DLN: 93493066000233

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

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

| | | levenue | | | | | | | | | |
|--------------------------------|----------------|--|--|--|-------------|-----------------------|---------------------------------------|---------------|--------------------------|--|--|
| Aer F | or th | ne 2020 c | alendar year, or tax year begin | ning 01-01-2020 , and end | ing 12-3 | 1-2020 | | | | | |
| _ | | applicable: | C Name of organization Bucket Ministry | | | | D Employer | identifi | ication number | | |
| | | change | % CHRISTOPHER BETH | | | | 81-36845 | 24 | | | |
| O Na | | hange | Doing business as | | | | | | | | |
| _ | | rn/terminated | | | | | | | | | |
| O An | nende | ed return | Number and street (or P.O. box if mai PO BOX 238 | il is not delivered to street address) | Room/su | ite | E Telephone | number | | | |
| Ap Geno | plicat dina | tion | | | | | (740) 701 | L-7839 | | | |
| - | 9 | | City or town, state or province, count FATE, TX 75132 | try, and ZIP or foreign postal code | | | | | | | |
| | | | | | | | G Gross rec | eipts \$ 1 | ,843,503 | | |
| | | | F Name and address of principa | l officer: | | H(a) Is this | a group retu | rn for | | | |
| | | | CHRISTOPHER BETH PO BOX 238 | | | | dinates? | | ☐ Yes ✓ No | | |
| | | | FATE, TX 75132 | | | H(b) Are al | I subordinates | S | ☐ Yes ☐No | | |
| [Tax | x-exe | mpt status: | ✓ 501(c)(3) | sert no.) 4947(a)(1) or | F27 | includ | | t (500 i | | | |
| | - 11 | - 1400 | | sert no.) 4947(a)(1) or | 527 | | ," attach a list exemption n | | | | |
| j w | epsi | te:► vvv | VW.THEBUCKETMINISTRY.ORG | | | Tito, Gloup | exemption ii | uniber I | | | |
| V [| | | : Corporation Trust Associ | inting Other | | L Year of forma | tion: 2016 | M State of | of legal domicile: TX | | |
| K FOII | 11 01 0 | nganization | Corporation C Trust C Associ | ation Other | | | | | | | |
| Pa | rt I | Sum | mary | | | ı | | | | | |
| | 1 | | scribe the organization's mission or | | | | | | | | |
| 9 | | THE MISS | ION OF OUR MINISTRY IS SHARING | THE LOVE OF GOD THROUGH TH | HE GIFT O | F CLEAN SAFE | DRINKING W | ATER | | | |
| Governance | | | | | | | | | | | |
| Ē | | | | | | | | | | | |
| O V | 2 | | is box $ ightharpoonup \square$ if the organization disc | | | ore than 25% | of its net asse | | ı | | |
| 5 | 3 | | of voting members of the governing | | | | | 3 | 8 | | |
| SS. | 4 | Number | of independent voting members of | the governing body (Part VI, Iir | ne 1b) . | | | 4 | 8 | | |
| Activities & | 5 | Total nur | nber of individuals employed in cal | endar year 2020 (Part V, line 2a | a) | | | 5 | 9 | | |
| Ω | 6 | Total nur | mber of volunteers (estimate if nece | f volunteers (estimate if necessary) | | | | | | | |
| Ă | 7a | Total unr | elated business revenue from Part | VIII, column (C), line 12 | | | | 7a | 0 | | |
| | | Net unre | lated business taxable income from | n Form 990-T, line 39 | | | | 7b | | | |
| 0 | b | | | | | Pri | or Year | | Current Year | | |
| | 8 | Contribu | tions and grants (Part VIII, line 1h) | | | | 952,89 | 12 | 1,843,250 | | |
| ž | 9 | Program service revenue (Part VIII, line 2g) | | | | | | | 0 | | |
| Revenue | 10 | Investme | ent income (Part VIII, column (A), li | nes 3, 4, and 7d) | | | | 3 | 253 | | |
| ac. | 11 | Other rev | venue (Part VIII, column (A), lines 5 | 5, 6d, 8c, 9c, 10c, and 11e) | | | | | 0 | | |
| | 12 | Total rev | enue—add lines 8 through 11 (mus | t equal Part VIII, column (A), lin | ne 12) | | 952,89 | 15 | 1,843,503 | | |
| | + | | nd similar amounts paid (Part IX, c | | | | 140,69 | 95 | 195,306 | | |
| | 1 | | paid to or for members (Part IX, co | | | | -, | | 0 | | |
| 60 | 1 | | other compensation, employee be | | | | 155,23 | 32 | 224,034 | | |
| Ses | 1 | | onal fundraising fees (Part IX, colur | | | | 200,20 | + | 0 | | |
| ens | | | raising expenses (Part IX, column (D), li | | • | | | | | | |
| ğ | 1 | | penses (Part IX, column (A), lines 1 | | | | 646,74 | 11 | 339,882 | | |
| | 18 | | penses. Add lines 13-17 (must equa | | • | - | 942,66 | _ | 759,222 | | |
| | | | · | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| . 00 | 19 | Revenue | less expenses. Subtract line 18 fro | illille 12 | | Poginning | of Current Yea | | 1,084,281 End of Year | | |
| Net Assets or Fund Balances | | | | | | Segiiiiiig | or carrent rec | | _114 O/ 1641 | | |
| ala | 20 | Total ass | ets (Part X, line 16) | | | | 235,86 | 59 | 1,360,118 | | |
| A B | 21 | Total liab | oilities (Part X, line 26) | | | | 14,58 | 38 | 54,557 | | |
| 25 | 1 | | ts or fund balances. Subtract line 2 | 1 from line 20 | | | 221,28 | | 1,305,561 | | |
| | rt II | _ | ature Block | | | | | | | | |
| Unde | r per | nalties of p | perjury, I declare that I have examir | | | | | | | | |
| | | e and belie ledge. | ef, it is true, correct, and complete. | Declaration of preparer (other | than offic | er) is based on | all information | on of wh | nich preparer has | | |
| urry it | 110 111 | icage. | | | | | | | | | |
| | | | | | | | 3-03-07 | | | | |
| Sign | | Signat | ture of officer | | | Date | е | | | | |
| Here | 9 | | TOPHER BETH Chief Storyteller Director | | | | | | | | |
| | | Type o | or print name and title | | | | | · · | | | |
| | | | Print/Type preparer's name | Preparer's signature | | 0ate 023-03-07 Che | ck if PT | TN 2159060 |) | | |
| Pai | d | L | | | | | employed | _ 13900U | · | | |
| | | rer | Firm's name | | | Firm | n's EIN ▶ | | | | |
| | | | Firm's address | | | Pho | ne no. (214) 64 | 1-5066 | | | |
| | | , | | | | 110 | , 31 | | | | |
| Max | ho I | S discuss | this return with the preparer show | n ahove? (see instructions) | | | | | es 🗆 No | | |
| r-iay t | | va diacdas | and retain with the preparer show | in above: (See inibiliactionis) | | | | | .5 — 110 | | |

| Form | 990 (2020) | | | | | Page 2 |
|------|---------------------------|-------------------------|-------------------|------------------------------|--|-----------------------------|
| Pa | rt III Statement of | f Program Servic | e Accompli | shments | | |
| | Check if Schedul | le O contains a respo | nse or note to | any line in this Part III | | 🗆 |
| 1 | Briefly describe the orga | anization's mission: | | | | |
| | | | | | ERENT CHURCHES, COUNTRIES AND | WALKS OF LIFE. THE |
| M122 | ION IS SHARING THE LOV | E OF GOD THROUGH | THE GIFT OF C | LEAN WAIER. | | |
| | | | | | | |
| 2 | Did the organization un | dertake any significa | nt program sei | vices during the year w | hich were not listed on | |
| | the prior Form 990 or 99 | | | | | Yes Vo |
| | If "Yes," describe these | | | | | |
| 3 | Did the organization cea | ase conducting, or m | ake significant | changes in how it cond | ucts, any program | |
| | services? | | | | | 🗌 Yes 💟 No |
| | If "Yes," describe these | changes on Schedule | e O. | | | |
| 4 | | 01(c)(4) organization | ns are required | | e largest program services, as meast f grants and allocations to others, th | |
| 4a | (Code: |) (Expenses \$ | 377,410 | including grants of \$ |) (Revenue \$ |) |
| | | and international missi | on groups, church | nes, and other organizations | s to use clean water filtration systems as a | tool for sharing the Gospel |
| | of Jesus Christ. | | | | | |
| 4b | (Code: |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | ,, ,, | | | , | , |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4c | (Code: |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4d | Other program services | | | | | |
| | (Expenses \$ | | uding grants of | |) (Revenue \$ |) |
| 4e | Total program service | e expenses 🕨 | 377, | 410 | | |

| orm | 990 (2020) | | | Page 3 |
|-----|---|-----|-------------------|---------------|
| Par | t IV Checklist of Required Schedules | | | |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes Yes | No |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part II</i> | 4 | | No |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | 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 | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | | No |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Yes | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | No |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | No |
| | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i> | 12a | | No |
| D | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Yes | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | Yes | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | 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 | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | N.a |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |

| Form | 990 (2020) | | | Page 4 |
|------|--|------------|---------|---------------|
| Par | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," complete Schedule J | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? <i>If</i> "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L</i> ,Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28b 28c | | No No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| 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 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Pai | Statements Regarding Other IRS Filings and Tax Compliance Chack if Schodula O contains a response or note to any line in this Bort V | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | No |

| Par | t V 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 | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | No |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: | 4a | | No |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| b | 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 | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| | 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 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 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.) | . | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | 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 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | No |

Part VI

| Se | ction A. Governing Body and Management | | | | | |
|-------------|---|-----------------|----------------------------|--------|-----|----|
| | talen in the core in the graph and in tale general | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 8 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 8 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a busines officer, director, trustee, or key employee? | s relat | ionship with any other | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other p | or un | der the direct supervision | | | No |
| 4 | Did the organization make any significant changes to its governing documents since the | | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organ | | | 5 | | No |
| 6 | Did the organization have members or stockholders? | | | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power t members of the governing body? | o elect | or appoint one or more | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body? | memb | ers, stockholders, or | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions the following: | undert | aken during the year by | | | |
| а | The governing body? | | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who conganization's mailing address? If "Yes," provide the names and addresses in Schedule O | annot k | pe reached at the | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not requ | ired b | y the Internal Revenue | e Code | 2.) | |
| | | | | | Yes | No |
| 10 a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activitie and branches to ensure their operations are consistent with the organization's exempt put | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governm? | verning • | body before filing the | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form | | | | | |
| 12 a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually into conflicts? | | - | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done | policy? | ? If "Yes," describe in | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | | No |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | | No |
| 15 | Did the process for determining compensation of the following persons include a review apersons, comparability data, and contemporaneous substantiation of the deliberation and | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | No |
| b | Other officers or key employees of the organization | | | 15b | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or sin taxable entity during the year? | nilar ar | rangement with a | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization joint venture arrangements under applicable federal tax law, and take steps to safegua | ard the | | | | |
| | status with respect to such arrangements? | | | 16b | | |
| Se | ction C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 99 0 available for public inspection. Indicate how you made these available. Check all that applicable 99 0 available for public inspection. | 90, and oly. | 1 990-T (501(c)(3)s only) | | | |
| | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sc | hedule | O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing doc policy, and financial statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organi THE BUCKET MINISTRY PO BOX 238 FATE, TX 75132 (740) 701-7839 | zation' | s books and records: | | | |

| Form 990 (20 | Page | : 7 |
|--------------|------|-----|
| | | |

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

- 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."

Part VII

- 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 no | | ganizati | ion co | omp | ensa | ated a | ny c | urrent officer, direc | tor, or trustee. | |
|---|---|----------|--------|---|------|--------|--|--|--|---|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | than c | ne bo | (C) Do not check more ox, unless person n officer and a tor/trustee) (D) Reportable Reportable compensation compensation from the organization (W- | | | Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
| (1) CHRISTOPHER BETH PRESMANAGING DIRECTOR | 45.00 | Х | | Х | | | | 86,000 | 0 | 0 |
| (2) LISA JOHNSON TREASURER | 5.000 | Х | | х | | | | 0 | 0 | 0 |
| (3) WALTER DAVIS SECRETARY | 10.00 | Х | | х | | | | 0 | 0 | 0 |
| (4) EARL MARTIN BOARD MEMBER | 5.000 | Х | | | | | | 0 | 0 | 0 |
| (5) JEFF WATTERS BOARD MEMBER | 40.00 | Х | | | | | | 0 | 0 | 0 |
| (6) KRISTI BROWN BOARD MEMBER | 5.000 | Х | | | | | | 0 | 0 | 0 |
| (7) DOMINIC ONOFRE BOARD MEMBER | 1.000 | Х | | | | | | 0 | 0 | 0 |
| (8) ROY STACY DIRECTOR | 2.000 | Х | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | (A) Name and title | (B) Average hours per week (list any hours for | than d | ne b | ox, ι in of | t che inles ficer | eck moss pers and a ee) | son | Repoi compei from organiza | (D) Reportable compensation from the organization (W- 2/1099-MISC) (E) Reportable compensati from relate organizations 2/1099-MISC) | | | Estim amount comper from | ated of other sation the |
|---|--|---|-----------------------------------|-----------------------|----------------|-------------------------|-------------------------------|-----------|-------------------------------------|--|------------------|----------|-----------------------------------|-----------------------------------|
| | | related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | 2/1099 | I-MISC) | 2/1099-MIS(| ~) | organizai relai organiz | ted |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | \dashv | | |
| c · | Sub-Total Fotal from continuation sheets to Portion (add lines 1b and 1c) | | nA. | | | | - | | 8 | 6,000 | | | | |
| 2 | Total number of individuals (including reportable compensation from the org | but not limited | | liste | d ab | ove |) who i | recei | ived more | than \$10 | 0,000 of | | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of line 1a? <i>If</i> "Yes," complete Schedule J | | | e, ke | | nplo: • | yee, or | high • | hest comp | ensated e | employee on | 3 | | No |
| 4 | For any individual listed on line 1a, is organization and related organizations individual | | | | | | | | | | the | | | |
| F | Did any person listed on line 1a receiv | | · · | ion f | | | uprels | +od - | · · | n original. | idual for | 4 | | No |
| 5 | services rendered to the organization? | | | | | | | | | | · · · | 5 | | No |
| | ection B. Independent Contract | | | | | | | | | | | | | |
| 1 | Complete this table for your five higher the organization. Report compensation | n for the calend | | | | | | | | | year. | mper | | |
| (A) Name and business address (B) Description of services | | | | | | | | | | C) nsation | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors compensation from the organization | s (including but | not limi | ted to | tho | se l | isted a | bove | e) who rec | eived mo | re than \$100,00 | 0 of | | |

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

Form 990 (2020) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Total revenue Related or Unrelated Revenue exempt function excluded from tax under sections business revenue revenue 512 - 514 to the contributions, gifts, grand solve

for All other contributions, gifts, grand solve

g Noncash contributions included lines 1a - 1f:\$ 1a Grants 1b 1c Gifts, **1**d e Government grants (contributions) 1e Contributions, (and Other Simi **f** All other contributions, gifts, grants, and similar amounts not included 1,843,250 1f **g** Noncash contributions included in lines 1a - 1f:\$ 276,403 **1**g **h Total.** Add lines 1a-1f 1,843,250 Business Code Program Service Revenue f All other program service revenue. g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other 253 similar amounts) 4 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income 6с or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7a Gross amount from sales of assets other than inventory 7a b Less: cost or 7b other basis and sales expenses 7с c Gain or (loss) d Net gain or (loss) . . 8a Gross income from fundraising events Revenue (not including \$ contributions reported on line 1c). See Part IV, line 18 . . . 8a **b** Less: direct expenses . . 8b Other c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19 . . . **b** Less: direct expenses . . . 9b \boldsymbol{c} Net income or (loss) from gaming activities $% \boldsymbol{c}$. • 10aGross sales of inventory, less returns and allowances 10a 10b **b** Less: cost of goods sold . . c Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11a b d All other revenue . e Total. Add lines 11a-11d . 12 Total revenue. See instructions 1,843,503 253

| Pa | rt IX Statement of Functional Expenses | | | | |
|-----------|---|------------------------|------------------------------|-------------------------------------|---------------------------------------|
| | Section 501(c)(3) and 501(c)(4) organizations must co | • | | • | |
| | Check if Schedule O contains a response or note to an | y line in this Part IX | | | |
| | not include amounts reported on lines 6b, 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 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 65,323 | 65,323 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 129,983 | 129,983 | | |
| 4 | Benefits paid to or for members | 1 | I | | |
| | Compensation of current officers, directors, trustees, and key employees | 84,536 | 17,059 | 67,477 | |
| 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 | 129,660 | 47,335 | 82,325 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 9,838 | 3,152 | 6,686 | |
| 11 | Fees for services (non-employees): | | | | |
| ā | Management | | | | |
| k | Legal | | | | |
| | Accounting | 2,713 | | 2,713 | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| | - | | | | |
| | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 20.724 | | | 20.724 |
| | Advertising and promotion | 29,724 | 200 | 12.407 | 29,724 |
| 13 | Office expenses | 13,886 | 389 | 13,497 | |
| 14 | Information technology | 36,343 | 20,057 | 16,286 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 7,700 | | 7,700 | |
| 17 | Travel | 21,865 | 18,289 | 3,576 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 563 | | 563 | |
| | 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 Filters & Buckets | 40,761 | 40,761 | | |
| | b Mission Trip Supplies | 35,062 | 35,062 | | |
| | C Other Small Misc. | 17,684 | | 17,684 | |
| | d Fundraising Event+Related | 133,581 | | | 133,581 |
| | e All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 759,222 | 377,410 | 218,507 | 163,305 |
| 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). | | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part IX . | | | \square |
|------------------|-----|---|---------------------------------|-----|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | 229,544 | 1 | 1,081,746 |
| | 2 | Savings and temporary cash investments | 6,003 | 2 | 5,114 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other payables to any current or former officer, director, trustee, ke employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$. | | 6 | |
| 10 | 7 | Notes and loans receivable, net | | 7 | |
| eţ | 8 | Inventories for sale or use | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | | 9 | |
| A | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments—publicly traded securities . | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 322 | 15 | 273,258 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 235,869 | 16 | 1,360,118 |
| | 17 | Accounts payable and accrued expenses | 14,588 | 17 | 54,557 |
| | 18 | Grants payable | , | 18 | · · |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| 60 | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, trustee, ke employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | , | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 14,588 | 26 | 54,557 |
| ances | 27 | Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33. Net assets without donor restrictions | 150.071 | 27 | F11 021 |
| Sale | 27 | | 159,871 | 27 | 511,021 |
| d E | 28 | Net assets with donor restrictions | 61,410 | 28 | 794,540 |
| or Fund Balances | 29 | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds | d | 29 | |
| ts | 30 | Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| Se | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| A | 32 | Total net assets or fund balances | 221,281 | 32 | 1,305,561 |
| Net Assets | 33 | Total liabilities and net assets/fund balances | 235,869 | 33 | 1,360,118 |
| - | 1 | | 255,005 | | 1,500,110 |

Form 990 (2020) Page **12**

Part XI Reconcilliation of Net Assets

| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
|-----|---|--------|---------|--------|-----------|--|
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | | 1,843,503 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | | 759,222 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | 1,084,2 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | | | 221,281 | |
| 5 | Net unrealized gains (losses) on investments | | | | | |
| 6 | Donated services and use of facilities | | | | | |
| 7 | Investment expenses | \top | | | | |
| 8 | Prior period adjustments | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | , | | : | 1,305,561 | |
| Par | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | Yes | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | No | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both: | , | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | |
| C | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Yes | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule | O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3a | | No | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3b | | | |
| | | | | Form 9 | 90 (2020) | |

efile GRAPHIC print

Submission Date - 2023-03-07

DLN: 93493066000233

SCHEDULE A (Form 990 or 990EZ)

De

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.

OMB No. 1545-0047

| Depa | | t of the | Go to <u>www.irs</u> | ior in | structions and | the latest info | rmation. | Inspection |
|------------------------------------|--------------------|---|--|---|----------------------------------|---|---|--|
| Maen | eadfRith | ee organization | | | | | Employer identifica | tion number |
| 9@YV4 | ete Ministr | У | | | | | 81-3684524 | |
| | rt I | | | us (All organization | | | ee instructions. | |
| The o | organiz | ation is not a private for | undation because | e it is: (For lines 1 throu | ugh 12, check on | ly one box.) | | |
| 1 | | A church, convention of | of churches, or as | sociation of churches | described in sect | tion 170(b)(1)(| A)(i). | |
| 2 | | A school described in s | section 170(b)(| 1)(A)(ii). (Attach Sche | dule E (Form 990 | or 990-EZ).) | | |
| 3 | | A hospital or a coopera | ative hospital ser | vice organization desc | ribed in section | 170(b)(1)(A)(ii | i). | |
| 4 | | A medical research org name, city, and state: | ganization operat | ed in conjunction with | a hospital descri | bed in section : | 170(b)(1)(A)(iii). Ent | er the hospital's |
| 5 | | An organization operat 170(b)(1)(A)(iv). (Co | mplete Part II.) | - | | | | oed in section |
| 6 | | A federal, state, or loca | al government or | governmental unit de | scribed in sectio | n 170(b)(1)(A) | (v). | |
| 7 | ✓ | An organization that no section 170(b)(1)(A) | (vi). (Complete I | Part II.) | | governmental u | nit or from the genera | l public described in |
| 8 | | A community trust des | cribed in sectior | 1 170(b)(1)(A)(vi). (C | Complete Part II.) | | | |
| 9 | | An agricultural researc non-land grant college | | | | | | ge or university or a |
| 10 | | An organization that no activities related to its income and unrelated See section 509(a)(2 | exempt functions business taxable | s—subject to certain e income (less section 5 | xceptions, and (2 | 2) no more than | 331/3% of its support f | rom gross investment |
| 11 | | An organization organi | zed and operated | d exclusively to test for | r public safety. Se | ee section 509 | (a)(4). | |
| 12 | | An organization organi more publicly supporte lines 12a through 12d | ed organizations (| described in section 5 | 09(a)(1) or sec | tion 509(a)(2). | See section 509(a)(| |
| а | | Type I. A supporting o organization(s) the pow complete Part IV, Se | wer to regularly a | ppoint or elect a majo | | | | |
| b | | Type II. A supporting of management of the su complete Part IV, Se | pporting organiza | ation vested in the san | | | | |
| C | | Type III functionally organization(s) (see in: | integrated. A sestructions). You | upporting organization | operated in con | nection with, and | d functionally integrat | ed with, its supported |
| d | | Type III non-function functionally integrated instructions). You must | nally integrated I. The organizatio | I. A supporting organiz n generally must satis | ation operated in | n connection wit | | |
| е | | Check this box if the or or Type III non-function | | | | S that it is a Typ | e I, Type II, Type III fur | nctionally integrated, |
| f | Enter | the number of supporte | | | | | | |
| g | | Provide the following in | | | | | | |
| (i) Name of supported organization | | | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | | nization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | |
| | | | | | Yes | No | | |
| | | | | | | | | |
| Tota | | | | | | | | |
| LOTA | | | | | | | | t contract the contract to the |

| P | art II Support Schedule for | | | | | | | |
|-------------|---|--------------------------|-------------------------------|---------------------|----------------------|------------------|----------------|----------|
| | (Complete only if you ch | | | | | ailed to qualify | y under Part | III. If |
| | the organization failed to | qualify under t | the tests listed b | elow, please co | mplete Part III.) | | | |
| | ection A. Public Support | | | | | | | |
| | endar year | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | |
| | fiscal year beginning in) Gifts, grants, contributions, and | | | | | | | |
| Τ. | membership fees received. (Do not | | 174,740 | 461,288 | 952,892 | 1,843,2 | 250 3 | ,432,170 |
| | include any "unusual grant.") | | · | · | · | | | |
| | Tax revenues levied for the | | | | | | | |
| | organization's benefit and either paid | | | | | | | |
| | to or expended on its behalf | | | | | | + | |
| | The value of services or facilities furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| | Total. Add lines 1 through 3 | | 174,740 | 461,288 | 952,892 | 1,843,2 | 250 3. | ,432,170 |
| | The portion of total contributions by | | | | | | | |
| | each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included on | | | | | | | |
| | line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | | |
| | Public support. Subtract line 5 from | | | | | | _ | |
| | line 4. | | | | | | 3, | ,432,170 |
| | ection B. Total Support | | | | | | | |
| Cal | endar year | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | |
| (or | fiscal year beginning in) 🕨 | (a) 2010 | 1 7 | | (, , , , , | | | |
| 7 | Amounts from line 4 | | 174,740 | 461,288 | 952,892 | 1,843,2 | 250 3, | ,432,170 |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on securities loans, rents, royalties and | | | | 3 | | 253 | 256 |
| | income from similar sources | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain or | | | | | | | |
| | loss from the sale of capital assets | | | | | | | |
| | (Explain in Part VI.) Total support. Add lines 7 through | | | | | | | |
| 11 | 10 | | | | | | 3, | ,432,426 |
| 12 | Gross receipts from related activities, e | etc. (see instruction | ns) | | | 12 | | |
| 13 | First 5 years. If the Form 990 is for th | ne organization's f | irst second third | fourth or fifth tax | vear as a section | | nization chec | L L |
| | • | 9 | | , | , | | mzacion, cricc | K |
| | this box and stop here ection C. Computation of Public | | | | | | | |
| | | | _ | (6)) | | | | |
| | Public support percentage for 2020 (lin | | | | | 14 | 99 | 9.993 % |
| | Public support percentage for 2019 Scl | | | | | 15 | | |
| 16 a | 33 1/3% support test—2020. If the o | rganization did no | t check the box or | n line 13, and line | 14 is 33 1/3% or m | ore, check this | | |
| | and stop here. The organization quali | fies as a publicly s | supported organiz | ation | | | 🕨 🗹 | |
| b | 33 1/3% support test—2019. If the | organization did n | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | % or more, chec | k this | |
| | box and stop here. The organization | qualifies as a pub | olicly supported or | ganization | | | 🕨 🗆 | |
| 17a | 10%-facts-and-circumstances test- | -2020. If the org | anization did not d | heck a box on line | e 13, 16a, or 16b, | and line 14 | | |
| | is 10% or more, and if the organization | | | | | | | |
| | in Part VI how the organization meets t | the "facts-and-circ | umstances" test. ⁻ | The organization q | ualifies as a publi | cly supported | | |
| | organization | | | | | | 🕨 🗆 | |
| b | 10%-facts-and-circumstances test | | | | | | | |
| | 15 is 10% or more, and if the organiza | | | | | | | |
| | Explain in Part VI how the organization | | | _ | · | | | |
| | supported organization | | | | | | 🕨 🗆 | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | 6a, 16b, 17a, or 17 | b, check this box | and see | | |

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| Sche | dule A (Form 990 or 990-EZ) 2020 | | | | | | Page 3 |
|------|--|--------------------|------------------|-------------------|--------------------|------------------|---------------------|
| Р | Support Schedule for (Complete only if you complete | hecked the box | on line 10 of | Part I or if the | organization faile | ed to qualify un | der Part II. If the |
| | organization fails to que | ality under the | tests listed be | llow, please cor | mpiete Part II.) | | |
| | ection A. Public Support | I | T | | | | 1 |
| | fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| _ | 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 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| - | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | 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. | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ection B. Total Support | | | | | | |
| | endar year | ı | T | 1 | 1 | | |
| | fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and | | | | | | |
| b | income from similar sources Unrelated business taxable income | | + | | | | |
| D | (less section 511 taxes) from | | | | | | |
| | businesses acquired after June 30, | | | | | | |
| | 1975. | | | | | | |
| С | Add lines 10a and 10b. | | - | | | | |
| 11 | Net income from unrelated business activities not included in line 10b. | | | | | | |
| | whether or not the business is | | | | | | |
| | regularly carried on. | | | | | | |
| 12 | | | | | | | |
| | loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | | + | | | | |
| | 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | - | | | - | _ | _ |
| | check this box and stop here | | | | | | ▶∪ |
| Se | ection C. Computation of Public | | | | | | |
| 15 | Public support percentage for 2020 (lir | ne 8, column (f) d | ivided by line 1 | 3, column (f)) | | 15 | |
| 16 | Public support percentage from 2019 S | Schedule A, Part I | II, line 15 | | | 16 | |
| Se | ction D. Computation of Invest | ment Income | Percentage | | | | |
| 17 | Investment income percentage for 202 | | | y line 13, column | (f)) | 17 | |
| 18 | Investment income percentage from 2 | | | - | | 18 | |
| | 331/3% support tests—2020. If the or | | | | | | e 17 is not more |
| | than 33 1/3%, check this box and stop h | | | | | | |
| | 33 1/3% support tests—2019. If the | | | | | | |

more than 33 $_{1/3}$ %, check this box and **stop here.** The organization qualifies as a publicly supported organization \blacktriangleright

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

Part IV Supporting Organizations

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

| Section A. All Supporting Organizations | |
|---|----|
| 12d, of Part I, complete Sections A and D, and complete Part V.) | |
| box 12b, of Part I, complete Sections A and C. If you checked box 12b, of Part I, complete Sections A, D, and E. If you checked box | JX |

| | | | Yes | No |
|-----|--|----------|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3a 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| C | Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by | 5a | | |
| b | amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the | | | |
| _ | organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | |
| 7 | 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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting | 9a | | |
| ., | organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | | |
| _ | | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | 10b | | |

| В. | Comparison Opposite the Comparison () | | | | | |
|----|---|----------------------------|----------|----|--|--|
| P | Part IV Supporting Organizations (continued) | | | 1 | | |
| | | | Yes | No | | |
| 11 | 1 Has the organization accepted a gift or contribution from any of the following persons? | | | - | | |
| а | a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c belong an apported organization? | | | - | | |
| _ | | 11 | | + | | |
| | b A family member of a person described in 11a above? | 11 | _ | | | |
| C | c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in VI. | Part 11 | С | | | |
| 9 | Section B. Type I Supporting Organizations | | · | | | |
| | | | Yes | No | | |
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regular appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No, describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization activities. If the organization had more than one supported organization, describe how the powers to appoint and/or directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, a such powers during the tax year. | n's remove pplied to | | | | |
| 2 | | 1 | | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | | | | | |
| | organization. | | | | | |
| 5 | Section C. Type II Supporting Organizations | | Ų | Ų | | |
| | | | Yes | No | | |
| 1 | | | | | | |
| | each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | | | | |
| 9 | Section D. All Type III Supporting Organizations | | | | | |
| | | | Yes | No | | |
| 1 | tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy 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? | | | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | | | |
| _ | | 2 | | | | |
| 3 | By reason of the relationship described in line 2 above, did the organization's supported organizations have a signification woice in the organization's investment policies and in directing the use of the organization's income or assets at all the during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this results. | imes | | | | |
| 5 | Section 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 in | structions) | | | | |
| | a The organization satisfied the Activities Test. Complete line 2 below. | | | | | |
| | b The organization is the parent of each of its supported organizations. Complete line 3 below. | | | | | |
| | The organization supported a governmental entity. Describe in Part VI how you supported a government ent | ity (see instr | uctions) | | | |
| 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 su organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | | | |
| | b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more or | | | | | |
| | organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization/s involvement. | e ntion's | | | | |
| 3 | | 2k | 7 | | | |
| ٠ | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of e | each of 3a | | | | |
| | the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of it | | | | | |
| | supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. | .5 3k | | | | |

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | ganiza | ations | |
|-----|--|---------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization | | | |
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 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 (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 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally-int | tegrate | d Type III supporting orga | anization (see instructions) |

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

| Schedule A | dule A (Form 990 or 990-EZ) 2020 Page | | | | | | | |
|---|---------------------------------------|------------------------------|--|--|--|--|--|--|
| Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; PIV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). | | | | | | | | |
| | | | | | | | | |
| | | Facts And Circumstances Test | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| F | Return Reference | Explanation | | | | | | |

Schedule A (Form 990 or 990-EZ) 2020

efile GRAPHIC print

Submission Date - 2023-03-07

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

DLN: 93493066000233

Open to Public Inspection

| | me of the organization ket Ministry | | | Employer | identification n | umber |
|--------|---|---|--|------------------|----------------------------------|-------------|
| | | | | 81-368452 | | |
| Pa | Organizations Maintaining Donor Advi Complete if the organization answered "Ye | | | r Accoun | ts. | |
| | | (a) Donor advise | ed funds | (b) F | unds and other | accounts |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | | | |
| 5 6 | Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and do | clusive legal control? | | | | Yes 🔽 No |
| | charitable purposes and not for the benefit of the donor private benefit? | or donor advisor, or for ar | ny other purpose co | | permissible | Yes 🔽 No |
| Pa | rt II Conservation Easements. Complete if the organization answered "Ye | s" on Form 990, Part IV | , line 7. | | | |
| 1 | Purpose(s) of conservation easements held by the organ | nization (check all that app | oly). | | | |
| | Preservation of land for public use (e.g., recreation | or education) \Box | Preservation of an | historically i | important land a | rea |
| | Protection of natural habitat | | Preservation of a co | ertified histo | oric structure | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year. | qualified conservation con | tribution in the forr | | ervation | f the Vear |
| а | Total number of conservation easements | | | 2a | id at the Liid o | T the Teal |
| b | Total acreage restricted by conservation easements | | | 2b | | |
| c | Number of conservation easements on a certified histori | | - | 2c | | |
| d | Number of conservation easements included in (c) acquistructure listed in the National Register | | - | 2d | | |
| 3 | Number of conservation easements modified, transferre tax year | ed, released, extinguished, | or terminated by the | he organiza | tion during the | |
| 4 | Number of states where property subject to conservatio | n easement is located 🕨 | | | | |
| 5 | Does the organization have a written policy regarding the enforcement of the conservation easements it holds? . | | pection, handling o | f violations, | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | ting, handling of violations | s, and enforcing co | nservation e | └ Yes easements during | No the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, \$ \$ | handling of violations, and | d enforcing conserv | ation easen | nents during the | year |
| 8 | Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)? | | | 0(h)(4)(B)(i | Yes | ✓ No |
| 9 | In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer | footnote to the organization | | | | |
| Pa | rt III Organizations Maintaining Collections Complete if the organization answered "Ye | of Art, Historical Tre | | er Simila | r Assets. | |
| 1a | If the organization elected, as permitted under FASB ASC historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial stateme | C 958, not to report in its r ic exhibition, education, or | evenue statement r research in furthe | | | |
| b | If the organization elected, as permitted under FASB ASI historical treasures, or other similar assets held for publ following amounts relating to these items: | ic exhibition, education, or | r research in furthe | rance of pul | blic service, prov | |
| (| i) Revenue included on Form 990, Part VIII, line $1 \ldots \ldots$ | | | . > \$ | | |
| (i | i) Assets included in Form 990, Part X | | | > \$ | | _ |
| 2 | If the organization received or held works of art, historic following amounts required to be reported under FASB A | al treasures, or other simil | lar assets for financ | _ | | |
| a | Revenue included on Form 990, Part VIII, line 1 | | | ▶\$ | | |
| b | Assets included in Form 990, Part X | | | > \$ | | |
| | | | | | | |

| Par | t III | Organizations M | laintaining Co | llections | of Art, I | Histor | ical 1 | reasu | res, | or Oth | er Similar | Assets | (continued) | _ |
|------------|---------------|---|--------------------------------------|-----------------------|---------------------|-----------|----------|-----------|----------|-----------|----------------|--------------|----------------------|---|
| 3 | | g the organization's acques (check all that apply): | uisition, accessior | n, and other | records, o | check a | ny of t | the follo | wing t | that are | a significant | t use of its | collection | |
| а | | Public exhibition | | | | d | | Loan o | r exch | ange pro | ograms | | | |
| b | | Scholarly research | | | | е | | Other . | | | | | | |
| С | | Preservation for future | generations | | | | | | | | | | | |
| 4 | Provi Part | ide a description of the c XIII. | organization's coll | ections and | explain h | ow the | y furth | er the o | organiz | zation's | exempt pur | pose in | | |
| 5 | | ng the year, did the orga ts to be sold to raise fun | | | | | | | | | | ☐ Ye: | s 🔽 No | |
| Pai | rt IV | Escrow and Custo Complete if the org line 21. | | | on Form | າ 990, | Part I | V, line | 9, or | reporte | ed an amou | unt on For | rm 990, Part X, | , |
| 1a | | e organization an agent, ded on Form 990, Part X | | | | | | | | | | ☐ Ye | s 🔽 No | |
| b | If "Ye | es," explain the arranger | ment in Part XIII a | nd complete | e the follo | wing ta | ble: | | | | | Amount | | |
| c | Begi | nning balance | | | | | | | | 1c | | | | |
| d | Addi | tions during the year | | | | | | | | 1d | | | | |
| е | Distr | ibutions during the year | · | | | | | | | 1e | | | | |
| f | Endi | ng balance | | | | | | | | 1f | | | | |
| 2a | Did t | the organization include | an amount on For | m 990, Part | X, line 21 | l, for es | scrow | or custo | dial a | ccount li | ability? | . 🗆 Ye | s 🔽 No | |
| b | If "Ye | es," explain the arrangen | nent in Part XIII. C | heck here is | f the expla | anation | has b | een pro | vided | in Part > | (111 | | | |
| Pa | rt V | Endowment Fund | | | | | | | | | | | | |
| | | Complete if the org | ganization answ | ered "Yes" (a) Curren | | | Part I' | | | ears bacl | (d) Three | vears hack | (e) Four years bac | k |
| 1 a | Begini | ning of year balance . | | (a) carren | ic year | (2) | ioi yeai | ,,, | , 1110 y | cars baci | (u) Three | y cars back | (c) roar years back | |
| | | butions | | | | | | | | | | | | _ |
| С | Net in | vestment earnings, gain | s, and losses | | | | | | | | | | | _ |
| d | Grants | s or scholarships | | | | | | | | | | | | _ |
| е | | expenditures for facilitie | es | | | | | | | | | | | _ |
| f | Admin | nistrative expenses . | | | | | | | | | | | | _ |
| g | End of | f year balance | | | | | | | | | | | | _ |
| 2 | Provi | ide the estimated percer | ntage of the curre | nt year end | balance (| (line 1g | , colun | nn (a)) | held as | S: | | | | _ |
| а | Boar | d designated or quasi-er | ndowment 🕨 | | | | | | | | | | | |
| b | Perm | nanent endowment 🕨 | | | | | | | | | | | | |
| C | Term | endowment 🕨 | | | | | | | | | | | | |
| | | percentages on lines 2a, | | • | | | | | | | | | | |
| 3a | orga | there endowment funds nization by: | | | organizatio | on that | are he | ld and a | admini | istered f | or the | _ | Yes No | - |
| | | nrelated organizations | | | | | • | | | | | | a(i) | _ |
| h | | Related organizations . es" on 3a(ii), are the rela | | | | | | | • | | | | Bb | _ |
| ь 4 | | cribe in Part XIII the inter | - | | | | | | • | | | | ,,, | _ |
| | rt VI | Land, Buildings, | and Equipmer | nt. | | | | | | | 005.5 | | 1.0 | |
| | Doss | Complete if the org | ganization answ (a) Cost or other | | on Form (b) Cost of | | | | | | m 990, Pa | | 10. d) Book value | |
| | Desci | ription of property | (investme | | (w) Cost (| , ouici i | Jusis (U | errer) | (C) ACC | .amuiate(| a depreciation | " | a, book value | |
| 1 a | Land | | | | | | | | | | | | | |
| b | Buildir | ngs | | | | | | | | | | | | |
| c | Lease | hold improvements | | | | | | | | | | | | |
| d | Equipa | ment | | | | | | | | | | | | |
| | Other | | | | | | | | | | | | | |
| Tota | I Δdd | lines 1a through 1e (Co | olumn (d) must ea | ual Form 00 | 00 Part Y | colum | n (R) | line 10/ | c)) | | - | | | |

| Part VII | Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, P | art IV, line | 11b.See Form 990, Pa | rt X, line 12. | |
|---------------|---|-------------------|-------------------------|-------------------------------------|-----------------------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | | od of valuation: f-year market v | |
| | l derivatives | | | | |
| (3)Other | held equity interests | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| (1) | | | | | |
| | | • | | | |
| Part VIII | Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, P. | art IV, line | 11c. See Form 990, Pa | rt X, line 13. | |
| | (a) Description of investment | | (b) Book value | | d of valuation: of-year market |
| (2) | | | | V | alue |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| Total. (Colum | in (b) must equal Form 990, Part X, col.(B) line 13.) | | • | | |
| Part IX | Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa | rt IV. line | 11d. See Form 990. Part | X. line 15. | |
| (1)Filters | (a) Description | • | | | ok value 267,100 |
| (2)Laptops | | | | | 6,158 |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| Part X | mm (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. | | | | 273,258 |
| 1. | Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability | | 11e or 11f.See Form 99 | | 25. (b) Book value |
| | income taxes | | | | (-, |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Colum | ın (b) must equal Form 990, Part X, col.(B) line 25.) | | • | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines

Explanation

2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Reconciliation of Revenue per Audited Financial Statements With Revenue per

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Page 4

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

1

5

4

Return Reference

efile GRAPHIC print

Submission Date - 2023-03-07

SCHEDULE F (Form 990)

Department of the

Treasury

Statement of Activities Outside the United

► Complete if the organization answess the Complete if the Organization and Complete if the Organizati ► Attach to Form 990.

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

DLN: 93493066000233 OMB No. 1545-0047

Open to Public Inspection

| | ଅଧିନ୍ୟିତ୍ୟର୍କ୍ତିନାization €€Ministry | | | | | Employer ident | ification number | | | |
|----------|---|--|--|---|----------------|---|--|--|--|--|
| uck | eeministry i | | | | | 81-3684524 | | | | |
| Pa | Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. | | | | | | | | | |
| 1 | For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | | | | | | | | | |
| 2 | For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. | | | | | | | | | |
| 3 | Activites per Region. (The followi | ng Part I, line 3 | table can be dup | licated if additional space | e is neede | ed.) | | | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | program spe | vity listed in (d) is a service, describe scific type of (s) in the region | (f) Total expenditures for and investments in the region | | | |
| 1) | | | | | | | | | | |
| 2) | | | | | | | | | | |
| 3) | | | | | | | | | | |
| 4) | | | | | | | | | | |
| 5) | | | | | | | | | | |
| 6) | | | | | | | | | | |
| 7) | | | | | | | | | | |
| 8) | | | | | | | | | | |
| 9) | | | | | | | | | | |
| (| | | | | | | | | | |
| 10) | | | | | | | | | | |
| 11) | | | | | | | | | | |
| 12) | | | | | | | | | | |
| 13) | | | | | | | | | | |
| 14) | | | | | | | | | | |
| 15) (| | | | | | | | | | |
| 16) (| | | | | | | | | | |
| 17) | | | | | | | | | | |
| | Sub-total Total from continuation sheets to Part I | | | | | | | | | |

c Totals (add lines 3a and 3b)

| Cabadula F (Farm 000) | 2020 | | | | | | | Do see 3 |
|----------------------------|---|---------------------|-------------------------|--------------------------|---------------------------------------|--|---|--|
| Schedule F (Form 990) | | | | | 161 1 0 1 1 | 10.11 | 1 1157 11 | Page 2 |
| | | | | S Outside the Unit | | | answered "Yes" on | Form 990, Part |
| IV, line 1 | .5, for any rec | ipient wno received | more than \$5,000. | Part II can be duplic | ated if additional sp | bace is needed. | ı | |
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |

| | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as | |
|---|---|-------------------------------|
| | tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | |
| | ▶ | |
| 3 | Enter total number of other organizations or entities | |
| | | Schedule F (Form 990) 2020 |
| | | Schedule I (I Silli 550) ESES |

11) 12) 13) 14) 15) 16)

Schedule F (Form 990) 2020 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance (c) Number of recipients (g) Description of noncash assistance (a) Type of grant or assistance (b) Region (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) 11) 12) 13) 14) 15) 16) 17) 18)

Schedule F (Form 990) 2020

organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)

organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the

Schedule F (Form 990) 2020

Foreign Forms

Part IV

8621).

Schedule F (Form 990) 2020

Yes

Yes

Yes

Yes

Page 4

✓ No

✓ No

V No

✓ No

| Schedule F (Form 990) 2020 | Page ! |
|----------------------------|--------|
| | |

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting

Supplemental Information

| | (accounting method); and | stments vs. expenditures per region); Part II, line 1 (accounting method); Part III Part III, column (c) (estimated number of recipients), as applicable. Also complete this onal information. See instructions. |
|---|--------------------------|--|
| | ReturnReference | Explanation |
| | | |
| | | |
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Schedule F (Form 990) 2020

| efile GRAPHIC pr | | ubmission Date | | | | | | DL | N: 9349306600 | 00233 |
|---|---------------|-------------------------|--|---|--|---|----------------------------|--------------|-------------------------------|-------------|
| | the full c | ontent of this o | locument, please s | elect landscape mod | e (11" x 8.5") whe | en printing. | | | DMB No. 1545-0047 | 7 |
| Schedule I (Form 990) | | Gı | rants and Ot | her Assistan | ce to Organ | izations. | | | MB NO. 1545-0047 | |
| (101111330) | | | | nd Individual | | | | | 2020 |) |
| | | | | ation answered "Yes," o | on Form 990, Part IV | | | | Open to Public | |
| Department of the Treasury Internal Revenue Service | | | ► Go to ww | Attach to Form www.irs.gov/Form990 for t | | on. | | | Inspection | |
| Name of the organization Bucket Ministry | ı | | | | | | ' ' | - | ation number | |
| | al Inform | ation on Grants | and Assistance | | | | 81-368 | 34524 | | |
| | | | | the grants or assistance t | ho grantoos! oligibility | for the grants or assistanc | o and | | | |
| | | | | | | | e, and | | ☐ Yes | ☑ No |
| = | | | | e of grant funds in the Uni | | | | | | |
| | | | nestic Organizations a can be duplicated if add | | ents. Complete if the o | organization answered "Yes | " on Form 990, P | art IV, line | 21, for any recipier | nt |
| (a) Name and add organizatio or governme | dress of | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Descrip noncash ass | | (h) Purpose of gor assistance |)rant |
| | | | | | | | | | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| 2 Enter total num | nber of secti | on 501(c)(3) and go | vernment organizations | listed in the line 1 table . | | | | > | 1 | 0 |
| 3 Enter total num | ber of othe | r organizations liste | d in the line 1 table . | <u></u> | <u></u> . | | <u></u> . | . ▶ | | 0 |
| For Paperwork Reducti | ion Act Notic | ce, see the Instruction | ns for Form 990. | | Cat. No. 50055 | P | | Sch | nedule I (Form 990) | 2020 |

| Schedule I (Form 990) 2020 | | | | | | | | | | Page 2 |
|---|-------------|---------------------------|--------------|----------------|------------|--------------------|---------|---|-------------|---------------------------------------|
| Part III Grants and Other As: Part III can be duplicate | | | | ete if the org | anizatior | n answered "Yes" | on Forn | n 990, Part IV, line 22. | | |
| (a) Type of grant or assistance | | (b) Number of recipients | | (c) Amour | | (d) Amoun | | (e) Method of valuation FMV, appraisal, oth | | (f) Description of noncash assistance |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| Part IV Supplemental I | Informatio | on. Provide the ir | nformation i | required in | Part I, li | ne 2; Part III, co | olumn | (b); and any other add | ditional ir | nformation. |
| Return Reference | Explanation | on | | | | | | | | |
| | | | | | | | | | | Schedule I (Form 990) 2020 |

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Submission Date - 2023-03-07

SCHEDULE M (Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

DLN: 93493066000233

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization **Bucket Ministry** 81-3684524 Part I Types of Property

| Га | Types of Property | | | | | | | |
|-----|---|-------------------------------|---|---|---|--------|------|-------|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of c noncash contril | | | its |
| 1 | Art—Works of art | | | , , , | | | | |
| | Art—Historical treasures | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| | Boats and planes | | | | | | | |
| | • | | | | | | | |
| | Intellectual property | | | | | | | |
| | Securities—Publicly traded . | | | | | | | |
| | Securities—Closely held stock . | | | | | | | |
| | Securities—Partnership, LLC, or trust interests | | | | | | | |
| | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | | | | |
| 14 | Oualified conservation | | | | | | | |
| | contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| | Taxidermy | | | | | | | |
| | Historical artifacts | | | | | | | |
| | | | | | | | | |
| | Scientific specimens | | | | | | | |
| | Archeological artifacts | | | | | | | |
| 25 | Other ▶ () | | | | | | | |
| | Other ▶ () | | | | | | | |
| | Other ▶ () | | | | | | | |
| | Other ▶ () | | | | | | | |
| 29 | Number of Forms 8283 received by th for which the organization completed | | | | 29 | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization hold for at least three years from the for the entire holding period? | receive by date of the | contribution any property re initial contribution, and whi | eported in Part I, lines 1 throu ich isn't required to be used | ugh 28, that it must for exempt purposes | | | |
| | for the entire holding period: | | | | | 30a | | No |
| b | If "Yes," describe the arrangement in | Part II. | | | | | | |
| 31 | Does the organization have a gift acc | | | - | | 31 | | No |
| | Does the organization hire or use thir contributions? | d parties o | r related organizations to so | licit, process, or sell noncash | | 32a | | No |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an ar | nount in co | lumn (c) for a type of proper | ty for which column (a) is ch | ecked, | | | |
| | describe in Part II. | | | | | | | |
| F D | Panerwork Reduction Act Notice see the | | | Cat No. 512271 | Schodulo | M (Far | 200) | (2020 |

Schedule M (Form 990) (2020)

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2020)

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SCHEDULE O

(Form 990 or

Department of the

990-EZ)

Submission Date - 2023-03-07

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047
2020

DLN: 93493066000233

Open to Public Inspection

Name of the organization អ្នកស្នាស់ក្រុម organization Service

Employer identification number

81-3684524

| | 01-3004324 |
|---------------------|--|
| Return Reference | Explanation |
| Part VI Line 11b | A copy of the final draft is provided to the Financial Committee |
| Part VI Line 11b | and any Board members upon request prior to filing. |
| Part VI Line 19 | Yes, upon request. |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Cat. No. 51056K 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020