SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2020

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection

Pai	t I Reason for Public Cha	rity Status. (All	l organizations mus	t compl	ete this p	l part.) See instructi	ons.	
	organization is not a private founda							
1	A church, convention of churc	hes, or associati	on of churches descr	ibed in s e	ection 17	0(b)(1)(A)(i).		
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)		
3	A hospital or a cooperative ho	spital service org	ganization described i	n sectio i	n 170(b)(1	1)(A)(iii).		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:							
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	or operate	ed by a government	al unit	described in
6	A federal, state, or local gover	nment or govern	mental unit described	l in secti	on 170(b)	(1)(A)(v).		
7	An organization that normally described in section 170(b)(1)			port fron	n a gover	nmental unit or fron	n the g	eneral public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ or university or a non-land-grauniversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the co	llege or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fur t income and uni	nctions, subject to ce related business taxa	rtain exc ble incon	eptions; ane (less s	and (2) no more than ection 511 tax) from	331/39	6 of its
11	An organization organized and							
12	An organization organized and						rry out	the purposes
	of one or more publicly support Check the box in lines 12a thro	-		-				
а	☐ Type I. A supporting organ	•		,		• ,,,		, , , ,
	the supported organization					the directors or trust	ees of	the
	supporting organization. Y	-	•					
b	☐ Type II. A supporting orga	•					. ,	
	control or management of organization(s). You must				e persons	that control or man	age the	supported
С	Type III functionally integ				onnectio	n with, and function	allv inte	arated with.
	its supported organization						,	,
d	Type III non-functionally ithat is not functionally integrated.							
	requirement (see instructio		•	-		•		
е	Check this box if the organ functionally integrated, or						∍ II, Typ	oe III
f	Enter the number of supported of	organizations .						
g		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))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota						0		0

Part							
	(Complete only if you checked th						alify under
Sooti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests lis	stea below, p	iease compie	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(b) 2017	(6) 2010	(u) 2019	(e) 2020	(i) iotai
•	membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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						0
	on B. Total Support					I I	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	U	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the						
C+	organization, check this box and stop he						🕨 📙
	on C. Computation of Public Suppor			11 001:000 (6)		14	0 %
14 15 16a	Public support percentage for 2020 (line 6 Public support percentage from 2019 Sch 331/3% support test—2020. If the organic	nedule A, Part lization did not	ll, line 14 . check the box	 c on line 13, ar	 nd line 14 is 33	15 3 ¹ / ₃ % or more,	check this
_	box and stop here. The organization qua	•		=			_
b	33 ¹ /3% support test—2019. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization means the organization meets the organization	eets the facts- facts-and-circu	-and-circumstaumstaumstances tes	ances test, chest. The organiz	eck this box a ation qualifies	nd stop here. as a publicly	Explain in supported • • □
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa e facts-and-cire	cts-and-circu	mstances test, est. The organi	check this bo	x and stop he	re. Explain
18	Private foundation. If the organization				 , 17a, or 17b,	check this bo	x and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

<u> </u>	in the organization rails to quality	under the tes	sis listed bei	ow, piease cc	implete Fart	11.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	_	_	_	_	_	_
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	0	0	0	0	0	0
2	sold or services performed, or facilities	1					
	furnished in any activity that is related to the	1					
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an	1					
	unrelated trade or business under section 513						0
4	Tax revenues levied for the	1					
	organization's benefit and either paid to	1					
	or expended on its behalf						0
5	The value of services or facilities	1					
	furnished by a governmental unit to the	1					
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3	1					
	received from disqualified persons .						0
b	Amounts included on lines 2 and 3	1					
	received from other than disqualified	1					
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year						0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						_
	line 6.)						0
	on B. Total Support		# \ 004=	() 00/0	(1) 00 (0	() 0000	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans, rents,	1					
	royalties, and income from similar sources .	1					0
L	•						
b	Unrelated business taxable income (less section 511 taxes) from businesses	1					
	acquired after June 30, 1975	1					0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business		0	0	0	0	
• • • • • • • • • • • • • • • • • • • •	activities not included in line 10b, whether	1					
	or not the business is regularly carried on	1					0
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)	1					0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the			-	-	-	
	organization, check this box and stop her	•			•		* * * *
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8			13, column (f))		15	0 %
16	Public support percentage from 2019 Sch		-			16	%
	on D. Computation of Investment Inc					-	
17	Investment income percentage for 2020 (I			y line 13, colu	mn (f))	17	0 %
18	Investment income percentage from 2019					18	0 %
19a	331/3% support tests - 2020. If the organi					ore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2019. If the organiz	ation did not cl	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
	line 18 is not more than 331/3%, check this k	oox and stop he	ere. The organ	ization qualifies	as a publicly s	upported organi	zation 🕨 🗌
20	Private foundation If the organization did	d not check a l	hox on line 14	19a or 19h o	heck this hox	and see instru	ctions •

Part IV Supporting Organizations

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

Section A. All Supporting Organ	izations
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			Yes	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
b	lines 3b and 3c below. 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	3a		
С	organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b		
4a	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")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	3c		
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	4a		
С	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 used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4b		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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			
L	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
8	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 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in 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.	9a 9b		
С	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.	9b 9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
h	supporting organizations)? If "Yes," answer line 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
b	determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2020 Page **5**

Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Cooti	detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		Vaa	No
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			
	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			
<u> </u>	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		V	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	_		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	· · · · · · · · · · · · · · · · · · ·	Za		
Ŋ	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	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	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
•	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

emergency temporary reduction (see instructions).

(see instructions).

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Schedu	lle A (Form 990 or 990-EZ) 2020			Page (
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4	0	(
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	0	(
Section B – Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	0	C
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	0	(
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	(
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	(
6	Multiply line 5 by 0.035.	6	0	(
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	0	(
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		(
2	Enter 0.85 of line 1.	2		(
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		(
4	Enter greater of line 2 or line 3.	4		(
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

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

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0

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D-Distributions **Current Year** 1 0 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 0 3 0 Administrative expenses paid to accomplish exempt purposes of supported organizations 0 Amounts paid to acquire exempt-use assets 4 0 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 0 6 6 7 Total annual distributions. Add lines 1 through 6. 7 0 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 0 9 0 9 Distributable amount for 2020 from Section C, line 6 0 10 Line 8 amount divided by line 9 amount 10 (ii) (iii) (i) Section E - Distribution Allocations (see instructions) **Underdistributions** Distributable **Excess Distributions** Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 0 1 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See 0 instructions. Excess distributions carryover, if any, to 2020 0 **a** From 2015 0 From 2016 0 **c** From 2017 0 **d** From 2018 **e** From 2019 0 Total of lines 3a through 3e 0 Applied to underdistributions of prior years Applied to 2020 distributable amount 0 Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: Applied to underdistributions of prior years 0 Applied to 2020 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 0 Remaining underdistributions for years prior to 2020, if 5 any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 0 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 0 Excess distributions carryover to 2021. Add lines 3j and 4c. 0 Breakdown of line 7: Excess from 2016 . . . а 0 Excess from 2017 . . . Excess from 2018 . . . 0 0 Excess from 2019 . . . Excess from 2020 . . .

Part VI	Ill, 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.)

Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

		idar year 2020 or tax year be	ginning	,	2020,	and ending		, 20 18
	ne of fou					A Emplo	yer identification numb	er
		Z ART FOUNDATION					85-3702532	
		street (or P.O. box number if mail is no	ot delivered to street address)		Room/su	uite B Teleph	one number (see instruct	ions)
		E IRIS LN			FL			
		, state or province, country, and ZIP or				C If exen	ption application is pend	ling, check here ►
	619	Tampa	FL					
G	Check	call that apply: 🗵 Initial ret		of a former p	ublic ch	narity D 1. Fore	ign organizations, check	here ▶ 🗌
		☐ Final retu	 -			2. Fore	ign organizations meetin	g the 85% test,
_		Address					ck here and attach comp	_
		type of organization: X S				1	te foundation status was n 507(b)(1)(A), check here	
		on 4947(a)(1) nonexempt charit				1011	1 307 (b)(1)(A), Check here	
I		narket value of all assets at	J Accounting method	: 🗷 Casn L	_ Acci	F II II II I	oundation is in a 60-mont	h termination
	line 16	f year (from Part II, col. (c),	Other (specify)			under	section 507(b)(1)(B), chec	k nere ►
D	art I	<u> </u>	(-),	e on cash basis	5.)			(d) Diskums and and
	al L I	Analysis of Revenue and Examounts in columns (b), (c), and (d)		(a) Revenue a expenses pe		b) Net investmen		(d) Disbursements for charitable
		the amounts in column (a) (see inst		books	7	income	income	purposes (cash basis only)
_	1	Contributions, gifts, grants, etc.,	,,		0			, , , , , , , , , , , , , , , , , , , ,
	2	Check ► ☐ if the foundation is i			7			
	3	Interest on savings and temp	·		0			
	4	Dividends and interest from	-		0			
	5a	Gross rents			0			
	b	Net rental income or (loss)	0					
Φ	6a	Net gain or (loss) from sale o	f assets not on line 10					
בַ	b	Gross sales price for all assets or						
Revenue	7	Capital gain net income (fron					0	
Re	8	Net short-term capital gain .	-				0	
	9							
	10a	Gross sales less returns and allo						
	b	Less: Cost of goods sold .	0					
	С	Gross profit or (loss) (attach	schedule)		0			
	11	Other income (attach schedu			0		0 0	
	12	Total. Add lines 1 through 1			0		0 0	
<u> </u>	13	Compensation of officers, di						
Se	14	Other employee salaries and	•					
xpenses	15	Pension plans, employee bei					-	_
Ä	16a	Legal fees (attach schedule)			0		0 0	0
ē	b	Accounting fees (attach sche	,		0		0 0	-
Operating and Administrative	17	Other professional fees (attack			0		0 0	0
štra	17	Interest	instructions)		0		0 0	0
<u>iž</u>	18 19	Depreciation (attach schedul	•		0		0 0	0
Ē	20	Occupancy					0	
Ă	21	Travel, conferences, and me					1	
nd	22	Printing and publications .						
a	23	Other expenses (attach sche			0		0 0	0
ij	24	Total operating and adm			-		1	
ā	- '				0		0 0	0
be	25	Contributions, gifts, grants p						
0	26	Total expenses and disbursem			0		0 0	0
	27	Subtract line 26 from line 12:						
	а	Excess of revenue over exper			0			
	b	Net investment income (if n					0	
	С	Adjusted net income (if neg	ative, enter -0-)				0	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶		0	
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶		0	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶0			
	•			0	
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As:	10a	Investments—U.S. and state government obligations (attach schedule)		0	0
٩	b	Investments—corporate stock (attach schedule)		0	0
	C	Investments—corporate bonds (attach schedule)		0	0
	11	Investments—land, buildings, and equipment: basis ▶0			
		Less: accumulated depreciation (attach schedule) ▶ 0		0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)		0	0
	14	Land, buildings, and equipment: basis ▶0			
		Less: accumulated depreciation (attach schedule) ▶ 0		0	0
	15	Other assets (describe ▶)	0	0	0
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	0	0	0
	17	Accounts payable and accrued expenses	0		-
Liabilities	18	Grants payable			
	19	Deferred revenue			
≣	20	Loans from officers, directors, trustees, and other disqualified persons			
ab	21	Mortgages and other notes payable (attach schedule)			
⊐	22	· · · · · · · · · · · · · · · · · ·	0	0	
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	0	0	
S		Foundations that follow FASB ASC 958, check here	-		
ce		and complete lines 24, 25, 29, and 30.			
lan	24	Net assets without donor restrictions			
Ва	25	Net assets with donor restrictions			
p		Foundations that do not follow FASB ASC 958, check here ▶ □			
Ξ		and complete lines 26 through 30.			
Net Assets or Fund Balances	26	Capital stock, trust principal, or current funds			
SC	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
set	28	Retained earnings, accumulated income, endowment, or other funds			
₫S;	29	Total net assets or fund balances (see instructions)	0	C	,
et /	30	Total liabilities and net assets/fund balances (see			
		instructions)	0	C	
	rt III	Analysis of Changes in Net Assets or Fund Balances		1	
1		I net assets or fund balances at beginning of year-Part II, colur	` ''	•	
		of-year figure reported on prior year's return)			0
_	Ente	r amount from Part I, line 27a		2	0
3	Othe	er increases not included in line 2 (itemize)		3	<u> </u>
4	Add	lines 1, 2, and 3		<u>4</u>	0
5		reases not included in line 2 (itemize)	5	5	
_6	Iota	I net assets or fund balances at end of year (line 4 minus line 5)—F	art II, column (b), lir	ne 29 6	0

Part	V Capital Gains an	d Losses for Tax on Investm	ent Income			
		kind(s) of property sold (for example, real espuse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b						
С						
d						
е		T				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	r other basis ense of sale		in or (loss) (f) minus (g))
а						
b						
С						
d						
е						
	Complete only for assets sh	nowing gain in column (h) and owned b	by the foundation	on 12/31/69.		ol. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) . (j), if any		ot less than -0-) or from col. (h))
а						
b						
С						
d						
е						
2	Capital gain net income of		also enter in Pa , enter -0- in Pa		2	0
3	Net short-term capital ga	ain or (loss) as defined in sections	1222(5) and (6)):		
		t I, line 8, column (c). See instruc				
					3	
Part		der Section 4940(e) for Redu				
		ION 4940(e) REPEALED ON DEC	CEMBER 20, 20	019 – DO NOT C	OMPLETE.	
1	Reserved					
	(a) Reserved	(b) Reserved		(c) Reserved		(d) Reserved
	Reserved					
	Reserved					
	Reserved					
	Reserved					
	Reserved					
2	Reserved				. 2	
3	Reserved				. 3	
4	Reserved				. 4	
5	Reserved				. 5	
6	Reserved				. 6	
	•		-			
7	Reserved				. 7	
8	Reserved		<u> </u>	<u></u>	. 8	

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instruction	ons)					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶□ and enter "N/A" on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)						
b	Reserved			0			
С	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)						
3	Add lines 1 and 2			0			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)						
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			0			
6	Credits/Payments:						
а	2020 estimated tax payments and 2019 overpayment credited to 2020 6a						
b	Exempt foreign organizations—tax withheld at source						
С	Tax paid with application for extension of time to file (Form 8868) 6c						
d	Backup withholding erroneously withheld						
7	Total credits and payments. Add lines 6a through 6d			0			
8	Enter any penalty for underpayment of estimated tax. Check here \square if Form 2220 is attached						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			0			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			0			
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax ▶ Refunded ▶ 11			0			
	VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	_	Yes	No			
	participate or intervene in any political campaign?	1a		×			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×			
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.						
С							
d							
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers. ▶ \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×			
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3		×			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×			
_	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or By state legislation that effectively amende the governing instrument as that no mandatory directions that						
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?						
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7		×			
7	Enter the states to which the foundation reports or with which it is registered. See instructions.	1		_			
8a	Efficient the states to which the foundation reports of with which it is registered. See instructions.						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
	(or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	8b					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	JU					
J	4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes,"						
	complete Part XIV	9		×			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses	10		×			

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?

4b

Form 990-PF (2020) Page 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) Yes No **5a** During the year, did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? **✗** No (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? X No (3) Provide a grant to an individual for travel, study, or other similar purposes? X No (4) Provide a grant to an organization other than a charitable, etc., organization described in X No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? X No b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions 5b Organizations relying on a current notice regarding disaster assistance, check here . . . If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? X No If "Yes," attach the statement required by Regulations section 53.4945-5(d). Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b, file Form 8870. If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . 7b Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (c) Compensation (If not paid, enter -0-) (b) Title, and average (d) Contributions to (e) Expense account, (a) Name and address employee benefit plans hours per week other allowances devoted to position and deferred compensation Timothy Gonzalez President 0 7602 Blue Iris Lane, Tampa, FL, 33619 10 Kiara E Manrique Loyola Vice President 0 7606 Blue Iris Lane, Tampa, FL, 33619 0 Compensation of five highest-paid employees (other than those included on line 1-see instructions). If none, enter 2 "NONE." (d) Contributions to (b) Title, and average employee benefit plans and deferred (e) Expense account, other allowances (c) Compensation (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position compensation

Total number of other employees paid over \$50,000

Part VIII	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)		
3 Five	highest-paid independent contractors for professional services. See i	instructions. If none, enter "NONE	."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
			_
	er of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A			
	indation's four largest direct charitable activities during the tax year. Include relevant stati ns and other beneficiaries served, conferences convened, research papers produced, etc.	stical information such as the number of	Expenses
1			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instruction	ons)	
Describe th	e two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1			
2			
All other pr	ogram-related investments. See instructions.		
3			
Tatal Asia	lings 1 through 2		0

Form **990-PF** (2020)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn foi	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter $11/2\%$ of line 3 (for greater amount, see		0
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Part		ounda	ations
	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	0
2a	Tax on investment income for 2020 from Part VI, line 5		
b	Income tax for 2020. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		0
	line 1	7	
	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		_
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
_		2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	4	0
5		_	
•	Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	g whe	tner the toundation

Part XIII Undistributed Income (see instructions) (c) 2019 (a) (d) Years prior to 2019 Corpus 2020 Distributable amount for 2020 from Part XI, line 7 0 2 Undistributed income, if any, as of the end of 2020: Enter amount for 2019 only Total for prior years: 20 , 20 , 20 Excess distributions carryover, if any, to 2020: From 2015 From 2016 From 2017 From 2018 From 2019 Total of lines 3a through e Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ Applied to 2019, but not more than line 2a . Applied to undistributed income of prior years (Election required—see instructions) . . . Treated as distributions out of corpus (Election required—see instructions) Applied to 2020 distributable amount d Remaining amount distributed out of corpus Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).) . . Enter the net total of each column as indicated below: Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 0 Prior years' undistributed income. Subtract line 4b from line 2b O Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed Subtract line 6c from line 6b. Taxable amount-see instructions 0 Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount-see instructions Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 Amounts treated as distributions out of corpus 7 to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . 9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a 0 10 Analysis of line 9: a Excess from 2016 Excess from 2017 **c** Excess from 2018 Excess from 2019 Excess from 2020 . .

Page 9

Form 990-PF (2020) Page 10 Private Operating Foundations (see instructions and Part VII-A, question 9) Part XIV 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) Enter the lesser of the adjusted net Tax year Prior 3 years (e) Total income from Part I or the minimum (a) 2020 **(b)** 2019 (c) 2018 (d) 2017 investment return from Part X for 0 each year listed 0 0 0 0 0 85% of line 2a Qualifying distributions from Part XII, line 4, for each year listed 0 **d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . 0 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 0 0 3 Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test-enter: 0 (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) 0 "Endowment" alternative test-enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed 0 "Support" alternative test—enter: (1) Total support other than gross investment income (interest. dividends, rents, payments on (section loans securities 0 512(a)(5)), or royalties) (2) Support from general public or more exempt organizations as provided in section 4942(j)(3)(B)(iii) 0 (3) Largest amount of support from an exempt organization 0 0 (4) Gross investment income . Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at Part XV any time during the year—see instructions.) **Information Regarding Foundation Managers:** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions. The name, address, and telephone number or email address of the person to whom applications should be addressed: The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Recipient If recipient is an individual, show any relationship to		XV Supplementary Information (cont.	inued)			,					
or substantial contributor	3	3 Grants and Contributions Paid During the Year or Approved for Future Payment									
or substantial contributor			If recipient is an individual, show any relationship to	Foundation status of		Amount					
a Paid during the year			or substantial contributor	recipient	Contribution						
	а	Paid during the year									
						•					
						•					
				•							
				•							
						•					
				•							
				•							
				•		•					
				•		•					
						•					
			+								
Total		Total			▶ 3a	C					
b Approved for future payment	b										
						•					
				•							

Program service revenue: a		r gross amounts unless otherwise indicated.	Unrelated by	isiness income	Excluded by secti	on 512, 513, or 514	
Program service revenue: a b c d e f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property Cher investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from secial events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes			(a)	(b)	(c)	(d)	Related or exempt function income
b c d d	1	Program service revenue:					(Coo mondono.)
c d e e f g Fees and contracts from government agencies 2 Membership dues and assessments							
d e f g Fees and contracts from government agencies 2 Membership dues and assessments		b					
g Fees and contracts from government agencies 2 Membership dues and assessments		c					
f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property Cother investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes		d					
2 Membership dues and assessments		e					
2 Membership dues and assessments		f					
3 Interest on savings and temporary cash investments 4 Dividends and interest from securities							
4 Dividends and interest from securities	2	•					
Net rental income or (loss) from real estate: a Debt-financed property	3						
a Debt-financed property b Not debt-financed property Other investment income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) C(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes	4						
b Not debt-financed property	5						
6 Net rental income or (loss) from personal property 7 Other investment income							
7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e)							
8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c d e 12 Subtotal. Add columns (b), (d), and (e)	6						
9 Net income or (loss) from special events	7						
10 Gross profit or (loss) from sales of inventory	8	· · ·					
b c d e 12 Subtotal. Add columns (b), (d), and (e)	9						
b c d d d d d d d d d d d d d d d d d d	10	Gross profit or (loss) from sales of inventory					
c d e	11	Other revenue: a					
d e 12 Subtotal. Add columns (b), (d), and (e)		b					
e 12 Subtotal. Add columns (b), (d), and (e)		c					
e 12 Subtotal. Add columns (b), (d), and (e)		_					
13 Total. Add line 12, columns (b), (d), and (e)							
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes	12	Subtotal. Add columns (b), (d), and (e)		0		0	0
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes	13	Total. Add line 12, columns (b), (d), and (e)				13	0
	(See	worksheet in line 13 instructions to verify calculation	ne l				
Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)							
	Par	t XVI-B Relationship of Activities to the A	ccomplishm		<u> </u>	-A contributed in	moortantly to the
	Par	t XVI-B Relationship of Activities to the A	ccomplishm		<u> </u>	-A contributed in oses). (See instruc	mportantly to the tions.)
	Par	t XVI-B Relationship of Activities to the A	ccomplishm		<u> </u>	-A contributed in oses). (See instruc	mportantly to the
	Par	t XVI-B Relationship of Activities to the A	ccomplishm		<u> </u>	-A contributed in oses). (See instruc	mportantly to the
	Par	t XVI-B Relationship of Activities to the A	ccomplishm		<u> </u>	-A contributed in oses). (See instruc	mportantly to the
	Par	t XVI-B Relationship of Activities to the A	ccomplishm		<u> </u>	-A contributed in oses). (See instruc	mportantly to the
	Par	t XVI-B Relationship of Activities to the A	ccomplishm		<u> </u>	-A contributed in oses). (See instruc	mportantly to the
	Par	t XVI-B Relationship of Activities to the A	ccomplishm		<u> </u>	-A contributed in oses). (See instruc	mportantly to the
	Par	t XVI-B Relationship of Activities to the A	ccomplishm		<u> </u>	-A contributed in oses). (See instruc	mportantly to the
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Form 990-PF (2020) Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Part XVII **Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political Transfers from the reporting foundation to a noncharitable exempt organization of: X 1a(1) X 1a(2) Other transactions: (1) Sales of assets to a noncharitable exempt organization . . . 1b(1) X (2) Purchases of assets from a noncharitable exempt organization . 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) X 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) X If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes X No **b** If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return

	Signature of officer or trustee		Date	Title					_
Paid	Print/Type preparer's nar	me	Preparer's signature		Date		Check ☐ if	PTIN	
Prepa	rer Iris Denizard						self-employed	P00336105	
Use On	105	Firm's name ► I & R Tax Services Inc			Firm's	EIN ►	26-0335276		
	Firm's address ► 736	1 Hunters Greene C	Circle, Lakeland, FL, 3	33810		Phone	e no. (8	63)513-9131	

President

02/20/2021

Timothy Gonzalez

Here

with the preparer shown below?

See instructions. Yes No