# $_{\text{Form}}$ 990

Department of the

## **Return of Organization Exempt From Income Tax**

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

2020

OMB No. 1545-

Open to Public Inspection

| Treasu                         | -              | enue Servic     |   |  |                |                                       | Ins               | pection      |
|--------------------------------|----------------|-----------------|---|--|----------------|---------------------------------------|-------------------|--------------|
|                                |                |                 | alendar year, or tax year beginnir                          | ng 01-01-2020 , and ending 12-31-                        | 2020           |                                       |                   |              |
|                                |                | applicable:     | C Name of organization<br>Swaliga Foundation                |  |                | D Employer                            | identification    | number       |
|                                |                | change<br>hange | Swanga i bandadibii   |  |                | 46-2568                               | 999               |              |
| l .                            | tial re        | -               | Doing business as   |  |                |                                       |                   |              |
| Fin                            |                | inated          |   |  |                | E Telephone r                         | umbor             |              |
| An                             | nende          | d return        |   | nail is not delivered to street address) Room            | n/suite        | L Telephone i                         | umbei             |              |
| ☐ Ap                           | plicati        | ion pending     |   |  |                |                                       |                   |              |
|                                |                |                 | City or town, state or province, could Washington, DC 20001 | ntry, and ZIP or foreign postal code                     |                | C Cross ressi                         | sta # 220 000     |              |
|                                |                |                 | <b>F</b> Name and address of princip                        | and officer.   | 11/->          | <b>G</b> Gross receip                 |                   |              |
|                                |                |                 | Lemond Brown  | odi officer.   | H(a)           | Is this a group retu<br>subordinates? |                   | Yes No       |
|                                |                |                 |   |  | H(b)           | Are all subordinate                   |                   | 'es No       |
| т Та                           | x-exe          | mpt status      |   | insert no.) 4947(a)(1) or 527                            |                | included?  If "No," attach a lis      |                   |              |
|                                |                |                 |   | nsert no.)   4947(a)(1) or   527                         | H(c)           | Group exemption n                     | •                 | actions)     |
| J W                            | ebsit          | te:▶ ww         | vw.swaligafoundation.org                                    |  |                | отобр охотретот п                     |                   |              |
| <b>K</b> For                   | n of o         | rganization     | n: V Corporation Trust Associat                             | cion Other ►   | <b>L</b> Year  | of formation: 2017 M                  | State of legal of | domicile:    |
|                                |                |                 |   |  |                | D                                     | C                 |              |
| Pa                             | art I          | Sun             | nmary   |  |                |                                       |                   |              |
|                                |                |                 | escribe the organization's missio                           | -  |                |                                       |                   |              |
| æ                              |                |                 | roundation was founded with the<br>ful careers.             | mission of cultivating learning globa                    | ally to insp   | aire young people to                  | connect their     | r passion to |
| e e                            |                |                 |   |  |                |                                       |                   |              |
| Ë                              |                |                 |   |  |                |                                       |                   |              |
| O.                             | ,              | Check t         | his box   | discontinued its operations or dispos                    | ed of more     | e than 25% of its ne                  | t assets.         |              |
| ×                              | _              |                 |   | ing body (Part VI, line 1a)                              |                |                                       | 3                 | 7            |
| es.                            | 4              | Number          | of independent voting members                               | of the governing body (Part VI, line 1                   | .b)            |                                       | 4                 | 5            |
| Activities & Governance        | 5              | Total nu        | ımber of individuals employed in                            | calendar year 2020 (Part V, line 2a)                     |                | 5                                     | (                 |              |
| Act                            | 6              | Total nu        | ımber of volunteers (estimate if ı                          |  | 6              | 2 (                                   |                   |              |
|                                | 7a             | Total un        | related business revenue from P                             | art VIII, column (C), line 12                            |                |                                       | 7a                | C            |
|                                | b              | Net unr         | elated business taxable income f                            | rom Form 990-T, line 39                                  |                |                                       | 7b                | C            |
|                                |                |                 |   |  |                | Prior Year                            | Currer            | nt Year      |
| 9                              | 8              | Contribu        | utions and grants (Part VIII, line 1                        | .h)  |                |                                       |                   | 233,51       |
| Revenue                        | 9              | Program         | n service revenue (Part VIII, line 2                        | 2g)  |                |                                       |                   | 5,01         |
| Be                             |                |                 | nent income (Part VIII, column (A)                          | •  |                |                                       |                   | 3 :          |
|                                |                |                 | evenue (Part VIII, column (A), line                         |  |                |                                       |                   | 53           |
|                                |                |                 |   | must equal Part VIII, column (A), line                   | 12)            |                                       |                   | 239,09       |
|                                | 13             |                 | and similar amounts paid (Part IX                           |  |                |                                       |                   | 4,28         |
| **                             | 14             |                 |   | column (A), line 4) benefits (Part IX, column (A), lines | E 10)          |                                       |                   |              |
| Expenses                       |                |                 |   | olumn (A), line 11e)                                     |                |                                       |                   |              |
| De C                           |                |                 | draising expenses (Part IX, column (D),                     |  |                |                                       |                   |              |
| 页                              |                |                 |   | nes 11a-11d, 11f-24e)                                    |                |                                       |                   | 106,00       |
|                                | 18             |                 |   | equal Part IX, column (A), line 25)                      |                |                                       |                   | 110,28       |
|                                | 19             |                 |   | 3 from line 12   |                |                                       |                   | 128,81       |
| or<br>Ses                      |                |                 |   |  | В              | eginning of Current                   | End o             | of Year      |
| ets                            |                |                 |   |  |                | Year                                  |                   |              |
| Ass<br>I Ba                    |                |                 | ssets (Part X, line 16)                                     |  |                | 2,392                                 | 2                 | 131,20       |
| Net Assets or<br>Fund Balances |                |                 | abilities (Part X, line 26)                                 |  | •              | 2.22                                  |                   | (            |
|                                |                |                 | ets or fund balances. Subtract lin                          | ne 21 from line 20                                       |                | 2,392                                 |                   | 131,20       |
|                                | rt II<br>r per |                 | nature Block perjury, I declare that I have ex              | amined this return, including accom                      | panving sc     | thedules and statem                   | ents, and to      | the best of  |
| my k                           | nowle          | edge and        | belief, it is true, correct, and cor                        | nplete. Declaration of preparer (othe                    |                |                                       |                   |              |
| prepa                          | rer h          | nas any k       | nowledge.   |  |                | 2021-11-15                            |                   |              |
| C:                             |                | Signa           | ture of officer   |  |                | Date                                  |                   |              |
| Sigr                           |                |                 | nd Brown Executive Direc                                    |  |                |                                       |                   |              |
| Her                            | =              |                 |   |  |                |                                       |                   |              |
| Her                            | 5              | Type            | or print name and title                                     |  |                |                                       |                   |              |
| Her                            |                | 7               |   | Preparer's signature                                     | Date           | Check if PTI                          |                   |              |
|                                |                | 7               | or print name and title                                     | Preparer's signature                                     | Date 2021-11-1 |                                       | N<br>254858       |              |
| Paid<br>Pre                    | t t            |                 | or print name and title                                     |  |                | 15 Check I if P01                     | 254858            |              |

Silver Spring, MD 20910

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes 🗌 No

| Form | n 990 (2020)                                  |   |  |   |   | Page <b>2</b>                |
|------|---|---|--|---|---|------------------------------|
| Pa   | rt III Statement                              | of Program Servi  | e Accompli                                 | shments   |   |                              |
|      | Check if Sche                                 | dule O contains a respo                                     | nse or note to a                           | any line in this Part III                                 |   |                              |
| 1    | Briefly describe the                          | organization's mission:                                     |  |   |   |                              |
|      | iga Foundation was fo<br>essful careers.      | unded with the mission                                      | of cultivating le                          | arning globally to ins                                    | pire young people to connect t  | heir passion to              |
|      |   |   |  |   |   |                              |
| 2    | -   | undertake any significa<br>or 990-EZ?                       |  | ,   | which were not listed on  | ☐Yes 🔽 No                    |
|      | If "Yes," describe th                         | ese new services on Sc                                      | hedule O.                                  |   |   |                              |
| 3    | -   | cease conducting, or m                                      | •  | changes in how it con                                     | ducts, any program  | ☐Yes 🔽 No                    |
|      | If "Yes," describe th                         | iese changes on Schedu                                      | le O.                                      |   |   |                              |
| 4    | expenses. Section 5                           |   | organizations aı                           | re required to report                                     | ee largest program services, a<br>the amount of grants and alloc  |                              |
| 4a   | and the community. The                        | his event served 150 people o                               | over 15 sessions. T                        | heres was one session per                                 | ) (Revenue \$ ration. The block part celebration brin r month, one block party and two ad he results of the program with full co    | hoc sessions. There were     |
|      |   |   |  |   | nology Skills- programs and software  |                              |
| 4b   | (Code:  | ) (Expenses \$  | 21,250                                     | including grants of \$                                    | ) (Revenue \$   | )                            |
|      | in Washington, DC. The Foundation has perform | e project is currently building                             | a container classro<br>h to ensure a succe | om space for this program<br>essful project. This consist | materials and cultural arts programm<br>n. This project is intended to serve 1,0<br>ed of evaluating shipping containers,<br>bilty. | 000 per year. Swaliga        |
| 4c   | (Code:  | ) (Expenses \$  | 16,695                                     | including grants of \$                                    | ) (Revenue \$   | 35,562 )                     |
|      |   | ne other programs that were hent, Digital Content and Gener |  | ar 2020 included: Swaliga                                 | International, Tale of Two Cities, Sw   | aliga After School Program,  |
|      | (Code:  | ) (Expenses \$  | 4,724                                      | including grants of \$                                    | ) (Revenue \$   | )                            |
|      |   |   |  |   | ited States to South Africa to engage ic, the interactions were virtual.  | with their peers in cultural |
| 4d   | Other program ser                             | rvices (Describe in Sche                                    | dule O.)                                   |   |   |                              |
|      | (Expenses \$                                  | 4,724 incl  | uding grants of                            | \$  | ) (Revenue \$   | )                            |
| 4e   | Total program serv                            | /ice expenses ▶   | 64,257                                     |   |   |                              |
|      |   |   |  |   |   | Form <b>990</b> (2020)       |

Form 990 (2020) Page 3 **Checklist of Required Schedules** No

Yes

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 

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

Did the organization receive or hold a conservation easement, including easements to preserve open space,

VIII, IX, or X as applicable.

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . .

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . c 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 . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

12a bid fire of anietation of the tax year? If "Yes," complete 

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . . . . . . . . . . . . .

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . .

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

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

Nο

Nο

Νo

Nο

Nο

Nο

Nο

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Form 990 (2020)

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14a

14b

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20b

21

Yes

| m | 990 (2020)  |     |     | Page |  |
|---|---|-----|-----|------|--|
| a | Checklist of Required Schedules (continued)   |     |     |      |  |
|   |   |     | Yes | No   |  |
|   | 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  |     | No   |  |
|   | 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? <i>If "Yes," complete Schedule J</i> | 23  |     | No   |  |
| а | 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                               | 24- |     | No   |  |

23

30

Part V

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

instructions for applicable filing thresholds, conditions, and exceptions):

and complete Schedule K. If "No," go to line 25a . . . **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a 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 . . . .

**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

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% controlled

employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

Hid He Granketa School field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Wases " Complete Schedule R, Part II, III, or IV,

**b** 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 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

24b

24c 24d

25a

25b

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28a

28b

28c

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Form 990 (2020)

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Nο

Nο

Nο

No

If "Yes," complete Form 4720, Schedule O.

Form **990** (2020)

| Pai | statements Regarding Other IRS Filings and Tax Compliance (continued)   |          |     |     |  |  |  |  |
|-----|---|----------|-----|-----|--|--|--|--|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return   |          |     |     |  |  |  |  |
| b   | 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) | 2b       | Yes |     |  |  |  |  |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a       |     | Νo  |  |  |  |  |
|     | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | 3b       |     | 110 |  |  |  |  |
|     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority   | 4a       |     | N o |  |  |  |  |
| b   | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account, better the name of the foreign country:   |          |     |     |  |  |  |  |
| Ea  | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  WBANE organization a party to a prohibited tax shelter transaction at any time during the tax year?          | 5a       |     | Νο  |  |  |  |  |
|     | <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |          |     |     |  |  |  |  |
|     | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | 5b<br>5c |     |     |  |  |  |  |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | 6a       |     | No  |  |  |  |  |
|     | organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts    |          |     |     |  |  |  |  |
|     | were not tax deductible?  | 6b       |     |     |  |  |  |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |          |     |     |  |  |  |  |
| а   | 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?   | 7a       |     | No  |  |  |  |  |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       |     |     |  |  |  |  |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c       |     | Νo  |  |  |  |  |
| d   | If "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?   | 7e       |     | Νo  |  |  |  |  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f       |     | No  |  |  |  |  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g       |     | No  |  |  |  |  |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h       |     | No  |  |  |  |  |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                            | 8        |     |     |  |  |  |  |
| 9   | Sponsoring organizations maintaining donor advised funds.   |          |     |     |  |  |  |  |
| a   | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a       |     |     |  |  |  |  |
|     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b       |     |     |  |  |  |  |
| 10  | Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12   10a   |          |     |     |  |  |  |  |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b   |          |     |     |  |  |  |  |
| 11  | Section 501(c)(12) organizations. Enter:  |          |     |     |  |  |  |  |
| а   | 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?  | 12a      |     |     |  |  |  |  |
|     | 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.  |          |     |     |  |  |  |  |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  | 13a      |     |     |  |  |  |  |
|     | 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  |          |     |     |  |  |  |  |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a      |     | Νo  |  |  |  |  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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?  | 15       |     | No  |  |  |  |  |
| 16  |   | 16       |     | No  |  |  |  |  |

year by the following: a The governing body? . .

Section C. Disclosure

13

14

Nο

Νo

Nο

Nο

Nο

Nο

Νo

Nο

Νo

Form 990 (2020)

6

7a

7b

8b

10a

10b

11a

12a

12b

12c

13

15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

| 990 (2020)  | Pa                                 |
|---|------------------------------------|
| Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below  | , and for a "No" response to lines |
| 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instr<br>Check if Schedule O contains a response or note to any line in this Part VI | ructions.                          |
| tion A. Governing Body and Management   |                                    |

| 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI                            |    |  |   |     |    |  |  |  |  |
|--|----|--|---|-----|----|--|--|--|--|
| Section A. Governing Body and Management   |    |  |   |     |    |  |  |  |  |
|  |    |  |   | Yes | No |  |  |  |  |
| 1a Enter the number of voting members of the governing body at the end of the tax  | 1a |  | 7 |     |    |  |  |  |  |
| Yethere 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 in Schedule O. |    |  |   |     |    |  |  |  |  |

|    |   |     |   | Yes | No |
|----|---|-----|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax  | 1a  | 7 |     |    |
|    | Yeller 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 in Schedule O. |     |   |     |    |
| b  | Enter the number of voting members included in line 1a, above, who are  | 41. | _ |     |    |

|    |  |    |   | res | IN. |
|----|--|----|---|-----|-----|
| 1a | Enter the number of voting members of the governing body at the end of the tax   | 1a | 7 |     |     |
|    | Yellier 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 in Schedule O. |    |   |     |     |
| b  | Enter the number of voting members included in line 1a, above, who are   | 16 | _ |     |     |

|    |   |    |   | Yes | l N |
|----|---|----|---|-----|-----|
| 1a | Enter the number of voting members of the governing body at the end of the tax  | 1a | 7 |     |     |
|    | $Y^{e}$ filter 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 in Schedule O. |    |   |     |     |
| b  | Enter the number of voting members included in line 1a, above, who are independent  | 1b | 5 |     |     |
| -  |   | _! |   |     | 1   |

|   | or similar committee, explain in Schedule O.  |   |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|
| b | Enter the number of voting members included in line 1a, above, who are independent  | 5 |  |  |  |  |  |  |
| 2 | 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |   |  |  |  |  |  |  |
| 3 | 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . |   |  |  |  |  |  |  |
| 4 | 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was   |   |  |  |  |  |  |  |

Blathe organization become aware during the year of a significant diversion of the organization's assets? . .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

**b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . .

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records:

Own website Another's website Vpon request Other (explain in Schedule O)

▶Lemond Brown 400 Massachusetts Avenue NW Washington, D C 20001 (301) 735-5130

interest policy, and financial statements available to the public during the tax year.

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

**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 . . .

Did the organization have a written whistleblower policy? . . . . .

List the states with which a copy of this Form 990 is required to be filed

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

Did the organization have members or stockholders? . . . . . . . . . . . .

**b** Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? .

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, or 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.

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. |   |              |               |                    |                    |   |           |  |   |  |  |
|--|---|--------------|---------------|--------------------|--------------------|---|-----------|--|---|--|--|
| (A)<br>Name and title  | (B) Average hours per week (list any hours for related organizations below dotted line) | more<br>pers | than<br>on is | one<br>bot<br>ecto | not<br>box<br>h ar | check<br>x, unflic<br>rustee<br>Highest compensated | ess<br>er | (D) Reportable compensation from the organization (W-2/1099- MISC) | (E) Reportable compensation from related organizations (W-2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |  |
|  |   |              | 0             |                    |                    | ted   |           |  |   |  |  |
| (1) Lemond Brown   | 0.00  | х            |               | Х                  |                    |   |           | 9,800  | 0   | 0  |  |
| Executive Director   | 0.00  |              |               | ^                  |                    |   |           | 5,000  | 3   |  |  |
| (2) Katherine Johnson  | 0.00  | Х            |               |                    |                    |   |           | 0  | 0   | 0  |  |
| Director   | 0.00  | ^            |               |                    |                    |   |           | U  | U   | U  |  |
| (3) Tony Small   | 0.00  | V            |               |                    |                    |   |           | 0  | 0   |  |  |
| Director   | 0.00  | Х            |               |                    |                    |   |           | 0  | 0   | 0  |  |
| (4) Heather Snell  | 0.00  | .,           |               |                    |                    |   |           |  |   |  |  |
| Director   | 0.00  | Х            |               |                    |                    |   |           | 0  | 0   | 0  |  |
| (5) Brittani Brown   | 0.00  |              |               |                    |                    |   |           |  |   |  |  |
| Director   | 0.00  | Х            |               |                    |                    |   |           | 0  | 0   | 0  |  |
| (6) Adrian Lu  | 0.00  | V            |               |                    |                    |   |           | 0  | 0   |  |  |
| Director   | 0.00  | Х            |               |                    |                    |   |           | 0  | 0   | 0  |  |
| (7) Christine Jiang  | 0.00  | Х            |               |                    |                    |   |           | 0  | 0   | 0  |  |
| Director   | 0.00  |              |               |                    |                    |   |           | 0  | U   | U  |  |
|  |   |              |               |                    |                    |   |           |  |   |  |  |
|  |   |              |               |                    |                    |   |           |  |   |  |  |
|  |   |              |               |                    |                    |   |           |  |   |  |  |
| -  |   |              |               |                    |                    |   |           |  |   |  |  |
|  |   |              |               |                    |                    |   |           |  |   |  |  |
|  |   |              |               |                    |                    |   |           |  |   |  |  |
|  |   |              |               |                    |                    |   |           |  |   |  |  |
|  |   |              |               |                    |                    |   |           |  |   |  |  |
|  |   |              |               |                    |                    |   |           |  |   |  |  |
|  |   |              |               |                    |                    |   |           |  |   |  |  |
|  |   |              |               |                    |                    |   |           |  |   |  |  |
|  |   |              |               |                    | <u> </u>           |   |           |  |   | Form <b>990</b> (2020)   |  |
|  |   |              |               |                    |                    |   |           |  |   | 223 (2020)   |  |

|   | (A)<br>Name and title  | (B) Average hours per week (list any hours for    | Average hours per week (list any hours for and a director/trustee)  Position (do not check meporta compensation in the compens |                       |           |              |                              |            |                  |            |                     | ensation amor<br>related com<br>rizations f |                               | (F) Estimated amount of other compensation from the |  |
|---|--|---|--|-----------------------|-----------|--------------|------------------------------|------------|------------------|------------|---------------------|---|-------------------------------|---|--|
|   |  | related<br>organizations<br>below dotted<br>line) | Individual trustae<br>or director  | Institutional Trustee | Officer   | Key employee | Highest compensated employee | Former     | 2/1099           | 9-MISC)    | (W-2/1099-<br>MISC) |   | organizal<br>relai<br>organiz | ted   |  |
|   |  |   |  |                       |           |              |                              |            |                  |            |                     |   |                               |   |  |
|   |  |   |  |                       |           |              |                              |            |                  |            |                     |   |                               |   |  |
|   |  |   |  |                       |           |              |                              |            |                  |            |                     |   |                               |   |  |
|   |  |   |  |                       |           |              |                              |            |                  |            |                     |   |                               |   |  |
|   |  |   |  |                       |           |              |                              |            |                  |            |                     |   |                               |   |  |
|   |  |   |  |                       |           |              |                              |            |                  |            |                     |   |                               |   |  |
|   |  |   |  |                       |           |              |                              |            |                  |            |                     |   |                               |   |  |
|   |  |   |  |                       |           |              |                              |            |                  |            |                     |   |                               |   |  |
|   |  |   |  |                       |           |              |                              |            |                  |            |                     |   |                               |   |  |
|   |  |   |  |                       |           |              |                              |            |                  |            |                     |   |                               |   |  |
|   |  |   |  |                       |           |              |                              |            |                  |            |                     |   |                               |   |  |
|   | Sub-Total  |   |  |                       |           |              | <b>*</b>                     |            |                  |            |                     |   |                               |   |  |
|   | Total (add lines 1b and 1c)  | •   |  |                       | <u>:</u>  |              | •                            |            |                  | 9,800      |                     | 0   |                               | (   |  |
| 2 | Total number of individuals (includi \$100,000 of reportable compensat                 | -   |  |                       |           | d at         | oove) ı                      | who        | received         | more tha   | n                   |   |                               |   |  |
|   |  |   |  |                       |           |              |                              |            |                  |            |                     |   | Yes                           | No  |  |
| 3 | Did the organization list any <b>forme</b> on line 1a? <i>If "Yes," complete Sched</i> |   |  |                       | , key     | y en<br>•    | nploye                       | e, o<br>•  | r highest<br>• • | compens    | ated employee       | 3   |                               | No  |  |
| 4 | For any individual listed on line 1a, organization and related organizat individual    |   |  |                       |           |              |                              |            |                  |            |                     | 4   |                               | N.o.  |  |
| 5 | Did any person listed on line 1a rec   | eive or accrue                                    |  | •<br>catio            | •<br>n fr | •<br>om      |                              | •<br>orela |                  | nization o | r individual for    |   |                               | No  |  |
|   | services rendered to the organizat   |   |  |                       |           |              | •                            |            | _                |            |                     | 5   |                               | No  |  |
| 1 | ection B. Independent Contr<br>Complete this table for your five h                     |   | ated in  | depe                  | nder      | nt co        | ontrac                       | tors       | that rece        | eived mor  | e than \$100,000    | 0 of  |                               |   |  |
|   | compensation from the organization   |   |  |                       |           |              |                              |            |                  |            |                     |   | tax year                      |   |  |
|   | Name   | and business addre                                | ess  |                       |           |              |                              |            |                  | Desc       | ription of services |   | Compe                         | nsation   |  |
|   |  |   |  |                       |           |              |                              |            |                  |            |                     |   |                               |   |  |
|   |  |   |  |                       |           |              |                              |            |                  |            |                     |   |                               |   |  |
|   | Total number of independent contrac<br>\$100,000 of compensation from the              |   | out not  | limite                | ed to     | th:          | ose lis                      | ted        | above) w         | ho receiv  | ed more than        |   |                               |   |  |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

|                              | 990 (2020)  Statement of Revenue   |                         |                   |  |   | Page <b>9</b>  |
|------------------------------|--|-------------------------|-------------------|--|---|--|
|                              | Check if Schedule O contains a res   | ponse or note to a      | (A) Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants |  | 207,040                 |                   |  |   |  |
| Cont                         | f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a - 1f:\$  h Total. Add lines 1a-1f  | 26,477                  | 233,517           |  |   |  |
|                              | 2a Program related   | Business Code 541900    | 5,011             | 5,011                                  |   |  |
| Program Service Revenue      |  |                         |                   |  |   |  |
| ice Re                       |  |                         |                   |  |   |  |
| n Serv                       | d  |                         |                   |  |   |  |
| rogran                       | е  |                         |                   |  |   |  |
|                              | <b>f</b> All other program service revenue.  | 5.044                   |                   |  |   |  |
|                              | 3 Investment income (including dividends other 4 simples (approximately approximately  |                         | 3:                | 5                                      |   | 3:   |
|                              | (i) Real   | (ii) Personal           |                   |  |   |  |
|                              | 6a Gross rents b Less: rental  |                         |                   |  |   |  |
|                              | expenses 6b c Rental   |                         |                   |  |   |  |
|                              | income or 6c d (Ness)ental income or (loss)  |                         |                   |  |   |  |
|                              | 7a Gross amount from sales of assets other than inventory (i) Securities   | (ii) Other              | <u>-</u><br>-     |  |   |  |
|                              | b Less: cost or<br>other basis and<br>sales expenses 7b  |                         |                   |  |   |  |
|                              | c Gain or (loss)  d Net gain or (loss)   |                         |                   |  |   |  |
| Other Revenue                | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a  b Less: direct expenses 8b   |                         | -                 |  |   |  |
| ner R                        | c Net income or (loss) from fundraising e  | vents                   |                   |  |   |  |
| PO.                          | 9a Gross income from gaming activities. See Part IV, line 19 9b Less: direct expenses 9b c Net income or (loss) from gaming activ  | ities                   | -                 |  |   |  |
|                              | 10a Gross sales of inventory, less returns and allowances 10a  b Less: cost of goods sold 10b  |                         |                   |  |   |  |
|                              | c Net income or (loss) from sales of inve  | <b>&gt;</b>             |                   |  |   |  |
|                              | Miscellaneous Revenue  11a Other income  | Business Code<br>900099 | 9 53!             | 5                                      |   | 53!  |
|                              | ь  |                         |                   |  |   |  |
|                              | с  |                         |                   |  |   |  |
|                              | d All other revenue e Total. Add lines 11a-11d   |                         |                   |  |   |  |
|                              | 12 Total revenue. See instructions   |                         | 239,098           |  |   | 0 570  |
|                              | The state of the s | •                       | 239,098           | 5,011                                  | L <u>l</u>                              | 0  |

|     | m 990 (2020)  |                       |                              |                                     | Page <b>10</b>           |
|-----|---|-----------------------|------------------------------|-------------------------------------|--------------------------|
| F/a | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus  | st complete all colur | nns. All other organ         | izations must comm                  | olete column (A).        |
|     | Check if Schedule O contains a response or note to  | •                     | -                            | · ·                                 |                          |
|     | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A) Total expenses    | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 1,608                 | 1,608                        |                                     |                          |
| 2   | Grants and other assistance to domestic individuals. See Part IV, line 22   | 2,672                 | 2,672                        |                                     |                          |
| 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  | 1                     | 1                            | ı                                   |                          |
|     | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                              |                                     |                          |
|     | Other employee benefits   |                       |                              |                                     |                          |
| 10  | Payroll taxes   |                       |                              |                                     |                          |
| 11  | Fees for services (non-employees):  |                       |                              |                                     |                          |
| ā   | Management  | 18,275                | 5,387                        | 10,471                              | 2,417                    |
| b   | Legal   | 2,216                 | 794                          | 1,422                               |                          |
| c   | Accounting  |                       |                              |                                     |                          |
| c   | l Lobbying  |                       |                              |                                     |                          |
| •   | Professional fundraising services. See Part IV, line 17   |                       |                              |                                     |                          |
| f   | Investment management fees  |                       |                              |                                     |                          |
| 9   | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 4                     |                              | 4                                   |                          |
| 12  | Advertising and promotion   | 7,986                 | 6,759                        | 1,227                               |                          |
| 13  | Office expenses   | 1,961                 | 1,673                        | 288                                 |                          |
|     | Information technology  | 7,289                 |                              | 7,289                               |                          |
|     | Royalties   |                       |                              |                                     |                          |
|     | Occupancy   | 13,388                | 575                          | 12,813                              |                          |
|     | Travel  | 3,633                 | 2,105                        | 1,528                               |                          |
|     | Payments of travel or entertainment expenses for any federal, state, or local public officials  | 5,555                 | 2,200                        | -,                                  |                          |
| 19  | Conferences, conventions, and meetings  |                       |                              |                                     |                          |
| 20  | Interest  |                       |                              |                                     | _                        |
| 21  | Payments to affiliates  |                       |                              |                                     |                          |
|     | Depreciation, depletion, and amortization   |                       |                              |                                     |                          |
|     | Insurance   | 2,623                 |                              | 2,623                               |                          |
|     | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                   |                       |                              |                                     |                          |
|     | a Professional Services   | 47,592                | 41,917                       | 5,675                               |                          |
|     | <b>b</b> Business Expenses  | 40                    |                              | 40                                  |                          |
|     | c Organizational expenses   | 465                   | 310                          | 155                                 |                          |
|     | <b>d</b> Bank Charges and Fees  | 533                   | 457                          | 76                                  |                          |
|     | e All other expenses  |                       |                              |                                     |                          |
| 25  | <b>Total functional expenses.</b> Add lines 1 through 24e   | 110,285               | 64,257                       | 43,611                              | 2,417                    |
| 26  | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). |                       |                              |                                     |                          |

| Form             | າ 990    | (2020)  |   |                          |     | Page <b>11</b>     |
|------------------|----------|---|---|--------------------------|-----|--------------------|
| Pa               | art X    | Balance Sheet   |   |                          |     |                    |
|                  |          | Check if Schedule O contains a response or  | note to any line in this Part IX $$ .       |                          |     | 🗆                  |
|                  |          |   |   | (A)<br>Beginning of year |     | (B)<br>End of year |
|                  | 1        | Cash-non-interest-bearing   |   | 2,392                    | 1   | 130,553            |
|                  | 2        | Savings and temporary cash investments  |   |                          | 2   |                    |
|                  | 3        | Pledges and grants receivable, net  |   |                          | 3   | _                  |
|                  | 4        | Accounts receivable, net  |   |                          | 4   | _                  |
|                  | 5        | Loans and other payables to any current or for<br>key employee, creator or founder, substantial |   |                          | _   | 004                |
|                  | 6        | controlled entity or family member of any of t<br>Loans and other receivables from other disqu  | hese persons<br>alified persons (as defined |                          | 5   | 691                |
|                  |          | under section $4958(f)(1)$ ), and persons described   | ribed in section 4958(c)(3)(B)              |                          | 6   |                    |
| ts               | 7        | Notes and loans receivable, net   | <u> </u>                                    |                          | 7   |                    |
| Assets           | 8        | Inventories for sale or use   |   |                          | 8   |                    |
| As               | 9        | Prepaid expenses and deferred charges .   |   |                          | 9   | -39                |
|                  | 10a      | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D             | 10a   |                          |     |                    |
|                  | b        | Less: accumulated depreciation  | 10b   |                          | 10c |                    |
|                  | 11       | Investments—publicly traded securities .  |   |                          | 11  |                    |
|                  | 12       | Investments—other securities. See Part IV, li   | ne 11                                       |                          | 12  |                    |
|                  | 13       | Investments—program-related. See Part IV, I   | ine 11                                      |                          | 13  |                    |
|                  | 14       | Intangible assets   |   |                          | 14  |                    |
|                  | 15       | Other assets. See Part IV, line 11  |   |                          | 15  |                    |
|                  | 16       | Total assets: Add lines 1 through 15 (must e  | qual line 33)                               | 2,392                    | 16  | 131,205            |
|                  | 17       | Accounts payable and accrued expenses .   |   |                          | 17  |                    |
|                  | 18       | Grants payable  |   |                          | 18  |                    |
|                  | 19       | Deferred revenue  | Г   |                          | 19  |                    |
|                  | 20       | Tax-exempt bond liabilities   |   |                          | 20  |                    |
| S                | 21       | Escrow or custodial account liability. Complete   | te Part IV of Schedule D                    |                          | 21  |                    |
| itie             | 22       | Loans and other payables to any current or for  | rmer officer, director, trustee,            |                          |     |                    |
| Liabilities      |          | key employee, creator or founder, substantial controlled entity or family member of any of t    |   |                          | 22  |                    |
| Ë                | 23       | Secured mortgages and notes payable to unre   |   | 23                       |     |                    |
|                  | 24       | Unsecured notes and loans payable to unrelate   | •   |                          | 24  |                    |
|                  | 25       | Other liabilities (including federal income tax   | · —   |                          | 25  | _                  |
|                  | 25       | parties, and other liabilities not included on li<br>Complete Part X of Schedule D              |   |                          | 1   |                    |
|                  | 26       | <b>Total liabilities.</b> Add lines 17 through 25 .   |   | 0                        | 26  | 0                  |
| ces              |          | Organizations that follow FASB ASC 958, che lines 27, 28, 32, and 33.                           | ck here 🕨 🗌 and complete                    |                          |     |                    |
| or Fund Balances | 27       | Net assets without donor restrictions   |   |                          | 27  |                    |
| d B              | 28       | Net assets with donor restrictions  |   |                          | 28  |                    |
| ŭ                |          | Organizations that do not follow FASB ASC 9   | 58 check here by and                        |                          |     |                    |
| or F             | 20       | complete lines 29 through 33.   |   |                          | 20  |                    |
| ts               | 29       | Capital stock or trust principal, or current fun  |   |                          | 29  |                    |
| Assets           | 30       | Paid-in or capital surplus, or land, building or  | · ·   | 2 202                    | 30  | 121 205            |
|                  | 31       | Retained earnings, endowment, accumulated i   | income, or other runds                      | 2,392                    | 31  | 131,205            |
| a                | 22       | Total not accord on fund beleen   |   |                          |     |                    |
| Net              | 32<br>33 | Total net assets or fund balances  Total liabilities and het assets/fund balances               | _   | 2,392<br>2,392           | 32  | 131,205<br>131,205 |

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

| Form 990 (2020)               |                               |                |
|-------------------------------|-------------------------------|----------------|
| Additional Data               |                               | Return to Form |
|                               | Software ID:                  |                |
|                               | Software 1D:                  |                |
|                               | Software Version:             |                |
| Form 990, Special Condition D | Description:                  |                |
|                               | Special Condition Description |                |

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

Swaliga Foundation

Form 990 or 990-EZ.

Name of the organization

**SCHEDULE A** 

#### **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 <a href="www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

46-2568999

Inspection **Employer identification number** 

OMB No. 1545-0047

|       | rt I         |   |                             |  |                                       |                                       | •   | ns.   |
|-------|--------------|---|-----------------------------|--|---------------------------------------|---------------------------------------|---|---|
| The c | organi:<br>— | zation is not a private fo  | undation beca               | use it is: (For lines 1                              | through 12, che                       | eck only one bo                       | ox.)  |   |
| 1     |              | A church, convention of   | of churches, or             | association of churc                                 | hes described in                      | section 170(b                         | o)(1)(A)(i).                                      |   |
| 2     |              | A school described in   | section 170(b)              | <b>(1)(A)(ii).</b> (Attach S                         | chedule E (Forr                       | n 990 or 990-E                        | Z).)  |   |
| 3     |              | A hospital or a coopera   | ative hospital s            | service organization o                               | described in <b>sec</b>               | tion 170(b)(1)                        | (A)(iii).   |   |
| 4     |              | A medical research org<br>hospital's name, city, a  | •                           | rated in conjunction w                               | vith a hospital d                     | escribed in <b>sec</b>                | tion 170(b)(1)(A)(iii                             | ). Enter the                                    |
| 5     |              | An organization operat 170(b)(1)(A)(iv). (Co  |                             | -  | versity owned o                       | or operated by a                      | a governmental unit d                             | escribed in <b>section</b>                      |
| 6     |              | A federal, state, or loc  | al government               | or governmental unit                                 | described in <b>se</b>                | ection 170(b)(1                       | .)(A)(v).   |   |
| 7     | V            | An organization that no described in <b>section 1</b>   | •                           | ·  |                                       | om a governmei                        | ntal unit or from the g                           | general public                                  |
| 8     |              | A community trust des   | cribed in <b>secti</b>      | on 170(b)(1)(A)(vi).                                 | (Complete Par                         | t II.)                                |   |   |
| 9     |              | An agricultural researd university or a non-lan   |                             |  |                                       |                                       |   |   |
| 10    |              | An organization that no<br>receipts from activities<br>from gross investment<br>organization after June | related to its income and u | exempt functions—sunrelated business tax             | ubject to certair<br>cable income (le | n exceptions, ar<br>ess section 511   | nd (2) no more than 3                             | 331/3% of its support                           |
| 11    |              | An organization organi  | zed and opera               | ted exclusively to test                              | for public safe                       | ty. See <b>section</b>                | 509(a)(4).  |   |
| 12    |              | An organization organizone or more publicly sthe box in lines 12a th                                    | upported organ              | nizations described in                               | section 509(a)                        | (1) or section 5                      | 609(a)(2). See section                            | <b>1 509(a)(3).</b> Check                       |
| а     |              | <b>Type I.</b> A supporting of supported organization organization. <b>You mus</b>                      | (s) the power               | to regularly appoint o                               | r elect a majori                      |                                       |   |   |
| b     |              | Type II. A supporting of management of the sumust complete Part IV                                      | pporting organ              | ization vested in the                                |                                       |                                       |   | , -   |
| С     |              | Type III functionally i supported organization  | -                           |  | •                                     |                                       | , -   | grated with, its                                |
| d     |              | <b>Type III non-functiona</b> not functionally integra (see instructions). <b>You</b>                   | ated. The orga              | nization generally mu                                | st satisfy a dist                     | ribution require                      |   | ` '   |
| е     |              | Check this box if the o integrated, or Type III   | -                           |  |                                       |                                       | s a Type I, Type II, Ty                           | ype III functionally                            |
| f     | Ente         | r the number of supporte  | ed organization             | ns   |                                       |                                       | · · · · · · · <u> </u>                            |   |
| g     |              | Provide the following in  |                             |  | ` '                                   |                                       | 1   | T   |
|       | (i) N        | lame of supported organization  | (ii) EIN                    | (iii) Type of<br>organization<br>(described on lines | listed in you                         | organization<br>ur governing<br>nent? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|       |              |   |                             | 1- 10 above (see instructions))                      | Yes                                   | No                                    |   |   |
|       |              | 1   |                             |  |                                       |                                       |   |   |
| Tota  | ı            |   |                             |  |                                       |                                       |   |   |
| For P | anerv        | vork Reduction Act Notic  | ce, see the Ins             | tructions for  | Cat No 11285                          | i F                                   | Schedule A (Form                                  | 990 or 990-F7) 2020                             |

| Schedule A | (Form 990 or 990-EZ) 2020                                  |
|------------|--|
| Part II    | Support Schedule for Orga<br>(Complete only if you checked |

Section A. Public Support

(or fiscal year beginning in)

Calendar year

10

11

12

organization . . . . . .

Page 2 nizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) (a) 2016 (f) Total **(b)** 2017 (c) 2018 (d) 2019 (e) 2020

|   | alendar year<br>or fiscal year beginning in)  | (a) 2016 | <b>(b)</b> 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|---|----------|-----------------|----------|----------|----------|-----------|
|   | Section B. Total Support  |          | _               | _        | •        |          | ,         |
| 6 | <b>Public support.</b> Subtract line 5 from line 4.   |          |                 |          |          |          | 60,94     |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |                 |          |          |          | 172,57    |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge <b>Total.</b> Add lines 1 through 3   |          |                 |          |          | 233,517  | 233,51    |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |                 |          |          |          |           |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")   |          |                 |          |          | 233,517  | 233,51    |

|   | endar year<br>fiscal year beginning in)   | (a) 2016 | <b>(b)</b> 2017 | (c) 2018 | (d) 2019 | <b>(e)</b> 2020 | (   | (f |
|---|---|----------|-----------------|----------|----------|-----------------|-----|----|
| 7 | Amounts from line 4   |          |                 |          |          | 233,5           | 517 |    |
| 8 | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources |          |                 |          |          |                 |     |    |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on                                      |          |                 |          |          |                 |     |    |
|   |   |          |                 |          |          |                 |     |    |

| Other income. Do not include gain      |                     |          | i |
|--|---------------------|----------|---|
| or loss from the sale of capital       |                     |          | Ì |
| assets (Explain in Part VI.)           |                     |          | _ |
| Total support. Add lines 7 through     |                     |          |   |
| 10                                     |                     |          |   |
| Gross receipts from related activities | s, etc. (see instru | uctions) |   |
|  |                     |          |   |

12

233,517 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,

## Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

Schedule A (Form 990 or 990-EZ) 2020

233,517

Section C. Computation of Public Support Percentage

14

15

17a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . . . . . . . .

33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

33 1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 

|     | dule A (Form 990 or 990-EZ) 2020   |                           |                   |                   |                    |               | Page           |
|-----|--|---------------------------|-------------------|-------------------|--------------------|---------------|----------------|
| P   | Support Schedule f   |                           |                   |                   |                    |               |                |
|     | (Complete only if you  |                           |                   |                   |                    |               | fy under Part  |
| _   | II. If the organization  | fails to qualify          | y under the te    | sts listed below  | ı, please compl    | ete Part II.) |                |
|     | ection A. Public Support   |                           | T                 | T                 | _                  | 1             | 1              |
|     | endar year   | (a) 2016                  | <b>(b)</b> 2017   | (c) 2018          | (d) 2019           | (e) 2020      | (f) Total      |
| •   | fiscal year beginning in)  | . ,                       | . ,               | 1, ,              | . ,                | ,             | ,              |
| 1   | Gifts, grants, contributions, and  |                           |                   |                   |                    |               |                |
|     | membership fees received. (Do not  |                           |                   |                   |                    |               |                |
| _   | include any "unusual grants.") .   |                           |                   |                   |                    |               |                |
| 2   | Gross receipts from admissions,  |                           |                   |                   |                    |               |                |
|     | merchandise sold or services   |                           |                   |                   |                    |               |                |
|     | performed, or facilities furnished in  |                           |                   |                   |                    |               |                |
|     | any activity that is related to the  |                           |                   |                   |                    |               |                |
| _   | organization's tax-exempt purpose  |                           |                   |                   |                    |               |                |
| 3   | Gross receipts from activities that  |                           |                   |                   |                    |               |                |
|     | are not an unrelated trade or  |                           |                   |                   |                    |               |                |
|     | business under section 513   |                           |                   |                   |                    |               |                |
|     | T  |                           |                   | -                 |                    |               |                |
| 4   | Tax revenues levied for the  |                           |                   |                   |                    |               |                |
|     | organization's benefit and either  |                           |                   |                   |                    |               |                |
|     | paid to or expended on its behalf  |                           |                   |                   |                    |               |                |
| _   | The section of the se |                           |                   |                   |                    |               |                |
| 5   | The value of services or facilities  |                           |                   |                   |                    |               |                |
|     | furnished by a governmental unit to  |                           |                   |                   |                    |               |                |
| _   | the organization without charge  |                           |                   |                   |                    |               |                |
|     | <b>Total.</b> 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 other than   |                           |                   |                   |                    |               |                |
|     | disqualified persons that exceed   |                           |                   |                   |                    |               |                |
|     | the greater of \$5,000 or 1% of the  |                           |                   |                   |                    |               |                |
|     | amount on line 13 for the year.  |                           |                   | +                 |                    |               |                |
|     | Add lines 7a and 7b.   |                           |                   |                   |                    |               |                |
| 8   | <b>Public support.</b> (Subtract line 7c   |                           |                   |                   |                    |               |                |
| -   | from line 6.)  |                           |                   |                   |                    |               |                |
|     | ection B. Total Support  | Т                         | 1                 |                   | Т                  | 1             | 1              |
|     | endar year   | (a) 2016                  | <b>(b)</b> 2017   | (c) 2018          | (d) 2019           | (e) 2020      | (f) Total      |
| •   | fiscal year beginning in) 🕨  | . ,                       | . ,               | , ,               | , ,                | ,             | ,              |
| 9   | Amounts from line 6  |                           |                   |                   |                    |               |                |
| .0a | 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.  |                           |                   |                   | +                  |               | 1              |
| С   | Add lines 10a and 10b.   |                           | ļ                 | 1                 |                    |               |                |
| 11  | Net income from unrelated  |                           |                   |                   |                    |               |                |
|     | business activities not included in  |                           |                   |                   |                    |               |                |
|     | line 10b, whether or not the   |                           |                   |                   |                    |               |                |
|     | business is regularly carried on.  |                           |                   |                   |                    |               |                |
| 12  |  |                           |                   |                   |                    |               |                |
|     | or loss from the sale of capital   |                           |                   |                   |                    |               |                |
|     | assets (Explain in Part VI.)   |                           | 1                 | 1                 |                    | 1             | 1              |
| 13  | <b>Total support.</b> (Add lines 9, 10c,   |                           |                   |                   |                    |               |                |
|     | 11, and 12.)   |                           | 1                 | 1                 |                    |               | <u> </u>       |
| 14  | First 5 years. If the Form 990 is for t  |                           |                   |                   |                    |               |                |
|     | check this box and <b>stop here</b>  | <u> </u>                  | <u></u> .         | <u></u> .         | <u></u> .          | <u> </u>      | ▶              |
| Se  | ection C. Computation of Publ  | ic Support P              | ercentage         | <u> </u>          |                    |               | <u> </u>       |
| 15  | Public support percentage for 2020 (   |                           |                   | 2 13, column (f)) |                    | . 15          |                |
|     | Public support percentage from 201   | •                         | •                 |                   |                    |               |                |
| 16  |  |                           |                   |                   |                    | 16            |                |
| Se  | ection D. Computation of Inve  |                           |                   |                   |                    |               |                |
| 17  | Investment income percentage for 2   | <b>2020</b> (line 10c, co | olumn (f) divided | by line 13, colur | nn (f))            | . 17          |                |
| 18  | Investment income percentage from  | 2019 Schedule             | A, Part III, line | 17                |                    | 18            |                |
|     | <b>331/3% support tests—2020.</b> If the o   | rganization did r         | not check the bo  | x on line 14, and | line 15 is more tl |               | line 17 is not |
|     | more than 33 1/3%, check this box ar   |                           |                   |                   |                    |               |                |

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 . . . . 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶

Page 4

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you mplete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

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

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

**Substitutions only.** Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

**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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

|      | (Complete only if you checked a |
|------|---------------------------------|
| cked | hox 12h of Part I com           |

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

|                 | (Complete only if you checked a |
|-----------------|---------------------------------|
| hecked          | box 12b, of Part I, con         |
| to a set of the | 121 (5.1.1.                     |

| ⁄es | No |
|-----|----|
|     |    |

1 2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990 or 990-EZ) 2020

3b and 3c below.

made the determination.

Supporting Organizations (continued)

Part IV

Yes

Page 5

No

| 11         | Has the organization accepted a gift or contribution from any of the following persons?  |         |      |    |
|------------|--|---------|------|----|
| а          | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c   |         |      |    |
|            | below, the governing body of a supported organization?   | 11a     |      |    |
| b          | A family member of a person described in 11a above?  | 11b     |      |    |
| c          |  | 11c     |      |    |
| S          | ection B. Type I Supporting Organizations  |         | ı    |    |
|            | 7. 11 3 3  |         | Yes  | No |
| 1          | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1       |      |    |
| 2          | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.  | 2       |      |    |
|            | ection C. Type II Supporting Organizations   |         |      |    |
|            | cetton of Type 12 Supporting Organizations   |         | Yes  | No |
| 1          | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or  |         |      |    |
| _          | trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or   |         |      |    |
|            | management of the supporting organization was vested in the same persons that controlled or managed the supported  | 1       |      |    |
| _ <u>S</u> | ection <sup>z</sup> b <sup>:o</sup> Afi <sup>)</sup> Type III Supporting Organizations   |         | 1    |    |
|            |  |         | Yes  | No |
| 1          | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1       |      |    |
| 2          | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | 2       |      |    |
| 3          | By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations  | 3       |      |    |
| S          | ection E. Type III Functionally-Integrated Supporting Organizations  |         |      |    |
| 1          | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst  | tructio | ns): |    |
|            | The organization satisfied the Activities Test. Complete <b>line 2</b> below.  |         |      |    |
|            | <b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |         |      |    |
|            | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity instructions)   | (see    |      |    |
| 2          | Activities Test. Answer lines 2a and 2b below.   |         | Yes  | No |
|            | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the   |         |      |    |
|            | supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities   |         |      |    |
|            | constituted substantially all of its activities.   | 2a      |      |    |
|            | <b>b</b> Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.   | 2b      |      |    |
| 3          | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>  |         |      |    |

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Section A - Adjusted Net Income

Schedule A (Form 990 or 990-EZ) 2020

(A) Prior Year

Page **6** 

(B) Current Year

(optional)

| 1      | Net short-term capital gain  | 1              |                |                                |
|--------|--|----------------|----------------|--------------------------------|
| 2      | Recoveries of prior-year distributions   | 2              |                |                                |
| 3      | Other gross income (see instructions)  | 3              |                |                                |
| 4      | Add lines 1 through 3  | 4              |                |                                |
| 5      | Depreciation and depletion   | 5              |                |                                |
| 6      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)   | 6              |                |                                |
| 7      | Other expenses (see instructions)  | 7              |                |                                |
| 8      | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8              |                |                                |
|        | Section B - Minimum Asset Amount   |                | (A) Prior Year | (B) Current Year<br>(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):  | 1              |                |                                |
|        | •  | 1<br>1a        |                |                                |
| a      | short tax year or assets held for part of year):   |                |                |                                |
| a      | short tax year or assets held for part of year):  Average monthly value of securities  | 1a             |                |                                |
| a<br>b | short tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances   | 1a<br>1b       |                |                                |
| a<br>b | short tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets   | 1a<br>1b<br>1c |                |                                |
| a<br>b | short tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors | 1a<br>1b<br>1c |                |                                |

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <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): |    |  |

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see

instructions).

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035

7 Recoveries of prior-year distributions

1

3

4

7

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

temporary reduction (see instructions)

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A)

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency

Enter 85% of line 1

Minimum asset amount for prior year (from Section B, line 8, Column A)

1 2 3 4

4

5 6

7

8

5

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

Schedule A (Form 990 or 990-EZ) 2020

**Current Year** 

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D<sup>O</sup>r อาการสา

b Excess from 2017. . . . .
 c Excess from 2018. . . . .
 d Excess from 2019. . . . .
 e Excess from 2020. . . . .

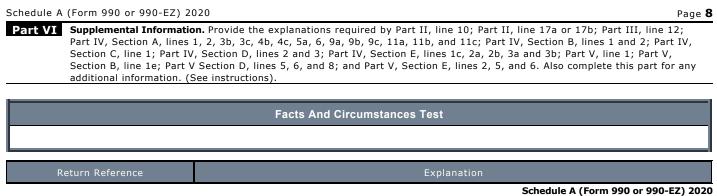
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

(continued)

1

Page 7

| 2 Amounts paid to perform activity that directly further organizations, in excess of income from activity      | 2                                     |                    |      |     |                                  |
|--|---------------------------------------|--------------------|------|-----|----------------------------------|
| 3 Administrative expenses paid to accomplish exempt  | purposes of supported organ           | izations           | 3    |     |                                  |
| 4 Amounts paid to acquire exempt-use assets  |                                       |                    | 4    |     |                                  |
| <b>5</b> Qualified set-aside amounts (prior IRS approval requir  | ed - provide details in <b>Part V</b> | <b>T</b> )         | 5    |     |                                  |
|  | •                                     | -,                 |      |     |                                  |
| 6 Other distributions (describe in <b>Part VI</b> ). See instruc   | tions                                 |                    | 6    |     | -                                |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  |                                       |                    | 7    |     |                                  |
| 8 Distributions to attentive supported organizations to (provide details in <b>Part VI</b> ). See instructions | which the organization is res         | ponsive            | 8    |     |                                  |
| 9 Distributable amount for 2020 from Section C, line 6   |                                       |                    | 9    |     |                                  |
| 10 Line 8 amount divided by Line 9 amount  |                                       |                    | 10   |     |                                  |
| Section E - Distribution Allocations   | (1)                                   | (i                 |      |     | (iii)                            |
| (see instructions)   | (i)<br>Excess Distributions           | Underdist<br>Pre-2 |      | ons | Distributable<br>Amount for 2020 |
| Distributable amount for 2020 from Section C, line 6   |                                       | Pie-               | 2020 |     | Alliquit for 2020                |
|  |                                       |                    |      |     |                                  |
| 2 Underdistributions, if any, for years prior to 2020<br>(reasonable cause required explain in <b>Part VI</b>  |                                       |                    |      |     |                                  |
| ).   |                                       |                    |      |     |                                  |
| See instructions.  |                                       |                    |      |     |                                  |
| <b>3</b> Excess distributions carryover, if any, to 2020:  |                                       |                    |      |     |                                  |
| <b>a</b> From 2015   |                                       |                    |      |     |                                  |
| <b>b</b> From 2016   |                                       |                    |      |     |                                  |
| <b>c</b> From 2017   |                                       |                    |      |     |                                  |
| <b>d</b> From 2018   |                                       |                    |      |     |                                  |
| <b>e</b> From 2019   |                                       |                    |      |     |                                  |
| f Total of lines 3a through e  |                                       |                    |      |     |                                  |
| <b>g</b> Applied to underdistributions of prior years  |                                       |                    |      |     |                                  |
| <b>h</b> Applied to 2020 distributable amount  |                                       |                    |      |     |                                  |
| <ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>   |                                       |                    |      |     |                                  |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.   |                                       |                    |      |     |                                  |
| <b>4</b> Distributions for 2020 from Section D, line 7:  |                                       |                    |      |     |                                  |
| <u> </u>   |                                       |                    |      |     |                                  |
| <b>a</b> Applied to underdistributions of prior years  |                                       |                    |      |     |                                  |
| <b>b</b> Applied to 2020 distributable amount  |                                       |                    |      |     |                                  |
| c Remainder. Subtract lines 4a and 4b from line 4.   |                                       |                    |      |     |                                  |
| <b>5</b> Remaining underdistributions for years prior to   |                                       |                    |      |     |                                  |
| 2020, if any. Subtract lines 3g and 4a from line 2.  |                                       |                    |      |     |                                  |
| If the amount is greater than zero, explain in <b>Part VI</b>  |                                       |                    |      |     |                                  |
| See instructions.  |                                       |                    |      |     |                                  |
| <b>6</b> Remaining underdistributions for 2020. Subtract   |                                       |                    |      |     |                                  |
| lines 3h and 4b from line 1. If the amount is greater  |                                       |                    |      |     |                                  |
| than zero, explain in <b>Part VI</b> . See instructions.   |                                       |                    |      |     |                                  |
| <b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.  |                                       |                    |      |     |                                  |
| 8 Breakdown of line 7:   |                                       |                    |      |     |                                  |
| <b>a</b> Excess from 2016  |                                       |                    |      |     |                                  |
|  |                                       |                    |      |     |                                  |



#### Schedule B **Schedule of Contributors** (Form 990, 990-EZ, or 990-PF) Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information. Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Swaliga Foundation

**Employer identification number** 

OMB No. 1545-0047

2020

46-2568999

| Filers of:  | Section:  |
|---|---|
| Form 990 or 990-EZ  | 501(c)( ) (enter number) organization   |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |
|   | 527 political organization  |
| Form 990-PF   | 501(c)(3) exempt private foundation   |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |
|   | 501(c)(3) taxable private foundation  |
|   | ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.   |
| Special Rules   |   |
| under sections 509(a)(<br>received from any one                               | scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the $33^{1}/3\%$ support test of the regulations 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990-EZ, line 1. Complete Parts I and II.  |
| during the year, total co   | scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, ontributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or uelty to children or animals. Complete Parts I, II, and III.  |
| during the year, contrib<br>this box is checked, en<br>purpose. Don't complet | scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, utions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If there the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., the any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> c., contributions totaling \$5,000 or more during the year |

990-EZ, or 990-PF).

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990,

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 2 Name of organization **Employer identification number** 46-2568999 Swaliga Foundation Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (c) (d) (b) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person RESTRICTED Pavroll \$ RESTRICTED Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Pavroll \$

(b)

Name, address, and ZIP + 4

(a)

No.

contributions.)

(c)

**Total contributions** 

\$

Noncash
(Complete Part II for noncash

(d)

Type of contribution

Person

Payroll

Noncash
(Complete Part II for noncash

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II

(a)

No. from

Part I

(a)

No. from

Part I

**Employer identification number** 

Page 3

(c) (d) FMV (or estimate) Description of noncash property given Date received (See instructions) (c) (d) FMV (or estimate) Description of noncash property given Date received (See instructions) (c) (d) (b) FMV (or estimate) Description of noncash property given Date received

(a) No. from Part I (See instructions) (c) (a) (b) (d) FMV (or estimate) No. from Description of noncash property given Date received Part I (See instructions)

(a) (c) (d) (b) FMV (or estimate) No. from Description of noncash property given Date received Part I (See instructions)

(c) (a) (b) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions)

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

| Schedule E                | B (Form 990, 990-EZ, or 990-PF) (2020)  |   |  | Page <b>4</b>  |
|---------------------------|---|---|--|--|
| Name of o<br>Swaliga Fo   | rganization<br>pundation  |   |  | Employer identification number 46-2568999  |
| Part III                  | Exclusively religious, charitable, etc., co total more than \$1,000 for the year from line entry. For organizations completing of \$1,000 or less for the year. (Enter this Use duplicate copies of Part III if additional sp | any one cont<br>g Part III, ente<br>s information | tributor. Complete col<br>r the total of exclusive<br>once. See instructions | bed in section 501(c)(7), (8), or (10) that<br>umns (a) through (e) and the following<br>ly religious, charitable, etc., contributions |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   |   | (c) Use of gift  | (d) Description of how gift is held  |
| -                         | Transferee's name, address, and Z   | •   | e) Transfer of gift<br>Relati  | onship of transferor to transferee   |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   |   | (c) Use of gift  | (d) Description of how gift is held  |
| -                         | Transferee's name, address, and Z   | •   | e) Transfer of gift<br>Relati  | onship of transferor to transferee   |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   |   | (c) Use of gift  | (d) Description of how gift is held  |
| -                         | Transferee's name, address, and Z   | •   | e) Transfer of gift<br>Relati  | onship of transferor to transferee   |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c) Use of gift                                   |  | (d) Description of how gift is held  |
| -                         | Transferee's name, address, and Z   |   | e) Transfer of gift<br>Relati  | onship of transferor to transferee   |
|                           |   |   |  |  |

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

| Schedule L                                    |                 |                            | Trar  | nsacti     | on   | s with In                                     | terested                      | Persons                           |        |               |              | ОМ                      | B No.  | 1545                   | -0047   |
|---|-----------------|----------------------------|---|------------|--|---|-------------------------------|-----------------------------------|--------|---------------|--------------|-------------------------|--------|------------------------|---------|
| (Form 990 or 99                               | 0-EZ)           | ► Comple                   | _   | 28b, or 2  | 8c,  | wered "Yes" (<br>or Form 990-l<br>to Form 990 | Z, Part V, lin                |                                   | 25a, 2 | 25b, 2        | 26, 27,      | 2020                    |        |                        |         |
| Department of the Tre<br>Internal Revenue Ser | ,               | •                          | Go to <u>www.i</u>                          |            |  |   |                               | the latest info                   | mati   | on.           |              | 0                       |        | to Pu<br>pectio        |         |
| Name of the or<br>Swaliga Foundation          |                 | tion                       |   |            |  |   |                               |                                   | Em     | ploye         | er iden      | tificat                 | ion nu | ımber                  |         |
| _   |                 |                            |   |            |  |   |                               |                                   |        |               | 8999         |                         |        |                        |         |
|   |                 |                            |   |            |  |   |                               | ), and section<br>a or 25b, or Fo |        |               |              |                         |        |                        |         |
|   |                 |                            | ified person                                |            | (b) Relationship between disqualified and organization |   |                               | qualified perso                   |        |               |              | iption                  |        | (d)<br>Corrected?      |         |
|   |                 |                            |   |            |  |   |                               |                                   |        |               |              | Yes                     |        | Yes                    | No      |
|   |                 |                            |   |            |  |   |                               |                                   |        |               |              |                         |        |                        |         |
|   |                 |                            |   |            |  |   |                               |                                   |        |               |              |                         |        |                        |         |
|   |                 |                            |   |            |  |   |                               |                                   |        |               |              |                         |        |                        |         |
| <b>2</b> Enter the                            | amount          | of tax incu                | rred by the o                               | rnanizatio | on n   | nanagers or d                                 | isqualified ne                | ersons during t                   | he ve  | ar iin        | der          |                         |        |                        |         |
| section 49                                    | 958.            |                            | ,   |            |  | -   |                               | _                                 |        | • .¢          | . ▶          |                         |        |                        |         |
| \$  |                 |                            | •   | •          |  | •   |                               |                                   |        | -Ψ            |              |                         |        |                        |         |
| Co  | mplete          | if the organ               | From Intenization answ<br>I an amount o     | ered "Ye   | s" o   | n Form 990-E                                  |                               | ie 38a, or Forn                   | ո 990  | , Part        | t IV, lii    | ne 26;                  | or if  | the                    |         |
| (a) Name of interested person                 |                 | elationship<br>rganization | (c) Purpose<br>of loan                      |            |  | or from the zation?                           | (e) Original principal amount | (f) Balance<br>due                |        | ) In<br>ault? | Appr         | roved agreem<br>pard or |        | i) Written<br>reement? |         |
|   |                 |                            |   | То         |  | From  |                               |                                   | Yes    | No            | Yes          | No                      | Yes    | N                      | lo      |
| (1) Lemond<br>Brown                           | Execu<br>direct |                            | employee<br>advance                         |            |  | Х   | 1,032                         | 691                               |        | No            | Yes          |                         |        | N                      | О       |
|   |                 |                            |   |            |  |   |                               |                                   |        |               |              |                         |        |                        |         |
|   |                 |                            |   |            |  |   |                               |                                   |        |               |              |                         |        |                        |         |
|   |                 |                            |   |            |  |   |                               |                                   |        |               |              |                         |        |                        |         |
| Total . Part IIII Gr                          |                 | A A SOLOTO                 | nce Benef                                   | fitina T   |  | rested De                                     | \$                            | 691                               |        |               |              |                         |        |                        |         |
|   |                 |                            | anization a                                 |            |  |   |                               | IV, line 27.                      |        |               |              |                         |        |                        |         |
| (a) Name of person                            |                 |                            | Relationship<br>rested persor<br>organizati | n and the  |  | <b>c)</b> Amount of                           | assistance                    | <b>(d)</b> Type of                | assis  | tance         | e ( <b>e</b> | Purp                    | ose o  | of assis               | stance  |
|   |                 |                            |   |            |  |   |                               |                                   |        |               |              |                         |        |                        |         |
|   |                 |                            |   |            |  |   |                               |                                   |        |               |              |                         |        |                        |         |
|   |                 |                            |   |            |  |   |                               |                                   |        |               |              |                         |        |                        |         |
|   |                 |                            |   |            | +  |   |                               |                                   |        |               |              |                         |        |                        |         |
| For Paperwork Re                              | eduction        | Act Notice,                | see the Instru                              | uctions fo | r Fo   | rm 990 or 990                                 | - <b>EZ.</b> Cat              | t. No. 50056A                     |        | School        | dule I (     | Eorm                    | 990 0  | r 990-E                | Z) 202( |

Schedule L (Form 990 or 990-EZ) 2020

Yes

|  | l |
|--|---|
|  |   |
|  |   |
|  |   |
|  |   |

(b) Relationship

between interested

person and the

organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| • |  |
|---|--|

**Explanation** 

(c) Amount of

transaction

Page 2

No

organization's

revenues?

(a) Name of interested person

Part V **Supplemental Information** 

Provide additional information for responses to questions on Schedule L (see instructions). Return Reference

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

2020 **Open to Public** 

OMB No. 1545-0047

Inspection

Schedule O (Form 990 or 990-EZ) 2020

Namel Bevangeofarainezation Swaliga Foundation

Department of the Treasury

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

Cat. No. 51056K

46-2568999 Return Explanation Reference The executive director and one of board members are cousins Officer directors etc. family relationship Part VI line 2 Committee At this point in the organization subcommittees do not exist that meet regularly meetina documentation Part VI line 8b Form 990 A copy of the 990 is reviewed and submitted to the board prior to filing

body review Part VI line 11 Conflict of

compliance Part VI line 12c

Governing

documents etc available to public Part VI line 19

Conflicts of interest are reviewed on an annual basis interest policy

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

governing

Governing documents will be made availabl upon request