunction with a la	and-grant college
	U	r university or a non-land-grainiversity:	-					
10	re	n organization that normally receipts from activities related	to its exempt fur	nctions—subject to co	ertain exc	eptions.	and (2) no more thai	∩ 33¹/₃% of its
	St	upport from gross investment equired by the organization a	income and unr	elated business taxal	ole incom	e (less se	ection 511 tax) from	businesses
11		n organization organized and						
12		n organization organized and						rv out the purposes
		f one or more publicly suppo						
	C	heck the box in lines 12a thro	ugh 12ď that des	cribes the type of sup	porting c	rganizatio	on and complete line	s 12e, 12f, and 12g.
а		Type I. A supporting organ						
		the supported organization					he directors or trust	ees of the
	••••	supporting organization. Yo						
b	· L	Type II. A supporting organ						
		control or management of to organization(s). You must o				persons	that control or mani	age the supported
C		Type III functionally integ	-	•		onnection	n with, and functions	ally integrated with.
·		its supported organization(s) (see instructio	ns). You must comp l	lete Part	IV, Secti	ons A, D, and E.	- -
d		Type III non-functionally i						
		that is not functionally integ requirement (see instruction						d an attentiveness
_	_		•	*		•		. II T III
e	<u> </u>	Check this box if the organ functionally integrated, or T						a II, Type III
f	Ent	er the number of supported o	* *		-	_		
g		vide the following information						
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the c	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	docu	ır governing ment?	support (see instructions)	other support (see instructions)
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	•	,
					103	NO		
(A)								
(B)								
						ļ		
(C)			·					
(D)								
(E)			····			<u> </u>	:	
Tota	4			<u> </u>		سبب بشيدا	1	<u> </u>

Part	Support Schedule for Organization (Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
Secti	on A. Public Support		- <u> </u>				
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4					77.5%	
	on B. Total Support	<u> </u>	4	k., -	<u> </u>		
	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	0.000000000000000000000000000000000000	ALL THEFT	440000000000000000000000000000000000000	1715 F 284 ST A 1985 ST	A 30 (4.0) (4.2)	
12	Gross receipts from related activities, etc	•	,			12	
13	First five years. If the Form 990 is for the						
Cart	organization, check this box and stop he						
	ion C. Computation of Public Suppo Public support percentage for 2019 (line			11 column (f)		14	%
14 15	Public support percentage for 2019 (inteller Public support percentage from 2018 Sc	bedule A Part	If line 14	i i, colomii (i))		15	
16a	331/3% support test—2019. If the organ	ization did not	t check the bo	x on line 13. a	nd line 14 is 3		
	box and stop here. The organization qua						
b	331/3% support test—2018. If the organ this box and stop here. The organization						
17a	10% or more, and if the organization means the organization meets the organization	eets the "facts "facts-and-circ	s-and-circums cumstances" to	tances" test, c est. The organ	heck this box ization qualifie	and stop here is as a publicly	Explain in supported
b		ation meets the meets the "faction of the contract of the cont	ne "facts-and- cts-and-circum	circumstances stances" test.	" test, check The organizat	this box and a lion qualifies as	stop here. a publicly •
18	Private foundation. If the organization dinstructions	lid not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, ched	ck this box and	see ▶ □

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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 test	ts listed below, please complete Part II.)	

Section	n A. Public Support		,					
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")					144	424	14424
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the organization's tax-exempt purpose						0	0
3	Gross receipts from activities that are not an			,				
•	unrelated trade or business under section 513					2	738	2738
4	Tax revenues levied for the							
7	organization's benefit and either paid to							
	or expended on its behalf						0	0
5	The value of services or facilities							
•	furnished by a governmental unit to the							
	organization without charge						0	0
6	Total. Add lines 1 through 5					17	162	17162
	Amounts included on lines 1, 2, and 3							
	received from disqualified persons .		İ				0	0
h	Amounts included on lines 2 and 3							
~	received from other than disqualified				1		Ì	
	persons that exceed the greater of \$5,000		İ		1			
	or 1% of the amount on line 13 for the year						0	0
c	Add lines 7a and 7b						0	0
8	Public support. (Subtract line 7c from							
_	line 6.)						2-2-4	17162
Secti	on B. Total Support					·		
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total
9	Amounts from line 6					17	162	17162
10a	Gross income from interest, dividends,	Ī	1	1		1	1	
100		i	ì	1				
104	payments received on securities loans, rents,							_
	payments received on securities loans, rents, royalties, and income from similar sources .						0	0
	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less						0	0
	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses							
	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less						0	0
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses					17		
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b					17	0	0
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether					17	0	0 17162
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					17	0	0
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or					17	0	0 17162
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets					17	0 2162 0	0 17162 0
b 11 12	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					17	0	0 17162
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						0 7162 0	0 17162 0
b 11 12	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			and showed from such	a or fifth toy.	17	0 7162 0	0 17162 0 0
b 11 12	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					17 rear as a se	0 7162 0 0 7162 ection	0 17162 0 0 17162 501(c)(3)
b 11 12 13	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	ere				17 rear as a se	0 7162 0 0 7162 ection	0 17162 0 0 17162 501(c)(3)
b 11 12 13 14 Secti	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for torganization, check this box and stop here.	ere ort Percentag	 je			17/ear as a se	0 7162 0 0 7162 ection	0 17162 0 0 17162 501(c)(3)
b 11 12 13 14 Secti	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	ere ort Percentag 8, column (f),	ge divided by line	13, column (f))	17 rear as a se	0 7162 0 0 7162 ection	0 17162 0 0 17162 501(c)(3) • •
b 11 12 13 14 Secti	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	ere	ge divided by line t III, line 15	13, column (f))	17 rear as a se	0 7162 0 0 7162 ection	0 17162 0 0 17162 501(c)(3)
b 11 12 13 14 Secti 15 16 Secti	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage from 2018 Scon D. Computation of Investment in	ere ort Percentag 8, column (f), chedule A, Pari ncome Perce	ge divided by line till, line 15 entage	13, column (f)		17 rear as a se	0 7162 0 0 7162 ection	0 17162 0 0 17162 501(c)(3) ▶ ☑
b 11 12 13 14 Section 15 16 Section 17	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2019 (line Public support percentage from 2018 Scon D. Computation of Investment income percentage for 2019 (Investment income percentage from 2018 Investment income percentage from 2019 (Investment Income percentage from 2019 (I	ere ort Percentag 8, column (f), chedule A, Pari ncome Perce (line 10c, colu 8 Schedule A.	ge divided by line III, line 15 entage mn (f), divided Part III, line 17	13, column (f)	umn (f))	17 rear as a se 	0 0 0 7162 ection	0 17162 0 0 17162 501(c)(3) ▶ ☑ % %
5 11 12 13 14 Secti 17 18	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2019 (line Public support percentage from 2018 Scon D. Computation of Investment income percentage for 2019 (Investment income percentage from 2018 Investment income percentage from 2019 (Investment Income percentage from 2019 (I	ere ort Percentag 8, column (f), chedule A, Pari ncome Perce (line 10c, colu 8 Schedule A.	ge divided by line III, line 15 entage mn (f), divided Part III, line 17	13, column (f)	umn (f))	17 rear as a se 	0 0 0 7162 ection	0 17162 0 0 17162 501(c)(3) ▶ ☑ % %
b 11 12 13 14 Section 15 16 Section 17	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for torganization, check this box and stop he on C. Computation of Public Support Public support percentage for 2019 (line Public support percentage from 2018 Scon D. Computation of investment income percentage for 2019 Investment income percentage from 2013/1/2% support tests—2019. If the organization of the	erre Art Percentag 8, column (f), chedule A, Part 1 come Perce (line 10c, colu 18 Schedule A, nization did no	ge divided by line III, line 15 entage mn (f), divided Part III, line 17 t check the bo	by line 13, col	umn (f))	17 rear as a se . 15 . 16	0 0 0 7162 ection	0 17162 0 0 17162 501(c)(3) • • •
5 11 12 13 14 Secti 17 18 19a	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	erre Percentage 8, column (f), chedule A, Panacome Perce (line 10c, column 8 Schedule A, nization did not and stop here	ge divided by line III, line 15 entage mn (f), divided Part III, line 17 t check the bo	13, column (f) by line 13, col x on line 14, a	umn (f))	17 rear as a sec	0 0 0 7162 ection	0 17162 0 0 17162 501(c)(3) > 2 % % %
5 11 12 13 14 Secti 17 18	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for to organization, check this box and stop he on C. Computation of Public Support Descentage for 2019 (line Public support percentage from 2018 Scon D. Computation of Investment income percentage from 2019 (line 17 is not more than 331/8%, check this box 331/8% support tests—2019. If the organ 17 is not more than 331/8%, check this box 331/8% support tests—2018. If the organ	art Percentages, column (f), chedule A, Particome Percentiles Schedule A, nization did not and stop here ization did not	ge divided by line III, line 15 entage mn (f), divided Part III, line 17 t check the bo The organizat	by line 13, col ox on line 14, a tion qualifies as	umn (fi)	17 18 more than 3 ported organ 6 is more than	0 0 0 7162 ection 	0 17162 0 0 17162 501(c)(3) > 2 % %
5 11 12 13 14 Secti 17 18 19a	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	art Percentages, column (f), chedule A, Particome Percel (line 10c, columnization did not a and stop here ization did not box and stop	ge divided by line III, line 15 entage mn (f), divided Part III, line 17 t check the bo The organizat check a box or here. The organ	by line 13, column (f) by line 13, col ox on line 14, a tion qualifies as a line 14 or line nization qualifie	umn (f))	17 rear as a se 15 16 17 18 more than 5 ported organ 6 is more ti supported of	0 0 0 7162 ection 	0 17162 0 0 17162 501(c)(3) > ✓ % % % 96 96 97, and line

Part IV

Supporting Organizations

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

Section	A. Ali	Supporting	Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of stat under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how to organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye. answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and E numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alrea designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribution (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled ent with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whi the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of secti 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrat supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
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Form	990 or	990-E	Z) 2019

Part I	Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			7 27
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a	j santoj	or which
	below, the governing body of a supported organization?	11b		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
C	on B. Type I Supporting Organizations			
Secu	nt b. Type i Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to	10 Sec. 1		110
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		o kiji ki g Kato	is de,
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		or and a second	in and i
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		en ingelegen	Marine Comment
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	V-10	. j. 1354	
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		اد قرارات د خوا	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	100	4.2	
	or management of the supporting organization was vested in the same persons that controlled or managed	100	13047	
	the supported organization(s).	1		<u> </u>
Secti	on D. All Type III Supporting Organizations			<u></u>
		ر از این برده ما	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1800		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	3 ()	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1.3.4	4.94	ं
	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	2 - 4 - 5		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	100	77.7	N. S.
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	\$ -1 1 1 2 4 11 1	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1000		
	significant voice in the organization's investment policies and in directing the use of the organization's	1.44	201	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		(株)	
.		3	<u> </u>	<u> </u>
	on E. Type III Functionally Integrated Supporting Organizations	in a sec	ntin n	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	mstru	GUUN	3 <i>).</i>
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	lana ir	ofer to	Honol
C	Activities Test. Answer (a) and (b) below.	(See II)		No
2			103	110
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	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		1	1.
	that these activities constituted substantially all of its activities.	2a		1
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		 	
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
	· · · · · · · · · · · · · · · · · · ·		1	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За	1	
1	••	38	 	+
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	trus izati	st on Nov. 20, 1970 (explair ons must complete Section	n in Part VI). See ns A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	**************************************	
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 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		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	the profession of a state of the state of th	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	g organization (see

Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	auons (continueu)	
	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer organizations, in excess of income from activity	npt purposes of suppor	ted	7
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part Vi). See instructions.	the organization is res	ponsive	
	Distributable amount for 2019 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	
9	Line 8 amount divided by line 9 amount			
10	The 9 striouts divided by line 9 striouts		(ii)	(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount		<u> </u>	
i	Carryover from 2014 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			1
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
ь	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:		La real la Maria de Jave	1. 14
a	Excess from 2015			
<u>_</u>	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e				

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


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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ame o	f the organization					Employer identific	ation number
	Her Legacy					83-	1940794
Part		Complete if the	e organiza complete	tion answ this part.	rered "Yes" on F	orm 990, Part IV,	line 17.
1	Indicate whether the organization	on raised funds t	hrough any	of the folio	wing activities. Ch	eck all that apply.	
а	Mail solicitations		e 🗆	Solicitati	on of non-governr	nent grants	
b	☐ Internet and email solicitation	ns	f	Solicitati	on of government	grants	
C	Phone solicitations		g 🗀	Special f	fundraising events		
ď	☐ In-person solicitations						
2a	Did the organization have a writ or key employees listed in Form	i 990, Part VII) oi	entity in co	onnection v	with professional fo	undraising services:	Yes No
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by	y the organizatio	nunes (lunc ñ.	raisers) pu	nscant to agreem	BIRS CHOS WINCH U	e fundicios la lo de
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tota	1			>	•		
3	List all states in which the org registration or licensing.		stered or lie	censed to	solicit contribution	ns or has been noti	fied it is exempt from
			######################################				

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Pa	rt II	than \$15,000 of fundraising	ng event contributions			
			(a) Event #1	(b) Event #2	(c) Other events	4.5.00
- 1			, -,	• •] ''	(d) Total events
						col. (c))
의						
Revenue	1	Gross receipts	850	388	1500	2738
<u> </u>	2	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 Concerts (event type) (b) Event #2 Xmas Wrapping (event type) (c) Other events (edd col. (a) through col. (b) through col. (c) (b) through col. (c) (b) through col. (c) (total number) Less: Contributions . 850 388 1500 2736 Less: Contributions . 850 388 1500 2736 Gross income (line 1 minus line 2) . 0 0 0 0 Noncash prizes . 0 0 0 0 Rent/facility costs . 0 0 0 0 Food and beverages . 0 0 0 0 Cither direct expenses . 0 0 0 0 Direct expense summary. Add lines 4 through 9 in column (d) . > 2766 Net income summary. Subtract line 10 from line 3, column (d) . > 2766				
	3				1000	100
	•		o	0	o	o
	4	Cash prizes	0	0	o	o
- 1	5	Noncash prizes	30	0	0	30
8						
Se	6	Rent/facility costs	0	0	0	0
Direct Expenses						
四	7	Food and beverages	0	0	0	0
젊						
ă	8	Entertainment	0	0	0	0
	_					
	9	Other direct expenses .	0	0	0	0
	10	Direct evenence cummary Ad	ld lines 4 through 0 in a	olumn (d)	_	30
	11		•	, ,		
Pа	dill					1
		\$15,000 on Form 990-E2	Z, line 6a.		500, 1 art 11, 1110 10,	or roportou more than
0				(b) Pull tabe/instant		(d) Total gaming (add
Ž			(a) Bingo		(c) Other gaming	col. (a) through col. (c))
Revenue					APP-PRIAMAN AND AND AND AND AND AND AND AND AND A	,
a	1	Gross revenue				
es l	2	Cash prizes				
penses						
×	3	Noncash prizes				
<u> </u>						
Direct Ex	4	Rent/facility costs				
	5	Other direct expenses .				
1	_					
	6	Volunteer labor		∐ No	∐ No	
İ	_	Private and the second				
1	7	Direct expense summary. Ad	id lines 2 through 5 in c	olumn (a)		
İ	8	Net gaming income summar	. Cubtraat lina 7 fram li	no t achumn (d)		
					'''' '''' '' ''' '''' '''' '''' '''' 	<u> </u>
9	Εn	nter the state(s) in which the or the organization licensed to co	manization conducte da	mina activitice:		
_	a Is	the organization licensed to co	anduct asmina sctivities	in each of these states		□ Ves □ No
	b If '	'No." explain:	onday, gaming donamo.	an oddi or mode didio	· · · · · · · · · · · · · · · · · · ·	
	• ,,	"No," explain:				
						,
10	a W	ere any of the organization's g	aming licenses revoked	, suspended, or termin	ated during the tax year	r? . ☐ Yes ☐ No
1		"Yes," explain:				

cneau	ile G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		□ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name >	· 44	
	Address ►		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:		
	Name >) you do not all shall s	
	Address ►	- 1 1 1 1 1 1 1 1.	
16	Gaming manager information:		
	Name >		*****
	Gaming manager compensation ► \$		
	Description of services provided ▶	******	
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns of Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		
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46	Did the organization ongoes directly						Yes	No
	Did the organization engage, directly of to candidates for public office? If "Yes,	' indirectly, in political	campaign activities or	behalf of or	in opposit	tion		
art	Section 501(c)(3) Organization	ns Only						V
	All section 501(c)(3) organization	ons must answer qu	estions 47-49b and	52, and cor	nnlete th	e tables f	or line	
	00 4.14 01.				ibiere m	e labies ii	or iine	S
	Check if the organization used S	ichedule O to respon	d to any question in t	his Part VI				П
17							Yes	No
	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, P.	ig activities or have a	section 501(h) election	n in effect d	uring the	tax		
18	Is the organization a school as described		(:)() 15 (:)( !!			. 47		V
9a	Did the organization make any transfers	to an exempt non-ch	(II) ! II Yes, complete :	Schedule E		. 48		V
b	" 'Co, was the related organization a	Section 527 organizati	nn?			1		V
0	Complete this table for the organization	's five highest compar	neated ampleyees (ath	cc			s and	ka
	employees) who each received more that	an \$100,000 of compe	ensation from the organ	nization. If the	re is none	e, enter "N	one."	RCy
	(a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health b	enefits,			
	(4) Mario and the of each employee	hours per week devoted to position	(Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred		(e) Estimated other comp		
one		-	(*************************************	compens	ation			
					-			
		-						
							***************************************	
f	Total number of other employees and a	4400,000						
	Total number of other employees paid of	ver \$100,000	None					
	Complete this table for the organization	'a five highest some		Contractore i	tho each	received r	noro f	han
	Complete this table for the organization	n's five highest compo anization. If there is no	one, enter "None"	Jointactors v	viio cacii	received i	nore i	nan
	Complete this table for the organization \$100,000 of compensation from the org	ariization. II there is no	one, enter "None."				nore i	
	Complete this table for the organization	ariization. II there is no	one, enter "None."  (b) Type of service			Compensation		
-	Complete this table for the organization \$100,000 of compensation from the org	ariization. II there is no	one, enter "None."					- I all
	Complete this table for the organization \$100,000 of compensation from the org	ariization. II there is no	one, enter "None."					mair
-	Complete this table for the organization \$100,000 of compensation from the org	ariization. II there is no	one, enter "None."					
	Complete this table for the organization \$100,000 of compensation from the org	ariization. II there is no	one, enter "None."					
-	Complete this table for the organization \$100,000 of compensation from the org	ariization. II there is no	one, enter "None."					
-	Complete this table for the organization \$100,000 of compensation from the org	ariization. II there is no	one, enter "None."					
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	Complete this table for the organization \$100,000 of compensation from the org	ariization. II there is no	one, enter "None."					na i
ne	Complete this table for the organizatior \$100,000 of compensation from the org  (a) Name and business address of each indeper	ident contractor	(b) Type of service					
d	Complete this table for the organizatior \$100,000 of compensation from the org  (a) Name and business address of each indeper	adization. If there is no ident contractor	(b) Type of service	De la la la la la la la la la la la la la	(c) (	Compensation		
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Preparer's signature

Date

Print/Type preparer's name

Firm's address 

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name ▶

Paid

Preparer Use Only

Form **990-EZ** (2019)

Yes No

PTIN

Check if self-employed

Firm's EIN ▶