Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 50 L V 1, 2020, and ending 50 , 20 V						
B	Check if applicable: C Name of organization				entification number	
	Address c	hange Apts Habitat Tars	77	- 1	1461309	
	Name cha	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telep			
	Initial retur				624-6111	
	Final return	n/terminated City or town, state or province, country, and ZIP or foreign postal code	-			
=	Amended	return	F Grou	•		
	Application			ber 🕨		
		ing Method: ☐ Cash ☐ Accrual Other (specify) ► H Cl	heck	► 🗌 is	f the organization is not	
	Vebsite	:► re			ach Schedule B	
J T	ax-exen	npt status (check only one) — 🔀 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 (F	orm 99	90, 990)-EZ, or 990-PF).	
		organization: Corporation Trust Association Other				
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets			
(Pa	rt II, colu	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	.000010	> ^		
-	art I			\$	for Dod IV	
	alli	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in				
		Check if the organization used Schedule O to respond to any question in this Part I .			X	
	1	Contributions, gifts, grants, and similar amounts received		1	25628	
	2	Program service revenue including government fees and contracts		2	10'762	
	3	Membership dues and assessments		3		
	4	Investment income		4		
	5a	Gross amount from sale of assets other than inventory 5a				
	b	Less: cost or other basis and sales expenses				
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		50		
	6	Gaming and fundraising events:		5c		
o	а	Gross income from gaming (attach Schedule G if greater than				
Revenue		\$15,000)				
Ve	b	Gross income from fundraising events (not including \$ of contributions	s			
Re		from fundraising events reported on line 1) (attach Schedule G if the				
		sum of such gross income and contributions exceeds \$15,000) 6b				
	C	Less: direct expenses from gaming and fundraising events 6c				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subti	ract			
		line 6c)		6d		
	7a	Gross sales of inventory, less returns and allowances 7a		ou		
	b					
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c		
	8	Other revenue (describe in Schedule O)		8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	36390	
	10	Grants and similar amounts paid (list in Schedule O)		10		
	11	Benefits paid to or for members		11		
es	12	Salaries, other compensation, and employee benefits		12	27201	
ns	13	Professional fees and other payments to independent contractors		13	287	
be	14	Occupancy, rent, utilities, and maintenance		14	3 42 4	
Expens	15	Printing, publications, postage, and shipping		15	2,000	
	16	Other expenses (describe in Schedule O)		16	1 mark of	
	17	Total expenses Add lines 10 through 16			10565	
	18	Total expenses. Add lines 10 through 16		17	43,604	
ets	19	Excess or (deficit) for the year (subtract line 17 from line 9)		18	<7,214)	
SSE	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree v	with			
A		end-of-year figure reported on prior year's return)		19	15,346	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	8,132	
Eas	Donom	work Poduction Act Nation one the consent in twentime				

100000000	990-EZ (2020) ARTS HAbitAt =	INC		77-046	61309 Page 2
Pai	Balance Sheets (see the instructions to				N
-	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	
22	Cash, savings, and investments		-	****	(B) End of year
23	Land and buildings			1100	23
24	Other assets (describe in Schedule O)		[24 276
25	Total assets		[25 47 122
26	Total liabilities (describe in Schedule O)				26 38 990
27 Pari	Net assets or fund balances (line 27 of column				27 8 133
	Check if the organization used Schedule	O to respond to a			Expenses
What	is the organization's primary exempt purpose?	See Sc	hedule 0		(Required for section 501(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the sch program title.	e services provided	rogram services, , the number of	organizations; optional for others.)
28	See Schedule O				
	(Grants \$) If this amount	includes foreign gra	ants, check here .		28a 8599
29	See Schedule O				200 0, 3 1 8
					2154
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	29a 3,601
30	Sea Schedule O				
	(Grants \$) If this amount	includes foreign gra	ants, check here .	• 🗇	30a 454
	Other program services (describe in Schedule O)				701
	10 1 0				
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗌 :	31a
	Total program service expenses (add lines 28a t	hrough 31a)		•	32 12653
32 Part	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list each	one even if not comp	▶	32 1 3 6 5 3 structions for Part IV)
	Total program service expenses (add lines 28a t	hrough 31a) Employees (list each O to respond to a	one even if not comp	▶	32 12653
	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation	pensated—see the instant IV	32 1 3 5 3 structions for Part IV)
	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Employees (list each O to respond to a (b) Average	n one even if not comp ny question in this I (c) Reportable	pensated—see the inspart IV (d) Health benefits,	32 1 0.653 structions for Part IV)
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	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	٧.	
			Yes	No
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	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			,
	change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N	IA
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a ~ ○ ~			
b	Did the organization file Form 1120-POL for this year?	37b		X
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		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities			
404	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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		X
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			
44	transaction? If "Yes," complete Form 8886-T	40e		X
41 42a	List the states with which a copy of this return is filled CALIFORNIA The experience heads are in core of the state of	10		
720	The organization's books are in care of \blacktriangleright The Organization Telephone no. \blacktriangleright 831 Located at \blacktriangleright P.D. Bax 4104 Montes CA ZIP+4 \blacktriangleright 930	762	14-6	5111
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	142	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	NO
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	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		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		X
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		×
c	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	N	A
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	•	X
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		X
		000		

Form 99	0-EZ (2020) ART	s Habitat	INC		7	7-046	130	9 P	age 4
46	Did the organization	n engage, directly or i ublic office? If "Yes,"	ndirectly, in political o	campaign activities or	n behalf of	or in opposit	tion	Yes	No
Part	Section 501 All section 5 50 and 51.	(c)(3) Organization 01(c)(3) organization	s Only ns must answer que	estions 47–49b and	52, and o	complete th		or line	es
	Check if the o	organization used Sc	nequie O to respond	to any question in	this Part V	1		Yes	No
47							X		
48 49a b 50	Did the organization If "Yes," was the re Complete this table	a school as described in make any transfers in make any transfers in lated organization as in a second or the organization is a contraction of the contraction of the contraction is a contraction of the c	to an exempt non-cha ection 527 organizations five highest compen	aritable related organi on?	ization? ner than of		. 48 49a . 49b ors, trusted e, enter "N	es, and	A d key
	(a) Name and title of	each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution	Ith benefits, ns to employee is, and deferred bensation	(e) Estimate other com		
	NGNE								
f 51	Complete this table	ner employees paid over for the organization ensation from the orga	's five highest comp	ensated independent		rs who each	received	more	than
	(a) Name and busine	ss address of each indepen	dent contractor	(b) Type of ser	vice	(c)	Compensati	on	
	NON	E							
d 52		ner independent contr on complete Sched e A	•		anizations	must attach	n a ▶ ⊠ Y es		
Under petrue, cor	enalties of perjury, I declar rect, and complete. Decla	re that I have examined this ration of preparer (other tha	return, including accompan n officer) is based on all info	ying schedules and statem ormation of which preparer	ents, and to t has any know	he best of my kr rledge.	nowledge and	belief, i	it is
Sign	Signature of o	officer 3	wide		D	DS//3	1/202:	2	
Here	MAR Type or print	sha T. L.	T wodu.	RRASURER		05/13	202	2	
Paid Prepa	Print/Type prepa	rer's name	Preparer's signature	D	ate	Check Self-emplo			
							The second secon	The second second	
USE (Only Firm's name Firm's address	•		· · · · · · · · · · · · · · · · · · ·		rm's EIN ▶			

SCHEDULE 0 (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 2020

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number 046130 69

Name of the organization ARTS HABITAT INC	Employer identification number
PART III, PRIMARY Exempt Purpose:	
To Provide that Eucourage A Knowledge About and Skills	
PART III Line 28 Program Service Acc Arts Habitat Rung the Monterey Coun Studios Tour More than 100 Arts Organizations Throughout Monterey	strand Arts
in the Tour.	G Tourn's College Assets of Co
Line 29: This Year Arts Habit Started An to Support the Artists Who P. The Studio Tour.	
Line 30: Expenses Related to the East G Community Project for Artist Space.	
UNDER COLOR OF THE COLOR OF THE COLOR OF THE DAY FOR A SOCIETY OF THE COLOR OF THE	(Strain A Republication (Strain Annual Communication (Strain Annual Commun
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ARTS HABITAT INC	Employer identification number 77-0461309
PART V, Information Regarding Pens	ONAL Benefit
Contracts	
ARTS HABITAT INC. DIONOF DURIN	ig the Year
Receive April Funds Directly on T	adirectly to
Pay Premiums on A Pensonal B	enefit
Contract.	
	
The Organization Did Not, Dur	ine the year
Pay Any Premiums, Directly DR I	Ndirectly on
A Peronal Renefit Contract	·

ARTS HABITAT INC

Employer identification number 77-0461309

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Community Foundation-Monto 2354 GARden ROAD Monterey CA 93940	\$ 10,667	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	CALIFORNIA ARTS COUNCIL 1300 1st Street, Ste 930 SACRAMENTO, CA 95814	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Arts Council FOR Monterey Count 1123 Fremont Blvd. SteC Senside, CA 93955	\$ 9,500	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
(0)		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

ARTS HI	abitat Inc	77-0461309				
Organization type (d	check one):					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treate	ed as a private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as	s a private foundation				
	☐ 501(c)(3) taxable private foundation					
-						
	ration is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both t	he General Rule and a Special Rule. See				
General Rule						
or more (in r	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, literary, or e	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number ARTS 7-046 -NC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, e functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 52163 59,650 61,482 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. . . . 61482 38234 25628 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 52 163 59 651 61,482 38234 8 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 12 64 453 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 16a 331/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

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