2019 Form 990-EZ - f990ez.pdf Click on the question-irrark icons to display help windows

B Check if applicable Address change

Name change

Amended return Application pending

n 990-EZ - 1990c	z.pdf -irlark icons to display help windows		file:///E	: /O pr Malka/2019/f990e
	ided will enable you to file a more complete return and redu	ce the chances the IRS will r	need to contact vo	, , , , , , , , , , , , , , , , , , , ,
13	Short For		294	92100008 OMB No 1545-0047
990-EZ			Tav	
orm JJU-EA		•	ľ	2019
	Under section 501(c), 527, or 4947(a)(1) of the Internal i	Revenue Code (except priva	ate foundations)	
		f., 4	and the	Open to Public
	▶ Do not enter social security numbers on th	is form, as it may be made	Public. 1217	Inspection
epartment of the Treasury ternal Revenue Service	► Go to www.irs.gov/Form990EZ for instru	ctions and the latest inform	nation. 114	mopeotion.
For the 2019 calen	idar year, or tax year beginning	, 2019, and ending	9	, 20
Check if applicable	C Name of organization ?	/// // // // // // // // // // // // //	D Employer id	entification number ?
Address change	OHR MALKA INC		4	7-1778458
Name change	Number and street (or P O box if mail is not delivered to street a	address) ? Room/sulte	E Telephone n	umber
Initial return	3 SWALLOW AVENUE		(84	5) 354-0806
Final return/terminated Amended return	City or town, state or province, country, and ZIP or foreign posta	ol code	F Group Exe	mption
Application pending	SPRING VALLEY, NY 10977		Number •	· 2
Accounting Method	r ☑ Cash ☐ Accrual Other (specify) ►		H Check ▶ 🔲	f the organization is not
Website: ►			required to att	ach Schedule B
Tax-exempt status (c	theck only one) — 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527	(Form 990, 99	0-EZ, or 990-PF)
Form of organization				· <u>······</u>
· · · · · · · · · · · · · · · · · · ·	nd 7b to line 9 to determine gross receipts. If gross receipts		otal assets	
	s \$500,000 or more, file Form 990 instead of Form 990-EZ.		<u> </u>	
	ue, Expenses, and Changes in Net Assets or			for Part I) 🔞
	if the organization used Schedule O to respond to	any question in this Par		<u> </u>
_1	tions, gifts, grants, and similar amounts received		1	23,620
	service revenue including government fees and conti	racts	2	
<u> </u>	ship dues and assessments		3	
	ent income		. 4	
1	nount from sale of assets other than inventory .	. <u>5a</u>	'` \	
	st or other basis and sales expenses	. [5b]		
'	loss) from sale of assets other than inventory (subtract and fundraising events:	it line ob from line oa)	. <u>5c</u>	
- -	and fundraising events. Icome from gaming (attach Schedule G if great	tor than		
	5 5 .	· · 6a		
h Grossin		of contribut	·	
,	come from fundraising events (not including \$		10110	
	uch gross income and contributions exceeds \$15,000			
	ect expenses from gaming and fundraising events	6c		
d News	mo at (loss) from saming and fundraising events .	dd Ingo 60 and 65 and	St. Intract	

11 12 13 39,553 14 15 16 160 17 39,713 18 -16,093 19 37,614 20 21

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Form **990-EZ** (2019)

FFR 2 4 2021

RECEIVED ENTITY

21,521

23,620

orm 9	90-EZ (2019)						
Par	t II Balance	Sheets (see the instructions	for Part II)				
	Check if the	ne organization used Schedul	e O to respond to a	ny question in this	Part II		<u> </u>
					(A) Beginning of year		(B) End of year
22	Cash, savings, a	and investments		[37,614	22	21,52
23	Land and building	ngs		[23	
24	Other assets (de	escribe in Schedule O)		[24	
25	Total assets .				37,614	25	21,52
26		(describe in Schedule O)				26	
27	Net assets or fu	und balances (line 27 of colum	ın (B) must agree wit	h line 21)	37,614	27	21,52
Part		t of Program Service Accor					
		ne organization used Schedul				1	Expenses
What		n's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
امودر	rihe the organizati	ion's program service accomp	lishments for each o	of its three largest o	rooram services		inizations, optional fo
		nses. In a clear and concise				othe	
		other relevant information for e				İ	
		/ICES				1	
]	
•		/					1
?	(Grants \$	39,713) If this amoun	nt includes foreign ar	ants, check here	▶ □	28a	39,71
29						T	1 32,7
-						1	
	(Grants \$) If this amour	nt includes foreign gr	ants, check here		29a	
30						1	
•						1	
•		. • • • • • • • • • • • • • • • • • • •				ļ	1
							1
	(Grants \$) If this amoun	t includes foreign gr	ants, check here .	▶ 🗍	30a	1
	(Grants \$ Other program se		nt includes foreign gr	ants, check here .	▶ 🗅	30a	
31	Other program se	rvices (describe in Schedule O))		,		
31	Other program sel	rvices (describe in Schedule 0)) If this amoun)	ants, check here		31a	
31 32	Other program se (Grants \$ Total program se	rvices (describe in Schedule O)) If this amoun prvice expenses (add lines 28a) at includes foreign gra a through 31a)	ants, check here		31a	39,71
31 32	Other program se (Grants \$ Total program se IV List of Office	rvices (describe in Schedule O)) If this amoun ervice expenses (add lines 28a cers, Directors, Trustees, and Ko) at includes foreign gra athrough 31a) ey Employees (list eac	ants, check here h one even if not com	pensated – see the i	31a 32	39,71 ctions for Part IV)
31	Other program se (Grants \$ Total program se IV List of Office	rvices (describe in Schedule O)) If this amoun prvice expenses (add lines 28a	nt includes foreign gra a through 31a) ey Employees (list eac le O to respond to a	ants, check here h one even if not com	pensated – see the in	31a 32	39,71
31 32	Other program se (Grants \$ Total program se IV List of Offic Check if th	rvices (describe in Schedule O)) If this amoun ervice expenses (add lines 28a cers, Directors, Trustees, and Ko	nt includes foreign gra a through 31a) . ey Employees (list eac e O to respond to a (b) Average hours per week	h one even if not cominy question in this	pensated — see the in Part IV (d) Health benefits, contributions to employ	31a 32 nstruc	39,71 ctions for Part IV)
31 32	Other program se (Grants \$ Total program se IV List of Offic Check if th	rvices (describe in Schedule O)) If this amoun ervice expenses (add lines 28a cers, Directors, Trustees, and Ko ne organization used Schedul	nt includes foreign gra a through 31a) . ey Employees (list eac e O to respond to a	ants, check here h one even if not cominy question in this (c) Reportable 7	pensated – see the in Part IV	31a 32 nstruc	39,71 ctions for Part IV)
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31 32 Part	Other program set (Grants \$ Total program set IV List of Offic Check if th 2 (a) JEL SCHRON	rvices (describe in Schedule O)) If this amoun ervice expenses (add lines 28a cers, Directors, Trustees, and Ko ne organization used Schedul	at includes foreign grating through 31a). Experimental experiments and the second to a grating through the second to a grating per week devoted to position	h one even if not comny question in this compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	pensated – see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deterred compensation	31a 32 nstruc	39,71 ctions for Part IV)
31 32 Part	Other program set (Grants \$ Total program set V List of Offic Check if th ? (a) UEL SCHRON CTOR	rvices (describe in Schedule O)) If this amoun ervice expenses (add lines 28a ers, Directors, Trustees, and Ke ne organization used Schedul Name and title	at includes foreign gratin through 31a). Experimental september of the se	ants, check here h one even if not com ny question in this (c) Reportable 2 compensation (Forms W-2/1099-MISC	pensated – see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deterred compensation	31a 32 nstruc	39,71 ctions for Part IV)
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Form 99	10-EZ (2G19)			age 3
Part				L
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Pari	Yes	Ata
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		res	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		>
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			,
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	35a 35b	 	
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		y
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	_	1
37a			(1868) (1868)	Y of the
b	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	2	\ \ \
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on line 9			W 200
b 40a	Gross receipts, included on line 9, for public use of club facilities		(1) (1) (1) (1)	
	section 4911 ▶ , section 4912 ▶ ; section 4955 ▶			
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	<u>(27.74)</u>	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ NEW YORK		ــــــــــــــــــــــــــــــــــــــ	<u>-</u> -
42a	The organization's books are in care of ► MARVIN BERKOWITZ Telephone no. ► (718) 3	77-611	6
b	Located at ► 1265 OCEAN PARKWAY, BROOKLYN, NY At any time during the calendar year, did the organization have an interest in or a signature or other authority over	112	230 Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank' and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	- 🗆
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes." Form 990 must be completed instead of Form 990-EZ	44b		1
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	in the second	\ \ \
15a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u>,</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

Form **990-EZ** (2019)

Form 990-E	Z (2019)						F
46 Di	d the organization engage, directly or	indirectly, in political c	ampaign activities on	behalf of or	ın oppositio	n 🔯	Yes
	candidates for public office? If "Yes,"					46	1
Part VI	All section 501(c)(3) organizatio 50 and 51.	ns must answer que			mplete the	tables	or lin
	Check if the organization used S	chedule O to respond	to any question in t	his Part VI	<u></u>	• • •	
	id the organization engage in lobbying par? If "Yes," complete Schedule C, Pa		section 501(h) election			1X 47	Yes
-	the organization a school as described					48	
	id the organization make any transfers				• • •	49a	
	"Yes," was the related organization a		_			49b	1
	omplete this table for the organization						es. ar
	nployees) who each received more that						
· · · · · · · · ·	(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 contributions benefit plans, compen	benefits, to employee and deferred	e) Estimat other cor	ed amo
NONE							
							<u></u>
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		-	4	1	1		
f To	otal number of other employees paid o	 over \$100,000	. •				
51 C	omplete this table for the organization 100,000 of compensation from the organization fr	n's five highest compaganization. If there is no	one, enter "None."				
51 C	omplete this table for the organizatio	n's five highest compaganization. If there is no	ensated independent one, enter "None."			received	
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4 of 4

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Name	Name of the organization Employer identification number						
	MALKA INC						78458
Par							ons.
The o	organization is not a private found						
1	A church, convention of church						
2	A school described in section						
3	A hospital or a cooperative ho						mm =
4	hospital's name city and state						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6	A federal, state, or local gover	rnment or govern	imental unit described	l In sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1			port from	a gover	nmental unit or fron	n the general public
8	☐ A community trust described	ın section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-gra university	ant college of agi	riculture (see instruction	ons). Ente	r the nan	ne, city, and state of	f the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization	to its exempt funt income and un	inctions—subject to c irelated business taxa	ertain exc ble incom	eptions, ie (less si	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	An organization organized and	d operated exclu	sively to test for publi	c safety. S	See secti	ion 509(a)(4).	
12	An organization organized and						
	of one or more publicly supp Check the box in lines 12a thro						
а	Type I. A supporting orgal the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	jority of t		
b	Type II. A supporting orga control or management of organization(s) You must	the supporting of	organization vested in	the same			
C	Type III functionally integ						ally integrated with,
d	Type III non-functionally that is not functionally interrequirement (see instructional see instructions).	grated. The orga	inization generally mu	st satisfy	a distribi	ution requirement an	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported	organizations					
g	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Cat No 11285F

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2017 (d) 2018 (e) 2019 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 3. . 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) Public support. Subtract line 5 from line 4 0 Section B. Total Support (e) 2019 (f) Total (b) 2016 (c) 2017 (d) 2018 (a) 2015 Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 0 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 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.) . . . Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2018 Schedule A. Part II. line 14 15 16a 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/2% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, check 17a 10%-facts-and-circumstances test-2019. 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 b 10%-facts-and-circumstances test-2018. 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

Schedule A (Form 990 or 990-EZ) 2019

Page 3

Part	Support Schedule for Organiza (Complete only if you checked th				vization failed	to qualify up	dar Dart II
	If the organization fails to qualify						uer Part II.
Secti	on A. Public Support	Onder the tes	its listed bein	JW, picaso co	impiote i air i	,	
	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	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	37175	48035	40435	61651	23620	210916
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	i					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	37175	48035	40435	61651	23620	210016
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						. Ç 210916
	on B. Total Support						**
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	37175	48035	40435	61651	23620	210016
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 carned 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)	37175	48035	40435	61651	23620	210016
14	First five years. If the Form 990 is for th organization, check this box and stop her	re		d, third, fourth,		ar as a section	501(c)(3)
	on C. Computation of Public Suppor					T T	
15	Public support percentage for 2019 (line 8		-			15	100 %
16 Section	Public support percentage from 2018 Schoon D. Computation of Investment Inc			<u> </u>	·	16	100 %
17	Investment income percentage for 2019 (II			v line 13 colum	nn (f))	17	0 %
18 19a	Investment income percentage from 2018 331/3% support tests—2019. If the organic	Schedule A, P zation did not d	art III, line 17 check the box	on line 14, and		18 pre than 331/3%	0 % and line
b	17 is not more than 331/3%, check this box a 331/3% support tests—2018. If the organizatine 18 is not more than 331/3%, check this b	ation did not ch	eck a box on	line 14 or line 19	9a, and line 16	is more than 33	31/3%, and
20	Private foundation. If the organization did		-	-		•	_

Schedule A (Form 990 or 990-EZ) 2019

Page 4

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. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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 discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part Vi** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	IV Supporting Organizations (continued)			age
11	Has the organization accepted a gift or contribution from any of the following persons?	1, (A) 1, 301, 122,	Yes	No
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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		
Sect	ion B. Type I Supporting Organizations		Yes	No
1	Did the 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sect	ion 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)		Yes	No
Sect	ion D. All Type III Supporting Organizations			Na
. 1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	1		l
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	instru	ction	s).
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity Activities Test. Answer (a) and (b) below.	(see in	Yes	
2 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		No
b	Did the activities described in (a) 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		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> . 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> .	20	110	Ç43
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		100 PM

instructions).

Schedule A (Form 990 or 990-EZ) 2019 Page **6** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year Section A-Adjusted Net Income (optional) 1 1 Net short-term capital gain 2. 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B-Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, `. see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 035. 6 7 7 Recoveries of prior-year distributions 8 8 Minimum Asset Amount (add line 7 to line 6) Section C-Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) SELECTION OF THE PROPERTY OF THE PARTY OF TH 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. ALTERNATIVE PHENOMEN 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (iii) (i) **Underdistributions** Distributable Section E-Distribution Allocations (see instructions) Excess Distributions Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions Excess distributions carryover, if any, to 2019 7 (A. 1) 13 (A. 1) 15 (A. 1) From 2014 b · From 2015 From 2016 From 2017 From 2018 The state of the s Total of lines 3a through e Applied to underdistributions of prior years Applied to 2019 distributable amount 出来的 化二氢 Carryover from 2014 not applied (see instructions) STORES NAMES Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D, line 7: Applied to underdistributions of prior years Applied to 2019 distributable amount Remainder. Subtract lines 4a and 4b from 4 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. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 31 and 4c. Breakdown of line 7: CONTROL OF THE SECOND Excess from, 2015 Excess from 2016 Excess from 2017 Excess from 2018 Excess from 2019

Schedule A (I	orm 990 ar 990-EZ) 2019 Page &
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 O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury	▶ Attach to Form 990 or 990-EZ.	Open to Public Inspection
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Schedule O (Form 990 or 990-EZ) (2019)