WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

FRONT LINE COVID-19 CRITICAL CARE ALLIANCE INC. 2001 L ST NW, , NO. 500 WASHINGTON, DC 20036

Indelliandan diadadah

## \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

# 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

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/Form990 for instructions and the latest information.

Open to Public

A F	or the	2020 calendar year, or tax year beginning $$ JUL $22$ , $2020$ $$ and ending	<u>D</u> EC 31,	2020							
<b>B</b> c	heck if oplicable:	C Name of organization FRONT LINE COVID-19 CRITICAL CARE	D Employe	r identific	cation number						
X	Address change										
	Name change	Doing business as	85-2	22701	46						
X	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	uite <b>E</b> Telephon	E E Telephone number							
	Final return/	2001 L ST NW, 500			6-4696						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receip	ots\$	352,493.						
	Amende return		H(a) Is this a	a group re	eturn						
	Applica-	F Name and address of principal officer: NEDDI DOMAIN	for sub	ordinates	? Yes X No						
	pending	SAME AS C ABOVE	H(b) Are all su	bordinates in	ncluded? Yes No						
			527 If "No,"	attach a	list. See instructions						
		:▶ COVID19CRITICALCARE.COM			n number 🕨						
	_		'ear of formation: 2	2020 N	N State of legal domicile: ${f DE}$						
Pa		Summary		1.0							
ø	<b>1</b> B	riefly describe the organization's mission or most significant activities: FRONT LI	NE COVID-	-19 C	RITICAL						
anc	_	ARE ALLIANCE (FLCCC) IS DEDICATED TO ASSESS									
Governance		heck this box  if the organization discontinued its operations or disposed of r		1 1							
30		umber of voting members of the governing body (Part VI, line 1a)			4						
જ		umber of independent voting members of the governing body (Part VI, line 1b)			0						
ties		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			4						
Activities &		otal number of volunteers (estimate if necessary)			0.						
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			0.						
	DIV	et unrelated business taxable income from Form 990-T, Part I, line 11			Current Year						
	• ^	entributions and grants (Part VIII line 1h)	Prior Yea	ır	352,493.						
Jue		ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)			0.						
Revenue		ovestment income (Part VIII, column (A), lines 3, 4, and 7d)			0.						
æ		ther revenue (Part VIII, column (A), lines 5, 4, 8c, 9c, 10c, and 11e)			0.						
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			352,493.						
		rants and similar amounts paid (Part IX, column (A), lines 1-3)			0.						
		enefits paid to or for members (Part IX, column (A), line 4)			0.						
ý		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			23,700.						
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)			0.						
ф	b T	otal fundraising expenses (Part IX, column (D), line 25) 2,368.									
û	<b>17</b> O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			117,833.						
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			141,533.						
		evenue less expenses. Subtract line 18 from line 12			210,960.						
Net Assets or Fund Balances			Beginning of Curi	ent Year	End of Year						
sets	<b>20</b> T	otal assets (Part X, line 16)			334,719.						
it As	<b>21</b> T	otal liabilities (Part X, line 26)			123,759.						
		et assets or fund balances. Subtract line 21 from line 20			210,960.						
		Signature Block									
		es of perjury, I declare that I have examined this return, including accompanying schedules and sta		-	y knowledge and belief, it is						
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowl	eage.							
٠.		Signature of officer	I Date								
Sigi	I .	KELLY BUMANN, EXECUTIVE DIRECTOR	Duto								
Her	e	Type or print name and title									
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN						
Paid		ELENN MILLER, CPA	11/12/2021	if							
		Firm's name WEGNER CPAS, LLP	Firm	self-employe	39-0974031						
-		Firm's address 2921 LANDMARK PL STE 300		2 LIN	<u> </u>						
230	'	MADISON, WI 53713-4236	Phor	ne no. 60	8-274-4020						
May	the IRS	S discuss this return with the preparer shown above? See instructions	11 1101		X Yes No						

Form **990** (2020)

Total program service expenses

4e

## Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			+
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			X
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			

# FRONT LINE COVID-19 CRITICAL CARE

Form 990 (	2020)	ALLIANCE	INC.
Part IV	Chec	klist of Required Sched	dules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		X
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			X
	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
55	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		)	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b	)		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
·	(gambling) winnings to prize winners?	1c		
	∪ 1			

032004 12-23-20

Form **990** (2020)

Page 5

# FRONT LINE COVID-19 CRITICAL CARE

Form 990 (2020) ALLIANCE INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, [2] 0  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  30 Did the organization have unrelated business gress income of \$1,000 or more during the year?  31 Did the organization have unrelated business gress income of \$1,000 or more during the year?  32 Did Texes, has it file d Form 990 if for this year? If "No" is line \$5, provide an explanation or Schedule 0  33 Did Herry in the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country. Even the name of the foreign country. Even the name of the foreign country. Even See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  53 Was the organization party to a prohibited tax shelter transaction?  54 Was the organization or party to a prohibited tax shelter transaction?  55 Was the organization that we make the ransaction at any time during the tax year?  56 Did any taxable party northly the organization that it was or is a party to a prohibited tax shelter transaction?  56 Did any taxable party northly the organization that it was or is a party to a prohibited tax shelter transaction?  56 Did any taxable party northly the organization that it was or is a party to a prohibited tax shelter transaction?  58 Was the organization into the varies of the state of the state than \$100,000, and did the organization solicit any contributions that were not tax deductibles or Astribatelo contributions?  59 If "Yes," did the organization include with every solicitation an express statement that such contributions or gritts were not tax deductibles a charitable contribution or understated that the organization receive a payment in excess of \$75 made party as a contribution and p		The state ments regarding state ments and raw semplianes (seminass)				V	NI.				
field for the calendary ever ending with or within the year covered by this return  1 If a least one is reported on line 2a, did the organization file all required deciral employment tax returns?  2 Ab  Note: If the sum of lines 1 and 2 a is greater than 250, you may be required to e-file (see instructions)  3 B  3 B  3 If If Yes, 1 has it filed a Form 990 T for this year? If 'No' To kim 30, provide an explanation on Schedule 0  3 B  4 A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or dehr financial accounts) (Parks, 1 enter the name of the foreign country №  5 B if Yes, 1 enter the name of the foreign country №  5 B is the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 B is the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 B is D dar ny taxable party notify the organization file Form 8886-1?  5 B is the organization and party to a prohibited tax shelter transaction?  5 B is C is 1 "Yes," did the organization include with every solicitation an express statement that such confributions or gifts were not tax deductibles as charitable contributions?  5 B is If Yes," did the organization include with every solicitation an express statement that such confributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 B is If Yes," did the organization necess of \$5's made party \$3 a contribution and party for goods and services provided to the payor?  7 C is D id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?  9 B is If Yes," did the organization notify the donor of the value of the goods or services provided?  10 B of the organization sell, exchange, or otherwise dispose of tangible repensal property for which it was r	22	Enter the number of employees reported on Form W.3. Transmittal of Wago and Tay Statements	ı	I		Yes	No				
bif it a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Notes if the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dif the organization have unrelated business gross income of \$1,000 or more during the year?  3b Dif the organization have unrelated business gross income of \$1,000 or more during the year?  3c Dif these, has filled a Form 980-7 for this year? If No' to line 98, provide an explanation or Schodule 0  3c At any time during the calendary year, did the organization have an interest in, or a significance or different authority over, a financial account in a foreign country. Year of the financial account in a foreign country set of the provision	Za		22								
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3	h			l							
38 Did the organization have unrelated business gross income of \$1,000 or more during the year?  48 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a floring necurity (such as a bank account, securities account, or other financial account) or bright of the organization and the foreign country.  59 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF).  50 Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year?  50 Was the organization to a prohibitod tax shelter transaction at any time during the tax year?  50 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  50 Organizations that may receive deductible contributions under section 170(c).  50 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  50 If "Yes," indicate the number of Forms 828 filed during the year.  51 Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  52 To Utility the organization receive any funds, directly or indirectly, on a personal benefit contract?  53 Sponsoring organizations make any taxability to pay permitting or did the organization file a form 1908 or year.  54 Did the organization received a contribution of qualified intellectual property, did the organization file a form 1908 or year.  54 Did the organization received any funds, directly or indirectly, on a personal benefit contract?  55 Did the organization semination make any taxability to pay permitting the year?  56 Did the sponsoring organizations make a											
b if "Yes," has it filed a Form 990-T for this year? if "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account of the country.  b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibitoted tax shelter transaction at any time during the tax year?  5a X b Did any taxbeb party norify the organization file Form 886-1?  6b Did any taxbeb party norify the organization file Form 886-1?  6c If "Yes" to line 5a or 5b, did the organization file Form 886-1?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If the organization receive a payment in excess of 57 mede party as a contribution and party for goods and services provided?  7 Organizations sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262?  8 If "Yes," indicate the number of Forms 8262 filed during the year  9 Did the organization receive a payment funds, directly or indirectly, to a personal benefit contract?  7 To X  9 Did the organization received an contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8262?  8 Possoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Did the sponsoring organization	За				3a		х				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b If 'Yes,' enter the name of the foreign country  5b Was the organization any any to a principle of the property of the proper											
financial account in a foreign country such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country be See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sa or 55, did the organization file Form 8886-T?  6a Does the organization shall are availad gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that many receive deductible contributions under section 170(c).  8c If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization seeke a payment in excess of \$75 made party as a contribution of and party for goods and services provided to the payor?  7c If "Yes," indicate the number of Forms 8282 filed during the year  8c Did the organization neceived another but one of the value of the goods or services provided?  9c Did the organization neceived another but one of the security of indirectly, on a personal benefit contract?  7c X  7d Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  1c If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee Form 880 as explained and services business holdings at any time during the year?  9c Sponsoring organizatio					- 0.0						
b If "Yes," enter the name of the foreign country ▶  See instructions for filing requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So be instructions for thing requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  So b X  If "Yes," old the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  Organizations that may receive deductible contributions under section 170(c).  If the organization receive a payment in excess of \$76 made partly sa contribution and partly for goods and services provided 0 into payor?  If If "Yes," did the organization notify the donor of the value of the goods or sentices provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?  If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Lift the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?  If If the organization have excess business holdings at any time during the year?  Socion 501(c)(7) organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribu				•	4a		х				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization aparty to a prohibited tax shelter transaction?  5 Dos the organization of the organization that it was or is a party to a prohibited tax shelter transaction?  5 Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 Dos the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 Did the organization receive a psyment in excess of \$75 made party as a contribution of and party for goods and services provided to the payor?  10 Did the organization receive a psyment in excess of \$75 made party as a contribution of under the probability of the organization networks are payment in excess of \$75 made party as a contribution of under the probability of the organization of the value of the goods or services provided?  10 Did the organization netwer and probability of the probability of the probability of the organization for the value of the goods or services provided?  10 Did the organization receive a contribution of qualified intellectual property, cild the organization free Prom 899 as required?  11 Did the organization received a contribution of unallied intellectual property, cild the organization file a Form 1098-C?  12 Sponsoring organization have excess business holdings at any time during the year?  13 Sponsoring organization have excess business holdings at any time during the year?  14 Section 501(c) 7 organizations. Enter:  15 In the organiz	b	·	40000								
58 Ms the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Did so the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles?  50 If "Yes" id dit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  51 Press, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  52 Organizations that may receive deductible contributions under section 170(c).  53 Did the organization notify the donor of the value of the goods or services provided?  54 Did the organization notify the donor of the value of the goods or services provided?  55 Did the organization ontify the donor of the value of the goods or services provided?  56 Did the organization ontify the donor of the value of the goods or services provided?  57 Did the organization ontify the donor of the value of the goods or services provided?  58 Did the organization ontify the donor of the value of the goods or services provided?  59 Did the organization ontify the donor of the value of the goods or services provided?  70 If the organization on eceive any funds, directly or indirectly, on a personal benefit contract?  71 Test, and the organization on the part of the value of the goods or services provided?  72 If the organization on received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  73 If the organization received any funds, directly or indirectly, on a personal benefit contract?  74 Test, and the organization was distribution of qualified intellectual property, did the organization file Form 1088-C?  75 Did the organization received an contribution of cares, boots, and provided fund mainta			ccour	nts (FBAR).							
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  63 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  64 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  75 Organizations that may receive deductible contributions under section 170(c).  86 If "Yes," did the organization notify the donor of the value of the goods or services provided?  76 If the "Yes," did the organization notify the donor of the value of the goods or services provided?  77 If yes," indicate the number of Forms 8282 field during the year  78 If "Yes," indicate the number of Forms 8282 field during the year  89 If "Yes," indicate the number of Forms 8282 field during the year  90 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  79 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  80 Sponsoring organizations maintaining donor advised funds. Did not organized for file and property for the organization file a Form 1098-C?  81 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make at a value led the donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  82 Sponsoring organizations maintaining donor advised funds.  83 Did the sponsoring organization make at a value led the donor advised fund maintained by the sponsoring organization make at value led the value funds.  84 Did the sponsoring organization make at olistibution to a donor, donor advised fund maintained by the sponsoring organization make at olistibution to a donor advised fund the paintain the paintain the paintain the paintain	5a				5a		Х				
c If "Yes" to line 5a or 5b, did the organization flie Form 8886 T?  a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization notify the donor of the value of the goods or services provided?  7 In If yes, "did the organization notify the donor of the value of the goods or services provided?  7 In If the Form 8822?  5 In If "Yes," indicate the number of Forms 8282 filed during the year  7 In If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 In If the organization received a contribution of qualified intellectual property, did the organization free Form 8898 as required?  8 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?  9 Sonosoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49867  9 Sonosoring organization make a distribution to a donor, donor advised funds. Did a donor advised funds.					5b		Х				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If the organization secewe a payment in excess of \$75 made partly as a contribution or goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization only the donor of the value of the goods or services provided?  9 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 If the organization received a contribution of qualified intellectual property, did the organization flex of the form 8282?  1 If the organization received a contribution of qualified intellectual property, did the organization file or more sell as form 1098-07 or flex or f					5c						
any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$57 made partly as a contribution and partly for goods and services provided to the payor?  7 Tay a X  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 C X  d If "Yes," indicate the number of Forms 8282 filed during the year  b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 M X  f Ide organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C2  8 Sponsoring organization received a contribution of cars, boats, aniplanes, or other vehicles, did the organization property and a contribution of cars, boats, aniplanes, or other vehicles, did the organization property and property of the organization property of the property o											
b   1 Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a   Did the organization sealer a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b   1f Yes,** did the organization notify the donor of the value of the goods or services provided? c   Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 8282?  d   1f Yes,** indicate the number of Forms 8282 filed during the year  e   Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					6a		Х				
were not tax deductible? Organizations that may receive deductible contributions under section 170(c).    Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   To   V**   V*	b										
a bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To lif "Yes," idld the organization notify the donor of the value of the goods or services provided?  To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To X  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To X  If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Bection 501(c)(T) organizations. Enter:  To Corsi income from members or shareholders  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from members or shareholders  For section 501(c)(12) organizations. Enter:  To Corsi income from members or shareholders  Gross income from members or shareholders  For severe the amount of tax-exempt interest received or accrued during the year  If the constitution incensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  For the the amount of reserves the organization the organization must report on Schedule O.  For the the amount of reserves on hand  For seves		were not tax deductible?			6b						
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b   C   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c   X   X   X   X   X   X   X   X   X	7	Organizations that may receive deductible contributions under section 170(c).									
to file Form 8282?  7c	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices <sub> </sub>	provided to the payor?	7a		X				
to file Form 8282?  d If 1'Yes, 'Indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quired							
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7		to file Form 8282?			7c		X				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization schare.  Did the sponsoring organization schare.  Did the sponsoring organization schare.  Did the sponsoring organization included on Part VIII, line 12  Did Gross income from members or shareholders  Did Gross income from members or shareholders  Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Did Section 501(c)(12) organizations. Enter:  Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Did Section 501(c)(29) qualified nonprofit health insurance issuers.  Did Section 501(c)(29) qualified nonprofit health insurance issuers.  Did the organization is l	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?							
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   Th	f										
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 a bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  B Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b	•										
sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?  Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  112a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  113b  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  14a Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	h				7h						
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	8		l by th	e							
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 11b 12c 11d 12d 13d 14d 15d the organization receive any payments for indoor tanning services during the tax year? 14a 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule O.	_				8						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.											
Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital viii line 12 Initiation fees and capita											
a Initiation fees and capital contributions included on Part VIII, line 12					96						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b			100	I							
Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  If sthe organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.					-						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X  17 If "Yes," complete Form 4720, Schedule O.			LIOD		-						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  If "Yes," complete Form 4720, Schedule O.			112								
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a 15c			٠۵								
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	~	·	11b								
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	12a			?	12a						
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.			ı								
Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a											
Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a					13a						
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.											
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	b	Enter the amount of reserves the organization is required to maintain by the states in which the	_								
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 If "Yes," see instructions and file Form 4720, Schedule N.  18 If "Yes," complete Form 4720, Schedule O.			13b								
14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 If "Yes," see instructions and file Form 4720, Schedule N.  18 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  18 If "Yes," complete Form 4720, Schedule O.	С		13c								
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.					14a		Х				
excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b						
If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	15										
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.					15		X				
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.					,,				
	16	,	nt inco	me?	16		X				
		If "Yes," complete Form 4720, Schedule O.			_	.000	(0000)				

85-2270146

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI					X					
<u>Sec</u>	tion A. Governing Body and Management										
			1		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	4								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х					
6	Did the organization have members or stockholders?			6		Х					
7a	, , , , , , , , , , , , , , , , , , , ,										
	more members of the governing body?			7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	flicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe								
	in Schedule O how this was done			12c							
13	Did the organization have a written whistleblower policy?			13		Х					
14	Did the organization have a written document retention and destruction policy?			14		Х					
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?									
а	The organization's CEO, Executive Director, or top management official			15a		Х					
	Other officers or key employees of the organization			15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a								
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic		•								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (Section 501(c)(3	3)s only	/) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.		. (-7(-	. ,							
	Own website Another's website X Upon request Other (explain	n on Sc	chedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		,	nd finar	ncial						
	statements available to the public during the tax year.		, ,,								
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records >								
•	KELLY BUMANN - (513) 486-4696		· •								
	2001 L ST NW. STE 500, WASHINGTON, DC 20036										

Form 990 (2020) ALLIANCE I

85-2270146

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization n							nsat			
(A)	(B)			(C	C)	,		(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one			than	one	Reportable	Reportable	Estimated
	hours per week	box	, unle cer ar	ss pe	ss person is both an d a director/trustee)			compensation from	compensation from related	amount of other
	(list any	ro						the	organizations	compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC)	(** 2, 1000 *********************************	organization
	organizations	trust	Institutional trustee		yee	mbe				and related
	below	idual	ution	<u>-</u>	Key employee	est co oyee	ler.			organizations
	line)	Indiv	Instii	Officer	Key 6	High em p	Former			
(1) PIERRE KORY, M.D.	45.00									
CHAIR		Х		Х				0.	0.	0.
(2) PAUL MARIK	45.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) G. UMBERTO MEDURI	10.00									
SECRETARY		Х		Х				0.	0.	0.
(4) JOYCE KAMEN	35.00									
DIRECTOR		Х						0.	0.	0.
(5) SEAN BURKE	40.00									
INTERIM EXECUTIVE DIRECTOR/TREASURER		1		Х				0.	0.	0.
		1								
		1								
		1								
		$ldsymbol{ldsymbol{ldsymbol{eta}}}$								
			<u> </u>	_						
		1								
			<u> </u>	_						
		1								
	1	1		1	1	l		1		

Form **990** (2020)

Form 990 (2020) ALLIANCE									85-22	<u> 2701</u>	L46	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					( <b>D)</b> Reportable compensation	(E) Reportable compensatio from related	n	(F Estim amou oth	nated int of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		from organi and re organiz	the zation elated
										$\perp$		
										$\dashv$		
		-								$\downarrow$		
										$\dashv$		
1b Subtotal							L	0.		0.		0.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but r								0.	000 of reportable	0.		0.
compensation from the organization	iot iiiTiited to ti	1056	IISLE	eu ai	DOVE	e) wi	101	eceived more than \$100	,,000 or reportable	<del></del>	Ιγ	0 es No
3 Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for s	•		•		•		•		•		3	X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	ther compensation from	the organization		4	Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	•				•			•			5	Х
Section B. Independent Contractors  1 Complete this table for your five highest co										npensa	tion fror	n
the organization. Report compensation for (A)	the calendar y	ear (	endi	ng v	vith	or w	ithir I	n the organization's tax	year.		(C)	
Name and business	address	NO	ONI	Ξ				Description of s	ervices	Co	ompensa	ation
2 Total number of independent contractors (	including but -	no+ 1:-	mitc	.d +~	the	SO 11:	otos	d abovo) who recoived =	poro than			
2 Total number of independent contractors ( \$100,000 of compensation from the organ		iot III	inte	นเบ		0 0	sie(	a abovej who received fi	IOIE HIAH		200	0
										F	-orm <b>99</b>	<b>0</b> (2020)

Pa	I L V	/ 111			a in this Dort VIII			
			Check if Schedule O contains a respons	e or note to any lin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
S S	-	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant	٠		Membership dues 1b					
ي ق			Fundraising events 1c					
ifts			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
her		•	similar amounts not included above 1f	352,493.				
QĘ.		a	Noncash contributions included in lines 1a-1f	002,2001				
Sor		_	Total. Add lines 1a-1f	<b>•</b>	352,493.			
_			Totally lad in loc 14 11	Business Code	,			
o l	2	а						
Ş <	_	b						
Program Service Revenue		c						
am		d						
ogr.		e						
Ā		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)	<b></b>				
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
Revenue			and sales expenses <b>7b</b>					
eve		С	Gain or (loss) 7c					
er R			Net gain or (loss)	<b>&gt;</b>				
Othe	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			, –	a b				
			· · · · · · · · · · · · · · · · · · ·	-				
	۵		Net income or (loss) from fundraising events Gross income from gaming activities. See	·				
	9	а		a l				
		h		b				
			Net income or (loss) from gaming activities	-				
	10		Gross sales of inventory, less returns					
		_	and allowances 1	Da l				
		b		Ob				
			Net income or (loss) from sales of inventory	<u> </u>				
<u></u>			,	Business Code				
e so	11	а						
ane		b						
Miscellaneous Revenue		С						
Ais.		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		352,493.	0.	0.	0.

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

				(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	23,700.	23,700.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	29,951.		29,951.	
b	Legal	6,998.		6,998.	
С	Accounting	156.		156.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	23,606.	13,576. 35,513.	7,662.	2,368
12	Advertising and promotion	35,513.	35,513.		
13	Office expenses	5,944.		5,944.	
14	Information technology	9,487.	9,333.	154.	
15	Royalties				
16	Occupancy				
17	Travel	6,178.	6,178.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	141,533.	88,300.	50,865.	2,368
26	Joint costs. Complete this line only if the organization		-		· · · · · · · · · · · · · · · · · · ·
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2020)

Part X Balance Sheet

Part	LX	Balance Sheet							
		Check if Schedule O contains a response or	r note t	o an	y line in this Part X		<del></del>	<del></del>	
						<b>(A)</b> Beginning of year			<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	313,687		
	2	Savings and temporary cash investments						2	
	3	Pledges and grants receivable, net						3	
	4	Accounts receivable, net						4	
	5	Loans and other receivables from any current	nt or fo	rme	officer, director,				
		trustee, key employee, creator or founder, s	substan	itial o	ontributor, or 35%				
		controlled entity or family member of any of	these	pers	ons			5	
	6	Loans and other receivables from other disc	qualified	d pe	sons (as defined				
		under section 4958(f)(1)), and persons desc	ribed ir	n sec	tion 4958(c)(3)(B)			6	
2	7	Notes and loans receivable, net			7				
Assets	8	Inventories for sale or use			8				
<	9	Prepaid expenses and deferred charges						9	21,032
	10a	Land, buildings, and equipment: cost or oth	ner						
		basis. Complete Part VI of Schedule D	<u>  1</u>	0a					
	b	Less: accumulated depreciation	<u>1</u>	0b			1	I0с	
	11	Investments - publicly traded securities					Ŀ	11	
	12	Investments - other securities. See Part IV, li	line 11				Ŀ	12	
	13	Investments - program-related. See Part IV,	line 11				Ŀ	13	
	14	Intangible assets					Ŀ	14	
	15	Other assets. See Part IV, line 11						15	
	16	Total assets. Add lines 1 through 15 (must	equal li	ine 3	3)	0.	╽.	16	334,719
	17	Accounts payable and accrued expenses					Ŀ	17	123,759
	18	Grants payable					Ŀ	18	
	19	Deferred revenue					Ŀ	19	
	20	Tax-exempt bond liabilities					12	20	
	21	Escrow or custodial account liability. Comple	lete Par	t IV	of Schedule D		12	21	
es	22	Loans and other payables to any current or	former	offic	er, director,				
		trustee, key employee, creator or founder, s	substan	itial d	ontributor, or 35%				
Liabilities		controlled entity or family member of any of	these	pers	ons		12	22	
- │	23	Secured mortgages and notes payable to un	nrelate	d thi	d parties		12	23	
	24	Unsecured notes and loans payable to unre	elated th	hird	oarties		12	24	
	25	Other liabilities (including federal income tax	k, payal	oles	to related third				
		parties, and other liabilities not included on	lines 17	7-24)	. Complete Part X				
		of Schedule D						25	100 850
_	26	Total liabilities. Add lines 17 through 25				0.	1 2	26	123,759
ပ္စ		Organizations that follow FASB ASC 958,	check	her	e ▶ [X]				
<u> </u>		and complete lines 27, 28, 32, and 33.							210 060
ala	27						+	27	210,960
5	28	Net assets with donor restrictions					12	28	
5		Organizations that do not follow FASB AS	SC 958,	, che	eck here 🕨 📖 📗				
5		and complete lines 29 through 33.							
2	29	Capital stock or trust principal, or current fu			F		+	29	
255	30	Paid-in or capital surplus, or land, building, or					+	30	
* I	31	Retained earnings, endowment, accumulate				^	-	31	010 060
	32	Total net assets or fund balances				0.	+	32	210,960
	33	Total liabilities and net assets/fund balances	s			0.	1	33	334,719

Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
				<b></b> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				93.
2	Total expenses (must equal Part IX, column (A), line 25)	2				33.
3	Revenue less expenses. Subtract line 2 from line 1	3		21	0,9	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				0.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		21	0,9	60.
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir					
	Act and OMB Circular A-133?			3а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		I .	3b		

Form **990** (2020)

#### **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

FRONT LINE COVID-19 CRITICAL CARE **Employer identification number** Name of the organization ALLIANCE INC. 85-2270146 Part I 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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: 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). 7 X 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: 10 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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.) 11 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. 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, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Pa

Part II   Su	oport Schedule for (	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(\	/i)		
(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	iscal year heginning in)	(2) 2016	(b) 2017	(a) 2019	(4) 2010	(4) 2020	(f) Total		

Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					352,493.	352,493.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					252 402	252 402
	Total. Add lines 1 through 3					352,493.	352,493.
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,						225 000
	column (f)						235,900.
	Public support. Subtract line 5 from line 4.						116,593.
	etion B. Total Support				1	1	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020 352, 493.	(f) Total 352,493.
	Amounts from line 4					334,433.	334,493.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						352,493.
	<b>Total support.</b> Add lines 7 through 10	-4- / !	:>			40	332,433.
	Gross receipts from related activities,			farrille au fiftle tare			
13	First 5 years. If the Form 990 is for the						<b>▶</b> X
500	organization, check this box and stop ction C. Computation of Publ						
	-			oolumn (f)\		14	
	Public support percentage for 2020 (I Public support percentage from 2019					15	<u>%</u>
IUa	<b>33 1/3</b> % <b>support test - 2020.</b> If the c <b>stop here.</b> The organization qualifies						
h	33 1/3% support test - 2019. If the o						
U	and <b>stop here.</b> The organization qual						
172	10% -facts-and-circumstances tes						
17 a	and if the organization meets the fact						
	meets the facts-and-circumstances to						
h	10% -facts-and-circumstances tes						
Ď	more, and if the organization meets the						1070 UI
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
10	Trivate loundation. If the organization	ni did flot tilletk d	BOX OIT III IE 10, 10	a, 100, 17a, 01 17		edule A (Form 990	

## 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.)

Calendary part (or fiscal year beginning in)    Galter, grants, contributions, and membership less received. (Do not include any "unusual grants.")  Gross received from admissions, merchandise sold or services personal purpose of continuous and particular to the organization of tax exempl purpose. Gross receives from admissions, merchandise sold or services personal purpose of considerations and the particular to the organization of tax exempl purpose. Gross receives from activities that are not an unrelated trade or flushings and the particular to the organization of tax exemple purpose of considerations and the particular to the par		palify under the tests listed be Public Support	elow, please com	plete Part II.)				
Giffes, grants, contributions, and membership less received. (Dr not include any "unusual grants,")  Giress receipts from admission, more contributed in any activity that is related to the organizations tax exempt purpose  3 Gross receipts from admission, more contributed in any activity that is related to the organizations tax exempt purpose  3 Gross receipts from admission and the part of contribution and the part of th			(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
membership fees received. (Do not include any "unusual grants")  2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's tax-exempt purpose 3 cross receipts from admission that are not an unrelated trade or business under section 513  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf to receive or facilities furnished by a governmental unit to the organization without charge to the organization without charge to Total. Add lines 1 through 5			(a) 2016	(b) 2017	(C) 2016	(a) 2019	(e) 2020	(I) Total
include any *unusual grants.*) Gross receipts from admissions, merchandise soil or services per formed, or facilities furnished in any activity that is related to the organization's trave-weight purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's to expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A mounts holded on lines 1, 2, and 3. received from disqualified persons b. Avecuals included in lines 2 and 3 very wind the second to grant or the sec	. •							
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513  4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5. The value of services or facilities furnished by a governmental unit to the organization without charge  6. Total. Add lines 1 through 5.  7.a Amounts included on lines 1, 2, and 3 received from disqualified persons  8.b Amounts included on lines 1, 2, and 3 received from disqualified persons  9.b Amounts included on lines 1, 2, and 3 received from disqualified persons are exerced to general of 55,000 or 1% of the transvers of the second or 1% of the second or 1% of the second or 1% of the transvers of 1% of 1% of the second or 1% of 1% o		•						
merchandise sold or services per- formed, or facilities furnished in  any activity that is related to the  organization's trave-empt purpose  3. Gross receipts from activities that  are not an unrelated trade or bus- inses under section 513.  4. Tax revenues levels for the organ- ization's benefit and either paid to  or expended on its behalf  5. The value of services or facilities  6. Total. Add lines 1 through 5.  7. A Amount is included on lines 1, 2, and  3. received from disqualified persons  5. Amounts included on lines 1, 2, and  3. received from disqualified persons  5. Public support, significantly 11-threst   9. Public support, significantly 11-threst   9. Public support, significantly 11-threst   9. Public support is to the yar  10. Add lines 7 and 7 b  9. Public support is significantly 11-threst   9. Amounts from the 5 threst expert  10. Gross income from interest,  4. Add lines 10. And 10. A								
formed, or facilities furnished in any activity that is related to the organization's tax oxempt purpose of Gross receipts from activities that are not an unrelated trade or business under section \$13  4. Tax revenues levied for the organization is penelt and either paid to or expended on its behalf  5. The value of services or facilities furnished by a governmental unit to the organization without charge in the paid to or expended on its behalf  6. Total. Add ines 1 through 5.  7. A Amounts included on lines 1, 2, and 3 received from disqualified persons be available form disqualified persons to the first own district the disqualified persons to a first own district the disqualified persons that avoid the ground in the first own district on the first own district of the given of the first own district on the first own district of the first own district on the first own district own disrict own disrict own district own district own district own district own		•						
organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Actol lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included in lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included in lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and 3 received from disqualified persons b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and To b Annahi included on lines 1, 2, and and Ind b Annahi included on lines 1, 2, and and Ind b Annahi included on lines 1, 2, and and Ind b Annahi included on lines 1, 2, and and Ind b Annahi included on lines 1, 2, and and Ind b Annahi included on lines 1, 2, and and Ind b Annahi included on lines 1, 2, and and Ind Ind b Annahi included on lines 1, 2, and and Ind Ind b Annahi included on								
3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons that exercise the greater of \$0.000 or % of the considerable of the property of the considerable of the property of the proper								
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1, 2, and 3 received from disqualified persons but an exceed the governor of the services of the ser	ŭ	· · · ·						
iness under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf to or expended on its behalf to ore synchold on its or		•						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons hat exceed the grade of \$6,000 or 146 of the serviced from other than disqualified persons that exceed the grade of \$6,000 or 146 of the serviced from other than disqualified persons that exceed the grade of \$6,000 or 146 of the serviced from other than disqualified persons that exceed the grade of \$6,000 or 146 of the serviced from other than disqualified persons that exceed the grade of \$6,000 or 146 of the serviced from other than disqualified persons that exceed the grade of \$6,000 or 146 of the serviced from other than disqualified persons that exceed the grade of \$6,000 or 146 of the serviced from other than disqualified persons that exceed the grade of \$6,000 or 146 of the serviced from other than disqualified persons that exceed the grade of \$6,000 or 146 of the serviced from other than disqualified persons that exceed the grade of \$6,000 or 146 of the serviced from other than disqualified persons that exceed the grade of \$6,000 or 146 of the serviced from other than 146 of the serviced from other than 146 or 146 of the serviced from other than 146 or 146 of the serviced from other than 146 of the serviced from 0.00 of the serviced from								
ization's benefit and either paid to or expended on its behalf or or expended on its behalf or or expended on its behalf of the organization without charge the organization without charge the organization without charge the organization without charge to the organization without charge to the organization behalf or the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  To Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of huse schedule A, Part III, line 15  Section D. Computation of huses schedule A, Part III, line 15  Section D. Computation of huses from 1019 Schedule A, Part III, line 15  Section D. Computation of huses from 2019 Schedule A, Part III, line 15  Investment income percentage from 2019 Schedule A, Part III, line 15  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, li								
or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5 7. a Amounts included on lines 1, 2, and 3. received from disqualified persons but exceed the grave of scool or the than disqualified persons but exceed the grave of scool or this or the samual on line 13 for the year. 6. Add lines 7 and 7 b 8. Public support. [Septation 7 test line] 9. Amounts from line 6 10. Gross income from interest, dividends, payments received on securities loans, earlist, royalties, and income from similar sources on securities loans, earlist, royalties, and income from similar sources on securities loans, earlist, royalties, and income from similar sources acquired affair Jules 9, 11. Not income from increast, dividends, payments received on securities loans, earlist, royalties, and income from similar sources on securities loans, earlist, royalties, and income from similar sources on securities loans, earlist, royalties, and income from increast, dividends, payments received on securities loans and 10b.  11. Not income from unrelated business acquired affair Jules 9, 10, 11, and 12). 13. Total support, lead lines 9, 10, 11, and 12). 14. First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15. Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16. Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  17. Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18. My organization of Investment Income Percentage  19. Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  19. 33 1/3% support tests - 2019. If the organization of lond check the box on line 14, and line 15 is more than 33 1/3%, and line 16 is nore		ı ı						
5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than 15 for the year and secret the greate of \$5,00 or 1% of the amount of the 15 for the year and secret the greate of \$5,00 or 1% of the amount of the 15 for the year and the secret the greate of \$5,00 or 1% of the amount of the 15 for the year and 15 for the year		·						
furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b mounts included on lines 1, 2, and 3 received from disqualified persons concept the greater of \$5.000 or 1% of the amount on line 1 flot the year of the amount on line 1 flot the year of the amount on line 1 flot the year of the amount on line 1 flot the year of the amount on line 1 flot the year of the amount on line 1 flot the year of the amount on line 1 flot the year of the amount on line 1 flot the year of the amount of the interest of the amount of the property of the pro	·-							
the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year c Add lines 7 and 7 b  8 Public support. Support line 1 for the year c Add lines 7 and 7 b  9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rerist, royalties, and income from similar sources b Unrelated business stable income (less section 51 tl 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  12 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support percentage from 2020 (line 10c, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 19 33 1/3% support percentage from 2019 Schedule A, Part III, line 17 19 33 1/3% support tests - 2020. If the organization of line 10 not check this box and 510 ps. (ps. organization on the 15 and 173%, and line 16 is more than 33 1/3%, check this box and 5top here. The organization qualifies as a publicly supported organization								
6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons b Amounts from disqualified persons c Add lines 7 a and 7 b 3 Public support. (Supparting 1/2 through § 1) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business staxible income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on 110 Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 7 to 1 the business is regularly carried on 1 to 1								
7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$6,000 or 15 of the amount on line 13 for the year C Add lines 7 and 7 b								
3 received from disqualified persons 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 semination of the state of \$1.000 or 1% of the semination of the state of \$1.000 or 1% of the semination of the state of \$1.000 or 1% of the semination of the state of \$1.000 or 1% of the semination of the state of \$1.000 or 1% of the semination of the state of \$1.000 or 1% of the semination of the state of \$1.000 or 1% of the semination of the state of \$1.000 or 1% of the semination of the state of \$1.000 or 1% of the semination of the state of \$1.000 or 1% of the semination of the state of \$1.000 or 1% of the	6 Total. Ad	d lines 1 through 5						
b Amounts included on lines 2 and 3 received from chert hard eliquilled persons that exceed the greater of \$5.00 or 1% of the amount on lines 15 for the year  c Add lines 7 a and 7 b  8 Public support. Selbstatilis 7 from line 5  Section B. Total Support  Callendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total  9 Amounts from line 6  10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business acquired after June 30, 1975  c Add lines 10a and 10b  12 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support, (Add ines 9, 10c. 11, and 12)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage form 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2019 Schedule A, Part III, line 15  9 All 73% support tests - 2020. If the organization did not check box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization do not check a box on line 14 or line 19a, and line 16 is more	7a Amounts	included on lines 1, 2, and						
tom other than disqualified persons that exceed the peater of \$5,000 or \$% of the amount on line 13 for the year or \$6 and 7 b.  8 Public support. Support (appraging 7 train line 2)  8 Public support. Support (appraging 7 train line 2)  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources on securities loans, rents, royalties, and income from similar sources on securities loans, rents, royalties, and income from similar sources on securities loans, rents, royalties, and income from similar sources on securities loans, rents, royalties, and income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 102. Other income. Do not include gain cases (Spilain in Part Vi).  13 Total support. (Add lines 9, 10c, 11, and 12)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  18 Ja 1/3% support tests - 2020. If the organization did not check the box on line 14 or line 15 is more than 33 1/3%, and line 16 is nore than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	3 receive	d from disqualified persons						
exceed the greater of \$5,000 or 1% of the amount on time 13 to the year of the amount on time 13 to the year of the amount on time 13 to the year of the public support. Section B. Total Support  Calendar year (or fiscal year beginning in)								
amount on line 13 for the year  c Add lines 7a and 7b  8 Public support  Calendar year (or fiscal year beginning in)   9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business satisfies not included in line 10b, whether or not the business is regularly carried on 120 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI).  13 Total support, Against Support percentage from 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2019 Schedule A, Part III, line 17  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization								
8 Public support. Subtract line 7: from line 6:  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  15 b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total  9. Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13. Total support, Adel lines 9 to, c, 1, and 12.)  14. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section D. Computation of Public Support Percentage  15. Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16. Public support percentage from 2019 Schedule A, Part III, line 15  18. Mostment income percentage from 2019 Schedule A, Part III, line 17  19. Asset income percentage from 2019 Schedule A, Part III, line 17  19. Asset income percentage from 2019 Schedule A, Part III, line 17  19. Asset income percentage from 2019 Schedule A, Part III, line 17  19. Asset income percentage from 2019 Schedule A, Part III, line 17  19. Asset income percentage from 2019 Schedule A, Part III, line 17  19. Asset income percentage from 2019 Schedule A, Part III, line 17  19. Asset income percentage from 2019 Schedule A, Part III, line 17  19. Asset income percentage from 2019 Schedule A, Part III, line 17  19. Asset income percentage from 2019 Schedule A, Part III, line 17  19. Asset income percentage from 2019 Schedule A, Part III, line 17  19. Asset income percentage from 2019 Schedule A, Part III, line 17  19. Asset income percentage from 2019 Schedule A, Part III, line 17  19. Asset income percentage from 2019 Schedule A, Part	<b>c</b> Add lines	7a and 7b						
Calendar year (or fiscal year beginning in)    Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  13 Total support, (add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage from 2019 Schedule A, Part III, line 15  16 9%  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2019 Schedule A, Part III, line 17  18 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check he box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 6 Public support percentage from 2019 Schedule A, Part III, line 15 7 Investment income percentage from 2019 Schedule A, Part III, line 17 7 Investment income percentage from 2019 Schedule A, Part III, line 17 7 Investment income percentage from 2019 Schedule A, Part III, line 17 7 Investment income percentage from 2019 Schedule A, Part III, line 17 7 Investment income percentage from 2019 Schedule A, Part III, line 17 7 Investment income percentage from 2019 Schedule A, Part III, line 17 7 Investment income percentage from 2019 Schedule A, Part III, line 17 7 Investment income percentage from 2019 Schedule A, Part III, line 17 8 Investment income percentage from 2019 Schedule A, Part III, line 17 8 Investment income percentage from 2019 Schedule A, Part III, line 17 8 Investment income percentage from 2019 Schedule A, Part III, line 17 8 Investment income percentage from 2019 Schedule A, Part III, line 17 8 Investment income percentage from 2019 Schedule A, Part III, line 17 8 Investment income percentage from 2019 Schedule A, Part III, line 17 8 Investment income percentage from 2019 Schedule A, Part III, line 17 8 Investment income percentage from 2019 Schedule A, Part	Section B.	Total Support						
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 satable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  12 Other income. Do not included in line 10b, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)  13 Total support, (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  6 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19 3 3 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization    D 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization    D 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a	9 Amounts	from line 6						
securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		,						
and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on regularly carried on regularly carried on rolss from the sale of capital assets (Explain in Part VI.)  13 Total support, (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
(less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1	and incor	ne from similar sources						
acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on regularly carried on regularly carried on sasets (Explain in Part VI.)  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2019 Schedule A, Part III, line 17  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 part III produced in line 10 part III produced by line 10 part	<b>b</b> Unrelated I	ousiness taxable income						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1 Investment income percentage from 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1 Investment income percentage for 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1 Investment income percentage for 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	(less section	on 511 taxes) from businesses						
c Add lines 10a and 10b	acquired a	fter June 30, 1975						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  10 b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization	<b>c</b> Add lines							
whether or not the business is regularly carried on								
regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    D								
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1		carried on						
assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  17 Investment income percentage from 2019 Schedule A, Part III, line 17  18 Section D. Computation (f) (divided by line 13, column (f))  19 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, check this box an								
13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19 Total Support Support Support Supported organization  15 Public support Percentage  16 9%  17 Public support Percentage  18 9%  19 40 Public support Support Supported organization  19 5 Public support Supported organization  10 9%  11 9%  12 9%  13 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2019 Schedule A, Part III, line 17  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19 Jan 18 Investment Income percentage from 2019 Schedule A, Part III, line 17  19 Jan 19								
check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  11 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f))  12 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f))  13 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f))  15 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f))  16 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f))  17 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f))  18 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f))  19 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f))  18 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f))  19 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f))  10 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f))  17 Public			e organization's f	irst second third	fourth or fifth tax	vear as a section	I 501(c)(3) organizat	ion
Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  18 %  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19 June 1	-		· ·		•	•	. , . ,	<b>▶</b> □
15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  18 96  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19								
16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  In the support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  In the support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization					column (f))		15	%
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    IT								
17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %  18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 %  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							1	
18 Investment income percentage from 2019 Schedule A, Part III, line 17		· · · · · · · · · · · · · · · · · · ·					17	%
19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							<del>                                      </del>	
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization								
b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								

### 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 Organizations

- 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.
- 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 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 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 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 line 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.)

	Yes	No
1		
2		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9c		
55		
10a		
10b		

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
С	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organ	ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		/I how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
202		vised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		
360	uon	5. Type if Supporting Organizations		Yes	No
1	Moro	a majority of the arganization's directors or trustees during the tay year also a majority of the directors		res	No
•		a majority of the organization's directors or trustees during the tax year also a majority of the directors stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
202		orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations	3		
1		s the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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 to	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
_		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h		es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> e organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b		supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 ALLIANCE INC.

Part V Type III Non-Functionally Integrated 509(a	)(3) Supporting Organizations	S
1 Check here if the organization satisfied the Integral Part	Test as a qualifying trust on Nov. 20, 1	970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting	rganizations must complete Sections	A through E.
Section A - Adjusted Net Income	(A) P	Prior Year (B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production	or	
collection of gross income or for management, conservation,	r	
maintenance of property held for production of income (see in	structions) 6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount	(A) P	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):		
a Average monthly value of securities	1a	
<b>b</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	
e Discount claimed for blockage or other factors		
(explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt-use asset	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for g	eater amount,	
see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, colu	mn A) <b>1</b>	
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, c	olumn 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 sub	ect to	
emergency temporary reduction (see instructions).	6	
7 Check here if the current year is the organization's first a	s a non-functionally integrated Type III	I supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continued</sub>	d)
Secti	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	is :	3	
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior - pr		5	
_6_	Other distributions (describe in Part VI). See instructions.		ı	6
_7_	<b>Total annual distributions.</b> Add lines 1 through 6.		,	7
8	Distributions to attentive supported organizations to which	9		
	(provide details in Part VI). See instructions.			8
_9_	Distributable amount for 2020 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount	<del></del>		0
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
<u>    i                                </u>	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016 Excess from 2017			
	Excess from 2018  Excess from 2019			
	LAMAN HUILLAUTE			

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

#### FRONT LINE COVID-19 CRITICAL CARE

Schedule A (Form 990 or 990-EZ) 2020 ALLIANCE INC.

Part VI | Supplemental Information. Provide the explain

85-2270146 Page 8

Tart VI	Part I line 1 Secti	IV, Sed ; Part	ction / IV, Se lines !	ection [ 5, 6, an	1, 2, 3 ), lines	3b, 3 s 2 ar	c, 4b, 4	c, 5a, ırt IV, S	6, 9a, 9 Section	9b, 9 n E, li	c, 11a nes 1	a, 11b c, 2a,	, and 2b, 3	11c; F Ba, and	Part I\ I 3b; I	/, Secti Part V,	on B, lir ine 1; F	nes 1 Part V,	and 2; I Section	Part IV, n B, line	Section 1e; Parl	C, : V,
SCHEDU	LE	Α,	PAF	t I	I,	202	20 C	OLUI	MN													
THE 20	20	COL	UMN	1 ON	SC	HEI	ULE	Α,	PAI	RT	ΙΙ	RE:	PRE	SEN	TS	THE	SHO	RT	TAX	YEA	R	
BEGINN	ING	JU	LY	22,	20	20	AND	EN	DINC	G D	ECE	EMB:	ER	31,	20	20.						

Schedule B

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

Department of the Treasury Internal Revenue Service **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

**2020** 

Name of the organization

FRONT LINE COVID-19 CRITICAL CARE ALLIANCE INC.

Employer identification number

85-2270146

Organiz	Organization type (check one):							
Filers of	f:	Section:						
Form 99	0 or 990-EZ	X 501(c)( 3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.						
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year						
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization FRONT LINE COVID-19 CRITICAL CARE ALLIANCE INC.

Employer identification number

85-2270146

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	- Hame, address, and En 1 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
NO.	Name, audress, and ZIP + 4	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization FRONT LINE COVID-19 CRITICAL CARE ALLIANCE INC.

Employer identification number

85-2270146

, ,			T .
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Bescription of noncestriptoperty given	(See instructions.)	Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received

Name of organization FRONT LINE COVID-19 CRITICAL CARE ALLIANCE INC.

Employer identification number

85-2270146

Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)	tions to organizations describe	ed in section 5	01(c)(7), (8), or (10) that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,0	00 or less for th	ne year. (Enter this info. once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
-		(e) Transfer	of gift				
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		 of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer	of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer	of gift				
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		-					

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FRONT LINE COVID-19 CRITICAL CARE ALLIANCE INC.

**Employer identification number** 85-2270146

Schedule D (Form 990) 2020

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds o	or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.				
		(a) Donor advise	ed funds	(b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	~				
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$					
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose co			
Da	impermissible private benefit?					
Par		-		rt IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	`	7			
	Preservation of land for public use (for example, recrea	ation or education)	7	historically important land area		
	Protection of natural habitat		□ Preservation of a	certified historic structure		
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	oution in the form of			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements					
b	Total acreage restricted by conservation easements			****		
	Number of conservation easements on a certified historic str					
d	Number of conservation easements included in (c) acquired					
_	listed in the National Register					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the c	organization during the tax		
	year •					
4	Number of states where property subject to conservation ea	_				
5	Does the organization have a written policy regarding the per			□ vaa □ Na		
	violations, and enforcement of the conservation easements i					
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, a	na enforcing conse	rvation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	aforcina consonyatio	on agraments during the year		
′	\$\\$\$ \$\$	alling of violations, and el	norchig conservation	or easements during the year		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	nts of section 170(h	\(4\(\R\(i\)		
Ū	and section 170(h)(4)(B)(ii)?					
9						
Ŭ	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections o	f Art, Historical Tr	easures, or Oth	ner Similar Assets.		
	Complete if the organization answered "Yes" on Form	•	•			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement an	d balance sheet works		
	of art, historical treasures, or other similar assets held for pul	blic exhibition, educatior	n, or research in furt	herance of public		
	service, provide in Part XIII the text of the footnote to its final	ncial statements that de	scribes these items			
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:	,		,		
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
				<b>L</b> 4		
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under FASB A			- · · · ·		
а	Revenue included on Form 990, Part VIII, line 1			• \$		
b	Assets included in Form 990, Part X					

032051 12-01-20

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	t III Organizations Maintaining Coll	lections of A	rt, Histo	orical Tr	easures, d	or Other	Simila	r Asset	<b>S</b> (continu	ed)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	d	ı 🗆 L	oan or exc	hange progra	am				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explai	n how the	ey further t	he organizati	ion's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or re									
	to be sold to raise funds rather than to be maint							$\square$	Yes	☐ No
Pai	t IV Escrow and Custodial Arrange							Part IV, I	ine 9, or	
	reported an amount on Form 990, Part X			Ü			,	ŕ	,	
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for c	ontribution	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and									
	, ,	·	Ü						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form						v?		Yes	□ No
	If "Yes," explain the arrangement in Part XIII. Ch						,			
	t V Endowment Funds. Complete if the						).			
		a) Current year		ior year	(c) Two year		1) Three ye	ars back	(e) Four ye	ears back
1a	Beginning of year balance	., ,	(-, -	, , , , , , , , , , , , , , , , , , ,	(-, ,		<u>, , , , , , , , , , , , , , , , , , , </u>		χ-, ,	
b	Contributions									
c	Net investment earnings, gains, and losses									
ď	Grants or scholarships									
-	Other expenditures for facilities									
·	, '									
f	Administrative expenses							-		
g g	End of year balance									
2	Provide the estimated percentage of the current	t vear end haland	l Se (line 1 a	. column (	a)) held as:					
		t year end balanc		i, coluitii (a	ajj rielu as.					
b	Board designated or quasi-endowment ►%  Permanent endowment ► %									
	Term endowment > %									
·		ogual 100%								
32	The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
Sa		on or the organiz	alion mai	. are rielu a	iilu auiiliiliste	ered for tire	organiza	111011	√	os No
	by: (i) Unrelated organizations								3a(i)	es No
	(ii) Unrelated organizations								3a(ii)	-
b	If "Yes" on line 3a(ii), are the related organization								3b	+
4	Describe in Part XIII the intended uses of the org								30	
Pai	t VI Land, Buildings, and Equipmer		JWITIETTE TE	arius.						
	Complete if the organization answered "		0 Part IV	line 11a 9	See Form 990	) Part X li	ne 10			
	Description of property	(a) Cost or o			or other		cumulated	7	(d) Book v	valuo
	Description of property	basis (investr			(other)		eciation	1	(u) book (	/alue
10	Land	<u> </u>		54515	(30.101)	асрі	20,41011			
	Land									
	Buildings		+					+		
								+		
	Equipment							+		
	Other		Y colum	n (R) line i	100)			_		0.
าบเส	ii Aud iiiles Ta triibugit Te. (Obiuttii (u) tiiust equa	ari Onni 330, Fall	A, COIUITI	ווו ( <i>בו</i> ), וווו <del>כ</del> ו						•

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year	market value
	(b) book value	(c) Method of Valuation. Cost of end-of-year	market value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
(1)			
(2)			
(3)			
` '			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Part IX Other Assets.  Complete if the organization answered "Yes" of	on Form 990, Part IV, line		Book value
Part IX Other Assets.  Complete if the organization answered "Yes" (a) [			Book value
Part IX Other Assets.  Complete if the organization answered "Yes" (a) [			Book value
Complete if the organization answered "Yes" (a) [ (1) (2)			Book value
Complete if the organization answered "Yes" (a) [1]  (2)  (3)			Book value
Complete if the organization answered "Yes" (a) [1] (2) (3) (4)			Book value
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5)			Book value
Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5)			Book value
Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6)			Book value
Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7)			Book value
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		Book value
Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		Book value
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description	(b)	Book value
Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X   Other Liabilities.  Complete if the organization answered "Yes" (complete if t	Description	(b)	
Complete if the organization answered "Yes" (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Paragraphic of the billion.	Description	(b)	Book value
Complete if the organization answered "Yes" (a) [1]  (1)  (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Paragination of liability.	Description	(b)	
Complete if the organization answered "Yes" (a) [1]  (1)  (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description	(b)	
Complete if the organization answered "Yes" (a) [1]  (1)  (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes	Description	(b)	
Complete if the organization answered "Yes" (a) [1]  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3)	Description	(b)	
Complete if the organization answered "Yes" (a) [1]  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	(b)	
Complete if the organization answered "Yes" (a) [1]  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)	Description	(b)	
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	(b)	
Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (complete if the organization answered "Yes" (complete if the organization answered "Yes" (complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	(b)	
Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (complete if the organization answered "Yes" (complete if the organization answered "Yes" (complete if the organization of liability (complet	Description	(b)	

Schedule D (Form 990) 2020

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	352,493.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	352,493.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		0
	Add lines 4a and 4b			0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			352,493.
Par	t XII Reconciliation of Expenses per Audited Financial St	-	nses per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		1.1	141,533.
1	Total expenses and losses per audited financial statements		1	141,555.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	11		
_	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
	Other (Describe in Part XIII.)	·		0.
	Add lines 2a through 2d			141,533.
	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			141,555
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
		•	4c	0.
	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 1</i> )			141,533.
	t XIII Supplemental Information.	0.,		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Part IV lines 1b and 2b:	Part V line 4: Part X	ine 2 <sup>.</sup> Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			=,,
		,		

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

FRONT LINE COVID-19 CRITICAL CARE ALLIANCE INC.

**Employer identification number** 85-2270146

ALLIANCE INC.	85-2270146					
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:					
PHARMACOLOGY, AND CLINICAL OBSERVATIONS TO DEVELOP HIGHLY EFFECTIVE						
TREATMENT PROTOCOLS TO PREVENT THE TRANSMISSION OF COVID-19 (AT ALL						
STAGES OF INFECTION) AND TO IMPROVE THE OUTCOMES FOR PATIENTS ILL WITH						
THE DISEASE. FLCCC ALLIANCE IS FOCUSED ON SHARING THESE LIFE-SAVING						
TREATMENTS AMONG DOCTORS, HEALTHCARE PROVIDERS AND PATIENT	TS ACROSS THE					
GLOBE.						
FORM 990, PART VI, SECTION B, LINE 11B:						
THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE MEMI	BERS OF THE					
GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.						
FORM 990, PART VI, SECTION C, LINE 19:						
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCE	IAL STATEMENTS					
AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION DOI	ES NOT HAVE A					
CONFLICT OF INTEREST POLICY.						
FORM 990, PART IX, LINE 11G, OTHER FEES:						
INTERNATIONAL CONSULTING:						
PROGRAM SERVICE EXPENSES	10,626.					
MANAGEMENT AND GENERAL EXPENSES	0.					
FUNDRAISING EXPENSES	0.					
TOTAL EXPENSES	10,626.					
CONTRACTORS:						

PROGRAM SERVICE EXPENSES

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization FRONT LINE COVID-19 CRITICAL CARE ALLIANCE INC.	Employer identification number 85-2270146
MANAGEMENT AND GENERAL EXPENSES	1,741.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,741.
EDITING SERVICES:	
PROGRAM SERVICE EXPENSES	1,450.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,450.
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,921.
FUNDRAISING EXPENSES	2,368.
TOTAL EXPENSES	8,289.
NEWS RELEASE:	
PROGRAM SERVICE EXPENSES	1,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,500.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	23,606.